

The Wisconsin Center for Health Marketing and Communication: Pathways to Implementation

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Good morning everyone. It's a pleasure to be here. I want to share with you kind of the journey that we've been taking in Wisconsin. I am the Director of Public Health Informatics and that typically is involved with, you know, the plumbing, the wires, the internet, and stuff like that, but there was a tremendous interest on the part of our health officer to, you know, really get something going and so we found some preparedness funding, some of our benchmarking showing that, as was mentioned in the plenary, institutions aren't trusted very well and community outrage and communications messaging, all of that, is something that in our internal benchmarking we saw as not cutting the grade when it comes to preparedness, and so we said, well let's put some money into this effort, so we can maybe improve that front, as well. So we got fifty thousand dollars from the medical college and another forty-seven thousand from our agency and we basically started in March of 2006 and we're just kind of finishing up this stakeholder discovery process this month. So, at its heart, it's about engaging stake holders. We said we would, for the grant, assess Wisconsin's needs and assets so we did a key informant survey over the internet. We assembled a diverse planning team. We said we wanted to have like a business plan for the Center and come up with a three-year plan for how this was all going to work. What are the product lines going to be? Who's going to fund it? How can we sustain it? And we also wanted to have an organizational plan of mission, vision, governance, etc. So, your first eye chart, just a couple more. We did an internet survey. We kind of got names and thought of folks in the community broadly who might respond to an internet survey if we e-mailed them the link and we, as is the case with internet surveys, we got a robust response rate of twenty-one percent, but you know, you can see that interestingly, it's kind of the usual suspects of public health, healthcare, health literacy. We didn't have as much on the business side of things and media as we wanted to because we felt that they're very important to this. And so that also kind of made us realize well, all of our results we have to kind of take with a grain of salt. And then I also just kind of back up a second and mention that when we went into this, I know if people have I'm sure read Dr. Bernhardt's paper about the importance of marketing and I love that first paragraph about how confused a lot of public health people are, typically, about what that is and whether it's a good or bad thing. And so, we actually kind of went into this talking about well, this is going to be a center for health communication and it was really Mike Rothschild who set the boat straight for us and said no, that's important, but you really want to be about marketing. And so that was also kind of tempering this whole survey. So you can see the priority of populations from marketing and communication outreach. We saw low literacy, policy makers, ethnic racial minorities, children, parents, folks with chronic illness. Those were kind of the top priorities and then for priority populations for health marketing and communication skill and tool development, the survey said healthcare workers, public health workers, but of course, that's who responded to our survey, but also mass media, public communication professionals, government leaders, patients, and parents. Lastly, products of greatest interest to respondents, if we ever got a center going, was training of staff, constituents, technical assistants, fundraising, translation services, producing materials, evaluating initiatives, etc. So, we kind of got that information. Our core team worked on this issue and we kind of came up with a short list of about fifty people from all of these different backgrounds of literacy, academia, medicine,

