



## Georgia uses step-by-step social marketing process

### Background

**Overview.** The Georgia Division of Public Health worked closely with the Fulton County Health Department in Atlanta to develop a nutrition and physical activity intervention targeted to tweens. They chose to follow the social marketing process to influence tween behavior in these areas. State

**Lesson Learned:** *Georgia found that the initial social marketing training helped its work group to buy in to the process. It provided an understanding of the audience-focused nature of social marketing and reinforced the need to plan well in order to have an effective intervention.*

and county representatives, along with their partners, formed a work group and began discussing this intervention in January 2004. This case will describe their process as they 1) described the problem, 2)

chose a target audience, 3) conducted formative research with that audience, and 4) developed an intervention strategy.

### **Training in Social Marketing.**

The social marketing process began with a “Social Marketing 101” training class for all work group members in February 2004. This training highlighted the differences between social marketing and other planning processes. It also emphasized the need to take time to plan and learn about the target audience before choosing intervention strategies.

### Describe the Problem

**Problem Description.** A local graduate student worked with the work group to describe the obesity problem in Georgia. She gathered information comparing Georgia’s obesity prevalence to national levels and used it to write the problem description for a social marketing plan.

**Apply it:** *Use your local colleges for assistance. This assistance can come with little cost to you, and can also be a valuable learning experience for the student.*

The problem description had several components. It identified the populations with greatest need and those most likely to change their behavior. A second part was a list of behavioral factors that could potentially contribute to obesity. Some examples were low fruit and vegetable intake, frequent television viewing, and consumption of sweetened beverages. A third part was a description of behavior-change models that could apply to this problem. These models were revisited as the team formed its intervention strategy. Another part of the problem description identified potential behavioral theories that might aid in developing the intervention. The concepts of “self-efficacy” and “influence of the environment” from social cognitive theory were particularly useful in planning. Finally, the problem description included best practices and lessons learned from other programs that had addressed overweight in children.

**Potential Target Audiences.** In defining the problem, the work group identified two potential audiences: preschoolers (2–5 years old) and tweens (9–12 years old). It was difficult to decide which audience to target, because they felt like they could make a case for either age group. However, they chose tweens for several reasons. The group felt that it would be easier to intervene with tweens because they could be targeted directly, instead of through their parents. Tweens are at a stage of life

**Apply it:** *The group defined as tweens (or any other age group) is generally not a specific enough target audience for your intervention. You should conduct some formative research after deciding on a broad target audience. Then you can decide how best to divide the broad target audience into specific segments around which to plan your intervention.*

where they are beginning to make some of their own decisions. Finally, Georgia already provides a variety of services to younger children, so the group wanted to offer something to older children as well.

Georgia had data on tween overweight prevalence as well as information about their current behavior. Some data came from the Georgia Student Health Survey (Youth Risk Behavior Survey (YRBS)) including self-reported heights and weights, physical activity levels, and TV viewing habits. The YRBS collects data on middle school children aged 11–14 and high school children aged 14–18. Georgia used the middle school data as an estimate for tweens. Other data sources included the 1994–1996 Continuing Survey of Food Intakes by Individuals (CSFII) and a tween audience analysis from the Health



Communications Unit in Toronto, Canada.<sup>1</sup>

The choice of “tweens” is still a broad target audience. A specific segment of this target audience was chosen after the work group conducted formative research with the target audience. The work group also discussed possible secondary target audiences—parents or caregivers, school cafeteria workers, physical educators, after-school programs, and tween peers. Final decisions about secondary audiences were also saved until the work group had conducted its formative research.

#### **Audience Research and Initial Decisions.**

The work group began to learn more about the broad target audience and to make some initial decisions about behavioral objectives and the intervention setting. The problem description contained information from the literature on best practices and lessons learned about obesity prevention.

**Apply it:** *Document the reasons for your decisions so that they can be shared with those who were not part of the process.*

These resources helped the group choose the main behaviors to target for change. The group chose increasing physical activity and increasing healthy snack and beverage choices. These behaviors were refined in June 2004

<sup>1</sup> Available at [www.thcu.ca/infoandresources/audienceprofiles.htm](http://www.thcu.ca/infoandresources/audienceprofiles.htm).

as the team met with school representatives, teachers, and community organizations.

In this meeting, the group identified the existing strengths, weaknesses, opportunities, and threats (a SWOT analysis) to working with

**Saving Money:** *It may be cost-effective to start your formative research by gathering input from community experts who are familiar with your target population. However, be sure to keep in mind that the “experts” are not your target audience. Always check their input with your actual target audience.*

tweens. This meeting also provided an opportunity for Georgia to gain input from the “experts”—people who were currently working with tweens and could give some insight to their behaviors and motivations.

Some of these early decisions were

**Lesson Learned:** *Georgia learned that it was important to be clear about decisions made and to stick with them. At the end of planning meetings, it is a good idea to document the decisions that have been made and the next steps that should be taken. These decisions should then be made available to members of the planning group, especially those who may have missed a meeting.*

difficult for the team, and some members of the work group wanted to revisit them in future meetings. To keep progressing, the leaders decided to add two items to their standing agenda: “decisions made” and “action steps” so that the decisions were clear

tweens. The participants felt that gaining access to the target audience would be easier in the community instead of through the school system. Therefore, they decided to conduct the intervention in a community setting.

