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The use of programme planning and social marketing models by a state public health agency: A case study

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Abstract:

Objectives

To investigate the use of planning models and social marketing planning principles within a state's central public health agency as a means for informing improved planning practices.

Methods

Qualitative semi-structured interviews were conducted with 30 key programme planners in selected division branches, and a quantitative survey was distributed to 63 individuals responsible for programme planning in 12 programme-related branches.

Results

Employees who have an appreciation of and support for structured programme planning and social marketing may be considered the 'low hanging fruit' or 'early adopters'. On the other hand, employees that do not support or understand either of the two concepts have other barriers to using social marketing when planning programmes. A framework describing the observed factors involved in programme planning on an individual, interpersonal and organizational level is presented.

Conclusions

Understanding the individual and structural barriers and facilitators of structured programme planning and social marketing is critical to increase the planning capacity within public health agencies.

Keywords: Planning models | Programme planning | Social marketing | Best practices | Health departments

Article:

Introduction and background

Programme planning within public health can be defined as using a rational stepped approach for analysing a social issue or problem, applying existing theory and empirical evidence, and integrating existing structural and political realities in the creation of an intervention or programme for addressing said social issue.[1, 2 and 3]Examples of standard health promotion programme planning models, among others, include: PRECEDE-PROCEED, PATCH, MATCH, intervention mapping[4] and social marketing. Social marketing, adapted from commercial marketing, is distinguished from traditional health promotion approaches by its deep-seated, persistent focus on the consumer, need for in-depth formative research, and its consideration of the four Ps of the traditional marketing mix (Product, Place, Promotion and Price).[5] Along with standard programme planning models, social marketing has been embraced by organizations such as the Centers for Disease Control and Prevention, which encourages programmes to use health communication and social marketing principles.[6] Stated benefits of systematic planning models include: more effective programmes; ability to determine why programmes succeed or fail; ability to predict consequences of interventions in new settings; and guidance for health educators in planning, implementation, evaluation and generalization.[7 and 8] With increased pressures placed on health departments to verify accountability and effectiveness, the critique by some is the health education community's insufficient use of developed programme planning processes.[9]

In order to interpret the results within this context, it is important to have a background of social marketing's history in the North Carolina Division of Public Health (NCDPH). During the spring of 2000, the NCDPH received funding from the Robert Wood Johnson Foundation to increase its social marketing capacity. The funding facilitated the formation of a cross-divisional social marketing matrix team and led to a previous formative research study to determine how staff viewed and utilized social marketing principles.[10] The case study presented here attempts to build on the previous work to understand the facilitators and barriers to the use of social marketing and standard programme planning processes by examining the planning divisions of the NCDPH. The NCDPH is made up of six different sections (two administrative and four programme based). Each section is made up of branches. There are approximately 15–20 branches within the four programme-based sections. One unique component of the NCDPH is

the social marketing matrix team. The team's purpose is to promote the use of social marketing within the division and serve as a resource for social marketing information. It is comprised of individuals from different programme areas that are either interested in or currently using social marketing. While the research presented here was conducted to advise the NCDPH and the social marketing matrix team, it is believed that the findings of this case study will be informative for the planning units of other public health agencies.

Major research questions

Three basic questions are addressed in this case study: (1) Are state health department employees in North Carolina using an organized or structured model for planning health promotion programmes? (2) How do employees compare with each other in terms of their levels of motivation, opportunity and ability to use both planning models and social marketing? (3) What facilitates or hinders the use of planning models and social marketing at individual, interpersonal and organizational levels?

Methods

Data-collection methods included qualitative interviews (open-ended, semi-structured) with 30 key programme planners in selected division branches and a quantitative 14-question Likert-scale (‘strongly agree’ to ‘strongly disagree’) survey distributed to 63 individuals responsible for programme planning in 12 programme-related branches. All interviews were conducted by the lead author who maintained a position as an outside investigator. Three section chiefs, five branch heads and 22 programme managers/staff from six different branches within the division were interviewed. Individuals were selected for the interview process based on their planning role within the division and on recommendations from either the social marketing matrix team or peers in their branch. Questions addressed the process of programme planning (i.e. problem description, formative research, budget, implementation plans and evaluation). Participants were asked for their perception of the factors that enhance or hinder the use of programme planning and social marketing practices within their current planning job roles.