nursing, healthcare industry, media and marketing, libraries, minority health, government public health, CDC, state and local public health, managed care, and employers and we had a group of about seventeen to twenty people that became the core group for our stake holder gathering. We had one retreat and then two other face-to-face meetings. Our retreat was evidence of public health's lack and knowledge about marketing. Why do we choose the first week in March in Wisconsin? You know, the snows are blowing and drifting and not in a place where you're close to a major airport, but in the middle of nowhere in our state. So understandably, some people didn't make it; it was unfortunate. It was one of those March 'in like a lion' type stories. So the planning group, we identified vision, mission, geographic scope, product lines, and structure and produced a business plan. So, we came up with this vision of advancing better health for all and our mission is to advance health by promoting, demonstrating, teaching, and evaluating best practices in health marketing and communication. Lots of philosophical ideas with the center that better health is the prime goal of what we're all about. You know, we want to conserve resources by being cost effective. We want to end systematic disparities in health. We want to promote equal and universal access to health information and other requirements for health. We want to respect and accommodate the power of individual choice; I think that's really kind of at the heart of what marketing's actually all about. We want to increase the production and dissemination of health marketing knowledge; increase health marketing capacity of the public health system. We want to collaborate with anyone, really, who's genuinely interested in seeking better health outcomes. And finally, we want to compete with those who are marketing unhealthy choices and actually work with them and help them redirect their efforts towards healthy alternatives. And I think that that's also a very key concept here. So, principles of operation: utilize best evidence from both public health science and marketing practice; we want to select projects that improve the public's health, eliminate disparities and also increases the marketing communications capacity of the public health system; we want to have productive partnerships and alliances; we want to achieve measurable objectives defined both by our customers and our partners; and we want to be culturally competent, linguistically appropriate, and sensitive to health literacy - have a work force, work place that fosters diversity, caring, compassion, collaboration, that achieves objectives of customers and partners; we want to be innovative and disseminate what we learn; we want to have total quality improvement, continuous improvement; we want to be there, training public health and marketing professionals; we want to collaborate and build capacity in the healthcare industry and within marketing organizations and also seek common ground with non-traditional partners in the pursuit of better health outcomes. And I think kind of the important thing here is, is that you'll see there's a little bit of a research element here, but really, we want to be about an applied center that is really the marketing resource for our public health system, and you know, where we want of course be focused on Wisconsin, but you know, as we're trying to find out who's going to pay the bills for this, we'll work with anyone; we'll go anywhere. If there are national opportunities out there, if any of you would like to collaborate with us, we're certainly interested in doing that. So, kind of the product lines are direct service, you know, actually doing marketing research and creating - crafting - public health intervention that is informed and produced through marketing science. We want to do this capacity building, you know, training the work force, giving technical assistance, and then also doing kind of the evaluation and research - evaluate what we do and explore new best practices for public health marketing science.

So, we kind of are at the tail end of this and this whole process gave birth to well, where is this going to be, what is it going to be? We thought of well, let's put it in the Division of Public Health. You know, that would be one answer. Another answer would be, well let's have it all the great stuff that's going to happen here today and tomorrow and what we're trying to do in Wisconsin and this one person just looked at me, marketing -oh no, that's a terrible thing, you know, and so there is a lot of educating that needs to happen on the public health side that, to show that what we're talking about, you know, it's actually, still wearing a white hat is very important. So, we had a lot of great people who put in a lot of time with the planning committee and Don was one of our folks who braved the winter winds in March of Wisconsin and came out and so we've had a lot of people look at what we're doing and share their thoughts. But, especially our core team of Seth Faldy, academic partner; Gretchen Sampson, who's a past president of the Wisconsin Public Health Association and Pope County Health Department; Eric Osterman who's the Executive Director; and Sarah Beavers-Dorff who was with Medical College. We kind of hired her as a staff person to the grant activity and she's now actually working for the Wisconsin Public Health Association.

So that is talk number one. I feel very bad that I have to drone at you for all this time. Hopefully, it wasn't quite so painful. We're going to take questions at the end. So let's just keep rolling here.

Okay, so well Mike is doing great. He's got a great sense of humor about what happened to him. He just couldn't quite join us today. He sends all of you his warm regards. If this is a horrible talk, you know, it's because I'm trying to fill some pretty large shoes here, so maybe, to help him get well you might want to give him a high score and you and I will both know that it wasn't about my presentation, but it was kind of a get well for Mike. So, his presentation is really kind of the core at, it was the 'ah-ha' moment for us in our stake holder group that, you know, we realized when we were talking about marketing initially, we were talking about printing brochures about our programs and passing them out to people. And while that's a tiny form of marketing, it's really communication, but it's not marketing at all. And so, he set us straight with a program, I gave an example of a program that he worked on and we'll do that here. And he's, I love working with Mike because he's quite the philosopher and thinker and so he's got these great quotes: "Why should the devil have all the best tunes." You know, I mean that's sort of a quote from a public health person. You know, it's like all of the good things are the things, the fun things are the things that kill us and you know the other side of that coin is yeah, seventy-five percent of all premature deaths, preventable by changes in individual behavior, social and environmental conditions. So, you know, we have it in our power to lead more healthy lives, but there is a world out there of competition. So Mike likes to talk about three major classes of strategic tools for behavior management. There's education and then just doing that through communications and messages. There is trying to adjust the environment through and using social marketing to do that and creating policies that address certain problems. And then finally, there is, at the other extreme, you can just educate people 'don't drink and drive'. Certain percent, okay, yeah, I won't do that. On the other end, they'll never, not drink and drive and so you have enforcement and law. This is a big part of the epiphany for us and our stake holder groups. I remember looking across the table from Gretchen and I was like, we know this, you know this is an individual, but you don't necessarily think this and apply this in public health. But, it's all about me, right, in our world; me generation? We saw that this morning. Technology