This meeting also provided an opportunity for Georgia to gain input from the “experts”—people who were currently working with tweens and could give some insight to their behaviors and motivations.

## Conduct Market/Formative Research

### Formative Research Development.

The work group decided to use focus groups to understand more about tweens. The focus groups served two purposes: to help the work group understand its audience better, and to find out what strategies could be effective at reaching tweens. A series of focus groups for tweens and their parents were conducted.

A literature review led to the first draft of focus group questions. The questions addressed barriers and enablers to performing the desired behaviors, and ways to reach the audience. Next,

the team refined the questions by using some examples from VERB™ (a campaign that also targets

tweens) and the Lexington Tweens Nutrition and Fitness Coalition in Kentucky. The team also looked at other focus groups that had been done in Georgia to learn from those experiences. They gave the questions to the Nutrition and Physical Activity Communication Team (NuPAC) at the Centers for Disease Control and Prevention (CDC) for review. Lastly, the team

**Apply it:** *Focus groups can accomplish several things at the same time—use them to get to know your audience and get their feedback about potential strategies.*

**Apply it:** *It is important to develop appropriate focus group questions that provide specific information that will help inform your decisions and not just information that would be nice to know.*

informally pre-tested the questions by asking for feedback from team members who had access to tweens or their parents.

**Focus Groups.** The work group recruited participants for the focus groups from the Atlanta Public School System. One of the work

group members who worked with the school district gave the team contact information for eight schools with after-

school programs. Institutional review board committees from the Atlanta Public School System and Georgia’s Department of Human Resources granted approval.

Principals from all eight schools were contacted, and two agreed to participate. The work group then worked with the after-school coordinators to recruit participants; they posted flyers and offered food and gift certificates to a local grocery store as incentives. Parents who had a child in the 4th or 5th grade were eligible to participate.

Overall, four focus groups were conducted—two with parents and two with their tweens. Groups for the tweens and parents were held at the same time but in separate rooms. All focus groups were held in the schools and were moderated either by work group members or a consultant with another local health department. Because they were not allowed to audiotape the tween focus groups, the team also had note-takers present.

Following the focus groups, the work group collaborated with a local university to analyze the data from the tween groups and a local health promotion organization to analyze the parent groups. These two groups then met with work group members to review responses given by the parents and tweens.

## **Create the Marketing Strategy**

### **Segmenting the Target Audience.**

Once the focus groups were conducted and the results had been analyzed, the work group met to brainstorm about potential audience segments. Their desire was to segment tweens

**Apply it:** *If you need assistance, use free resources that you already have such as contacts with other states that are working on similar projects or CDC.*

**Apply it:** *Segmenting is not useful unless it is done by variables that are meaningful to the behavior you are trying to change. For example, if there is no difference between African American tweens and Hispanic tweens on their intention or motivation to eat fruits and vegetables, there is no need to segment based on race/ethnicity. However, a group of tweens who want to eat more fruits and vegetables but can’t because their parents don’t buy them would be a different segment than the group who do not eat fruits and vegetables because they don’t like the way they taste. This type of meaningful segmentation will also be important when you are trying to develop strategies.*



by their current behaviors, instead of just demographics. In August 2005, the work group met for a two-part series of meetings to make final decisions about primary and secondary target audiences.

During these meetings, the team narrowed the target audience's age range even further, to 9–11 years old. Other target audience characteristics included: being African American, living in Southeast Atlanta in Fulton County, and attending public schools. Even though these children attend public schools, the intervention will focus on their out-of-school time. The team further specified the target audience by describing a particular segment they called "Your Regular Kid." These children have the following characteristics: they are somewhat active, they are healthy, they participate in after-school programs, and they come from single-parent families. The work group eliminated school personnel as a potential secondary audience and chose to focus on parents/caregivers and peers instead.

**Refining Behavioral Objectives.** At the same meetings, the work group revised its broad behavioral objectives to make them more specific. For example, the group took the

**Apply it:** *Behavioral objectives should affect the problem, and be observable, measurable, and specific. They can either be a single behavior or a series of behaviors.*

broad goal of "increasing levels of physical activity" and revised this to "increase active play outside of school time, with your peers, for 60 minutes per day." This will be revised further to include a baseline (the percentage of students who are already doing this) and a target goal for improvement.

**Strategy Development.** During its two-part series of meetings, the team combined the findings from its literature review, expert advice, and focus group results. All of this formative research allowed it to identify its audience's benefits and barriers to participating in the desired behaviors. For example, tweens valued energy, strength, and active play as benefits of physical activity. Some barriers were lack of time for physical activity and embarrassment over lack of skill. The team also identified activities that may compete with the target behavior, such as shopping and spending time with friends. Finally, they identified other factors that may be important (e.g., the tweens

know about healthy eating and physical activity but are also confused about what is healthy) and possible channels to reach the target audience (e.g., TV, malls near public transportation). All

of these components will be used to determine strategies and activities to design the final intervention. The work group also spent time prioritizing the factors that related specifically to their chosen audience segment.