Surveys were used to supplement and verify the identified qualitative data themes by measuring managerial and staff attitudes, perceptions and behaviours regarding programme planning and social marketing. Survey items asked respondents to rate their preferences for, knowledge of, opportunity to use, capability to use and divisional support for both planning models and social marketing. Each of these questions was built to assess one of three constructs found in Rothschild's work: motivation, opportunity or ability.[11 and 12]

Surveys and interviews were analysed to find consistencies and themes around programme planning and social marketing. Answers to interview questions about the benefits and barriers to programme planning, methods to facilitate programme planning, benefits and barriers to social marketing, and methods to facilitate social marketing were coded and categorized. They were

used to create a framework to explain the facilitators and barriers to programme planning and social marketing at individual, interpersonal and organizational levels.

Results and discussion

Question 1. Are state health department employees using an organized or structured model for planning health promotion programmes?

When asked if they used a specific programme planning model or structure, 11 out of 30 interviewees stated that they did not use a specific model or have a standardized planning process. Only one respondent named a specific planning model, while most respondents simply described the typical process used for planning a programme. For example, while respondents from several branches and programmes described the use of logic models for organizing overall health outcome goals with programme activities, their use was intermittent and the general observation was that there were no specific structured planning models that were promoted, preferred or used with logic models. Even with this lack of structured programme planning, interviewees in all six branches responded that they approved of both programme planning and social marketing, despite the perception that they took up a lot of time and resources.

Interviewees in five out of six branches mentioned that agencies that provide funding, such as the Centers for Disease Control and Prevention, often control the planning process because they have specific requirements when allotting funding to a state programme. States must adhere to these formal requirements in order to receive funding. When specific funding requirements for planning were not in place, a more informal planning process occurred. For example, a management team may discuss a problem statement or implementation plan in a meeting, but not write anything in a formal document, which is part of a structured planning model framework.

Very rarely are programmatic decisions made by a single person. As respondents in five of the six branches stated, these decisions are typically made by a management team. Team formats vary from branch to branch, but they usually meet on a regular basis to make decisions about programmes and strategic planning. Most, if not all, branches attempt to work with partner organizations on a regular basis and involve others in the planning process.

The overall conclusion from the interviews was that while aspects of a planning process were present, the formal recognition or incorporation of a specific planning model into planning processes was limited.

Question 2. How do employees compare in terms of their levels of motivation, opportunity and ability to use planning models and social marketing?

To address the second question, survey items targeting motivation were added together to form a composite motivation score, with this process repeated for ability and opportunity items. A mean split was used to separate each component score into ‘higher’ and ‘lower’ classifications. For

example, scores for the motivation concept ranged from 17 to 30 with a mean of 22.14. Scores between 17 and 22 were classified as ‘lower motivation’ while scores between 23 and 30 were classified as ‘higher motivation’. Individuals were then classified according to an established matrix of motivation, opportunity and ability. Totals for each category were calculated and are shown in Table 1.

Table 1. Motivation, opportunity and ability scores (from survey data) (*n*=63).

	Higher motivation		Lower motivation	
	Higher opportunity	Lower opportunity	Higher opportunity	Lower opportunity
Higher ability	18[a] (29%)	2 (3%)	10 (16%)	5 (8%)
	Prone to behave[b]	Unable to behave	Resistant to behave	Resistant to behave
	Education[c]	Marketing	Policy	Marketing/policy
Lower ability	3 (2%)	1 (2%)	11 (17%)	13 (21%)
	Unable to behave	Unable to behave	Resistant to behave	Resistant to behave
	Education/marketing	Education/marketing	Education/marketing/policy	Education/marketing/policy

[a] Number of respondents who fit in each particular category. [b] Descriptor of the respondent. [c] Possible method(s) to be used to change behaviour.

The existence or lack of each of these constructs provides a way to segment the target audience and provide interventions to address areas that are lacking. Applying Rothschild's framework[11] to the results of the survey reveals that 29% of respondents, labelled ‘prone to behave’, showed higher opportunity, ability and motivation scores. These individuals are likely to be those who already use social marketing or only need targeted education for its adoption. On the other end of the scale, 21% of respondents showed lower opportunity, ability and motivation scores, placing them in one of the ‘resistant to behave’ categories. For this segment, policy is the preferred method of changing behaviour, according to Table 1. However, the rest of the respondents (50%) are placed in categories where some combination of education, marketing and policy can be effective. Making the product more appealing, reducing barriers and increasing benefits while still addressing price, place and promotion are all ways to market social marketing to health education practitioners.