is really focusing even more this self reflection on ourselves and, you know, buying products, and so this is what commercial marketers know, that you appeal to an immediate self interest. But, you know, unfortunately, you know, we have a very hard task as public health people. You know, we have behavior that, we have campaigns that often ask for behavior that might be in the opposite of someone's self interest. You know I can, had a hard day at work, I can go home, watch *So You Think You Can Dance* and have my pizza and beer or, you know, I can put on my running shorts and go out and it's cold in Wisconsin and, you know, have to work up a sweat and try and do something healthy. So, it's all about self interest; what we want might be opposite to current behavior. I like to watch T.V. and, oh and by the way, yeah that jogging that you're going to do, well it may or may not prevent that heart attack, you know, forty years from now. So, you know, it is an immediate gratification thing necessarily. You know, commercial marketing works because of payback is explicit. You know, I give somebody a couple of hundred dollars, I get my iPhone, and the transaction occurs together, where as in public health, you know, there is, as I mentioned, there's this vague payback sometimes and it might be in a distant future. It's all about today in marketing. So commercial marketing acknowledges that consumer has a free choice. The consumer has the power. I thought that was just so great today how technology is just magnifying that power. And there is competition in the work place, in the market place, you know, and we often neglect in public health that power resides with the consumer because we're public health. We're all knowing, we should just be able to tell you and you'll do the right thing, and we also fail to recognize that competition is inherent in free choice. We live in a free society, which is a wonderful thing. You know, we live in a democracy. So commercial marketing recognizes people's desire for things that are fun, easy, and help make them popular. It's easy, it fits in with their daily hassles of life, and marketers work off of the need to increase benefits and decrease barriers, and of course, in public health this is the devil with all the tunes. You know, stop doing what's fun, easy, popular, and oh yeah, you've got to exercise thirty minutes a day and, you know, you've got kids, you've got a very, busy hectic life. How are you going to fit that in? It's a new hassle for me.

So, one of the things that working with Mike and, you know, informing us about what marketing really is, is he's sort of turned us on to the British National Social Marketing Center. I guess we're going to hear from the Director of that at this conference and they have set up these eight benchmarking criteria of what marketing-based public health intervention is really all about, and, you know, it's about the customer, customer, customer, customer are the target. It's looking at that person, you know, from every angle, doing marketing and consumer research, as well as the epidemiologic research. It's a focus on behavior - doing a behavioral analysis of what's going on, what you want to happen, what's not going on, and what your goals are for changing that behavior. It's using behavioral theory by a social psychological, social environmental theories. The insight, I just love the metaphor talk this morning. You know, that was one of the key 'deer in the headlight' moments for me. I mean, I sort of knew about these things, but you know, when we analyze in public health as epidemiologists, you know, age, race, gender, you know if your lucky, down to the zip code level, you know, it's just absolutely no insight as to, you know, what moves and motivates people. You know, what is their life like? It's doing this analysis of the exchange. You know, what's the cost benefit ratio? It's also understanding, you know, the competition for time and attention. You know, there might be some very clear reasons why people aren't behaving the way we would like them to for their health. It's doing the segmentation. I can't tell you how many meetings I've been in, in public health and we're doing