**Challenge:** *Georgia found it difficult to have someone who was invested in the decision-making process to also be responsible for facilitating the meetings. To avoid this during their strategy development meeting, they appointed an external person who was experienced in social marketing to help facilitate the meeting.*

**Apply it:** *Each of these factors (i.e., benefits, barriers, and competition) should come from the target group in some way—whether it is in their own words from the focus groups, through research about them, or through people who work with them regularly.*



### **Next Steps**

Georgia plans to hire a project coordinator to lead this intervention. They are currently working on developing a job description for this person and hope to hire someone soon. They will continue to refine their strategy and intervention components, create specific behavioral objectives, identify and recruit more community partners, and identify a specific geographic location or neighborhood in which to place the intervention.

## Georgia's Intervention Planning at a Glance

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| <b>Behavior Change Theories Used:</b>  | Social Cognitive Theory   |
| <b>Important Partners:</b>             | <ul style="list-style-type: none"> <li>• Children's Healthcare of Atlanta</li> <li>• International Life Sciences Institute, Center for Health Promotion</li> <li>• Fulton County Department of Health and Wellness</li> <li>• Georgia Department of Human Resources, Division of Public Health</li> <li>• University of Georgia, Food and Nutrition Department</li> <li>• Metro Atlanta YMCA</li> </ul> |
| <b>Decision-Making Process:</b>        | Work group documented decisions made and action steps to take at each meeting   |
| <b>Overall Target Audience:</b>        | Tweens: Children aged 9-11  |
| <b>Rationale for Target Audience:</b>  | <ul style="list-style-type: none"> <li>• Georgia has fewer programs for tweens than for younger children</li> <li>• Access – Tweens could be targeted directly, but they can also be influenced by their parents</li> </ul>   |
| <b>Secondary Audience/Influencers:</b> | Parents/caregivers and other family members<br>Peers  |
| <b>Formative Research:</b>             | 4 focus groups conducted: 2 with tweens and 2 with their parents  |
| <b>Audience Segments:</b>              | <p>"Your Regular Kid"</p> <p>Description: African-American boys and girls, between the ages of 9 and 11; somewhat active, healthy, participate in an after-school program, from single parent homes</p>   |
| <b>Current Behaviors:</b>              | Somewhat active, but do not participate in sports   |

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|---|--|
| <p><b>Behavior Change Goal:</b></p>                           | <p><b>Physical Activity Goal:</b></p> <ul style="list-style-type: none"> <li>• Increase active play outside of school time, with peers, for 60 minutes/day</li> </ul> <p><b>Nutrition Goals:</b></p> <ul style="list-style-type: none"> <li>• Increase consumption/frequency of: healthy beverage choices, fruits and vegetables as snacks, healthy snacks</li> <li>• Choose healthy options at fast food restaurants</li> <li>• Increase parent/caregiver knowledge of healthy snack and beverage choices, and self-efficacy related to purchasing and preparing healthy snacks for their families</li> <li>• Increase the number of healthy choices purchased</li> </ul> |
| <p><b>Barriers/Costs to Behavior Change:</b></p>              | <p><b>Physical Activity:</b></p> <ul style="list-style-type: none"> <li>• Embarrassment at lack of skill</li> <li>• Perceived limited time for physical activity</li> <li>• Perceived cost of healthy choices</li> <li>• Transportation limitations</li> <li>• Lack of energy</li> </ul> <p><b>Nutrition:</b></p> <ul style="list-style-type: none"> <li>• Parents buy junk food</li> <li>• Choose not to eat healthy foods</li> <li>• Taste of healthy foods isn't appealing</li> <li>• Have cravings for sugar</li> </ul>  |
| <p><b>Benefits/Incentives Offered to Change Behavior:</b></p> | <p><b>Physical Activity:</b> more energy, more strength, enjoyment of active play, improved flexibility, choices</p> <p><b>Nutrition:</b> more energy, better taste</p>  |
| <p><b>Pre-testing:</b></p>                                    |  |
| <p><b>Evaluation:</b></p>                                     |  |
| <p><b>Helpful Tools/ Resources Used:</b></p>                  | <ul style="list-style-type: none"> <li>• <i>Obesity Prevention Coordinators' Social Marketing Guidebook</i><sup>3</sup></li> <li>• CDCynergy – Social Marketing Edition</li> <li>• Health Communication Unit (<a href="http://www.thcu.ca/">http://www.thcu.ca/</a>) – Audience profile of tweens</li> </ul>   |
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Grey boxes indicate places where information either does not apply or is not yet available.

<sup>3</sup> McCormack Brown K, Alfonso ML, Bryant CA. *Obesity Prevention Coordinators' Social Marketing Guidebook*. Tampa, FL: Florida Prevention Research Center at the University of South Florida; 2004



This case study is part of a series developed by:

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For additional case studies or more information on  
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