It should be noted that the authors have adapted Rothschild's discrete 'yes' and 'no' categories for motivation, opportunity and ability to 'higher' and 'lower' scores based on the overall composite score for each variable. The purpose was primarily to observe the relationships between the constructs as a means for understanding potential strategies for encouraging the desired behaviour of embracing programme planning and social marketing processes.

Question 3. What facilitates or hinders the use of planning models and social marketing at individual, interpersonal and organizational levels?

Based on the types of benefits and barriers revealed during the interview sessions, a framework for increasing a health promotion organization's capacity to use programme planning and social marketing was formulated to capture the key factors identified (Fig. 1). The framework is intended to be used as a guide for organizations to assess and evaluate their capacity for, and encourage the use of, standard planning models and social marketing. Benefits and barriers were categorized into the following areas: individual; interpersonal; organizational; external; and other. Some factors fit into more than one category and are shown accordingly.

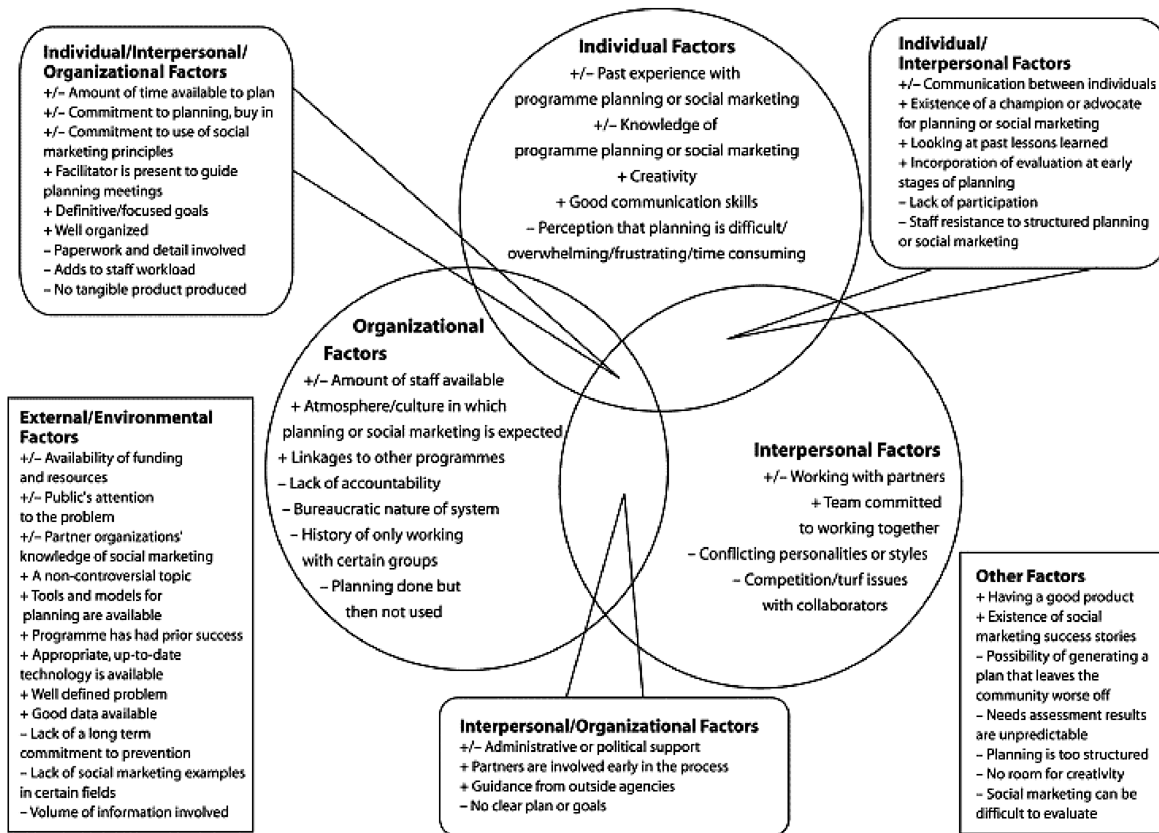

Figure 1. Perceived facilitators and barriers to programme planning and social marketing.