our marketing, printing our brochure and we say to ourselves, well who's the audience? We look around, well, it's the general public. As marketers, I know there are many experts here who are into this, well no, it's not, we have a rich tapestry in this country. So we need to know what moves and motivates and tailor our interventions appropriately. And then this idea of the methods mix. Not going with just one way, but having information, service and support through a public health intervention, how we design and adjust the environment. You know, there's education, there's enforcement, there's marketing; all of these things should come together and be a part of what you do when you look at the environment and craft your marketing approach. So, and Mike likes to talk about segmenting on willingness to behave and, you know, the spectrum up there as people are prone to behave how you would like them to. They're unable to or they're resistant and the people who are prone, well they can, if I drink and drive I might kill myself. Okay, I won't do it. So you give them the education and their values or whatever; there's no, are we competition for their attention and motivation. On the other end, those resistant, hey, I'm a party animal. You know, this is what I do. I can't see any benefit to not drinking and driving because all my friends are there doing it. So, you have enforcement and there's unmanageable competition, but it's the centerpiece that marketing is focusing on - need to see and receive benefits. They might be aware that you shouldn't drink and drive, but they're not doing it for a certain reason. And he kind of gets into that, as well, that there's attitude, awareness, the trial behavior of accepting the new way of behaving, and then repeating that and it's that centerpiece and, depending on the situation, maybe small or large in the population where marketing can make a big difference. So he gives the example of, you know, when you talk about parents and their kids and immunizing, well, just about all parents yeah, they realize that's a good thing. They'll immunize, except for maybe a few who think there's an autism connection to the vaccine or for religious reasons, but that's a very tiny population. You look at drinking and driving, it might be a vastly different story with certain segments. So, really, he talks about the disconnects to consider that, you know, segmenting on prone resistant to behave folks prone to respond messages, resistant people may need the force of law. The middle group are unable or unwilling and may need an environmental change and that's really something that you'll see in the program that he designed. But, you know, kind of the key disconnect for consumer research or for us, I think, in public health is, there is high awareness, attitude, motivation, but low behavior compliance. They're unable and unwilling to change and, you know, again, Jay Walker Smith's talk was very interesting to me. You know, you think of all of the information that's out there, good and bad, on the internet and people having information and awareness, it's very exciting I think for public health on the one hand, but on the other hand, it's kind of that whole trust thing. I mean do they even trust us? But more importantly, are we even in the game? And Mike is a philosopher here so he shares these two quotes for you from Alexander Hamilton: "*The role of government is to create opportunity.*" "*The role of the citizen is to seize the opportunity.*" Again, from this morning for Jay Walker Smith, you know, I mean, people out there are really seizing some opportunities to control their life. But, you know, I think what marketing is about, really what public health is about, is we need to create an environment where it is as easy to eat well as it is to eat poorly. I was visiting my in-laws in Appleton, it's near Green Bay, and reading the Sunday paper and the columnist was talking about, you know, he's going to clean himself up. You know, he's going to start exercising and eating right and he's tracking all of this. It's more expensive to eat right. You know, well, that's wrong. You know, that's a problem. So, what is marketing and I think you all know this creating value to, by creating opportunity, increasing benefits, it's delivering value by decreasing the barriers and

fitting into the daily life processes and hassles and then communicating value, too, in form and motivate.

So, this is Mike's Road Crew program that he worked on. He was approached by the Wisconsin Department of Transportation. They said, "You know, there are large rural stretches in our state where we have some real serious problems with drinking and driving and car crashes and all of the things that that entailed. And so, we've heard about you. Could social marketing reduce alcohol-related crashes by five percent? And can this be a self-sustaining effort? Government isn't going to pay for it and let's see if you can walk the walk. You know, does all of this work? So, demonstrate the value of social marketing." So, he did with his partners. They did seven focus groups with expert observers of the target, which in eleven focus groups with the target, which were twenty-one to thirty-four year old, single men who basically live in rural communities and a big part of their life is socializing at bars and so they're trying to understand what are they looking for? Why do they drink? Why do they drive after drinking? Why don't they drive after drinking? What's the whole decision making process of the target? And then some, trying to understand the benefits, barriers, and what's out there to change behavior. So, as I said, twenty-one to thirty-four year old, rural, single guys, blue collar and farm worker. They had high awareness and positive attitudes on these issues. I mean they all knew, you know, we shouldn't drink and drive. So they had got the message, it's there. But, the problem is, is this competition. It has a huge market share. Well, I can drive myself home. I have to drive myself home because there's no alternative way. The negative thing with that is, well, I do worry as the night wears on, and so they came up with their product or company. A ride service, which is unique to each community. But, you know, kind of analyzing further. You know, well they have to drink and drive afterwards because they don't want to leave their car behind. I thought this was funny. It talks about, I don't want to leave my car in the parking lot of the bar, some drunk might hit it. You know? So, I've got to take it home and well, and I got to go to work in the morning and so now my car is at the bar, so I have to drive. There aren't any alternatives. And then there is the social pressure. You know, well you're not a man if you can't, you know, have your beers and then drive home. It's cool. As the night wears on I might not be too aware of how impaired I am, so I might become fearless and then of course, we all know, there are rules drinking and driving, you know, you might get arrested. But there's low risk of that. There's in fact, you know, there's weak enforcement of the law. So, they found that there were different phases of the evening to the bar, between and back home. They figured out that they had to actually take them to the bar. When they first started looking at this, we'll just give them a ride home and they realized no, you got to get them to the bar without a car. And then they also thought, you know, well we'll just buy some buses and collect people and take them there and it's like no, cars are really important to these people. What you pick me up in has got to be as cool or cooler than my car. So they bought into stretch limos, used stretch limos from Vegas, and they found out, actually they'd be willing to pay for the service. So, the program is rides to and, oh by the way, I bar hop so you got to take me from bar to bar, so they do that. Rides to, between bars, and home from bars. Nice stretch limos have to allow drinking in the limo and the cops are cool with that. The police are so happy in the communities that have this program and it has to be a reasonable cost, but it has to be self-sustaining. And so they came up with this core program and then they kind of created this franchise where, at the local level, each community begins with the research and strategy, but then each community develops their own program for the community where you have, you know, law enforcement, the targets, etc. all involved. And so

this was, they had an advertising agency work with them and I don't know how well you can see that, but there's this guy kind of, not too many clothes on doing an air guitar and it says, guess who's not worried about driving tonight? And that's an ad for the Road Crew. So this has been a huge success where they've done this. Over eighty-five thousand rides taken or instances of avoiding exposure to someone who would have been drinking and driving. Covers six rural counties, two percent of the population. They have seen a seventeen percent decrease in crashes in the first year. Very good data to show. No increase in consumption. You know, a lot of public health people would say, oh, you're enabling, you know, and it's like, these people are already drinking as much as you possibly can and so they can't possibly drink any more. So, you know, really positive thing and I think we're kind of running out of time, but you know, he's got examples of how it fits the eight principles, using theory, the customer, orientation, the segmentation of those likely to crash, the exchange – you know, behavior is an exchange for fun, easy, popular, cool way of not drinking and driving, the insight, the behavior - overcoming the disconnect of high awareness and low behavior, of motivation without opportunity. I think that's really at the heart and then the methods mix of qualitative and quantitative research, you know, combining education, environment, enforcement and, you know, product placement price promotion. It's not just about brochures and messages. So, all about the customer. People are rational. They make their own best decisions within their own view of the world. We need to understand those views and then the process leading to decisions and we need to accommodate those views by listening early and often, doing this within the framework of local coalitions with a broad set of partners and by managing the environment. So they're now adding a few more counties. They had a big conference in Madison in June, bringing people down. They have money for this. You get thirty-five thousand dollars to hire a local coordinator and plus Mike and his team will consult free with you for the following one and a half years. And one really interesting story to this is, that he tells is, when they were approached and they said okay, well we've got to do focus groups with a target, they started knocking on the tavern doors and the tavern owners and tavern league is saying, over my dead body. You are not coming in here and interestingly, kind of out of the blue, he got a call from Miller Brewing and they said, you know, we heard about what you're doing. We want to help you. We want to fund you. They gave this program a sizable sum of money and, through their distributors, they got access to tavern owners who then worked with them to find folks who would be suitable for focus groups. So, that's it. Thank you.

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