Common themes from interview and survey results

‘I have received both training and some tools to do social marketing (i.e. CDCynergy, etc), but what I find is that the division does not support the amount of planning time and resources needed to fully implement this process and does not think collectively about the best planning process to get us to a desired outcome.’

This quote represents one respondent's struggle to integrate social marketing and planning models within their work. The following themes, gleaned from key informant interviews and division-wide surveys, are presented to further highlight the salient issues surrounding the use or non-use of standard planning models and social marketing.

Appreciation of programme planning as a precondition for using social marketing

As demonstrated by North Carolina's experience, social marketing can be difficult to ‘sell’ to people who have not yet bought in to the idea of, or experienced the benefits of, structured programme planning. If people do not perceive that they will get additional benefits by changing the way they plan programmes, they are likely to add social marketing concepts to their planning process. One interviewee re-inforced this concept by suggesting that people must first recognize the value of planning before they will adopt a social marketing approach.

Ideological approval vs. practical implementation

Structured programme planning and social marketing were met with universal verbal approval by interviewees, yet very few individuals or programmes identified actual use of specific planning models or social marketing processes. There are a couple of possible explanations for this dichotomy. One barrier is the perception that both programme planning and planning social marketing programmes require a great deal of effort. This is re-inforced by the perception that there is not enough time or resources to undertake these processes. Individuals may be willing to participate in structured planning or social marketing but may feel that they are unable to do so because of these perceived barriers. On the other hand, it could be that people are unclear about what structured programme planning and social marketing really mean. Therefore, they may be voicing support for something that they believe they are already doing.

This theme of approval vs. implementation was also mentioned with regard to administrative support of social marketing. Interviewees agreed that both programme planning and social marketing were effective procedures. However, there may be a lack of practical support that would allow the division to increase capacity for social marketing. If funding requests are not approved and administrators doubt the organization's ability to conduct social marketing programmes, the concept is not actively encouraged. This passive discouragement could be a significant barrier to the implementation of social marketing programmes across the division.

Misunderstandings about social marketing

When interviewees were asked to name the benefits of social marketing, two of the most frequent responses were the ability to reach a large audience and to increase awareness of a programme or idea. These are both misunderstandings about the purpose of social marketing. Reaching everyone is not the intent of a social marketing programme. When Andreasen described the criteria for the best social marketing, he stated that 'programme managers [should] segment target markets whenever politically feasible and devise budgets and strategies that are specifically adapted to the characteristics of each defined segment'.[13] Also, the principal goal of social marketing is to change or influence behaviour,[14] not increase awareness. Changes in knowledge and/or beliefs can be used as intermediate benchmarks to seeing behaviour change, but are not the end goals.[15] As some interviewees still consider social marketing as a method to either increase awareness or reach a large number of people at one time, it is clear that there are still some misunderstandings about the purpose of social marketing.

Importance of management support

When describing the typical process for planning a new health promotion programme, interviewees often mentioned the input of a management team. Management teams that make decisions about programme planning could be a primary target audience for encouraging the use of the social marketing process. Programme ideas and feedback are received from a wide range of individuals (i.e. employees of local health departments), but the people who tend to accept or reject these ideas are usually part of the management team. A possible secondary target audience would be upper-level administrators within the division, who also have a great deal of control and power over the process but are a step removed from making more detailed decisions about programmes. They influence the management teams by making decisions about divisional policies and accountability measures. Also, they could influence the organizational structure by increasing employee capacity, allowing individuals more time to plan effectively and increase the funding given to programmes using social marketing processes.

Recommendations

Based on the survey and interview results, the recommendations presented in Table 2 were developed to increase organizational capacity and improve the use and process of structured programme planning and social marketing as planning tools.

Table 2. Recommendations for improving programme planning and social marketing capacity.

1	Improve management or supervisory support. Managers and supervisors have influence over budgeting and personnel decisions that can affect both programme planning and social marketing. They could allow time for them in work plans, approve budgetary requests and endorse time spent planning.

2	Keep training sessions, products and meetings short and on task. This is to combat one of the most common perceived barriers to both programme planning and social marketing; lack of time.
3	Address funding agencies—have them promote/require the use of strong programme planning or social marketing. This recommendation is more long term and focuses on upstream organizations.
Recommendations for improving programme planning capacity	
4	Create settings to improve teamwork. Cited as the top facilitator to programme planning, it is crucial to have people work well together. Create a facilitator role so that someone guides meetings and documents the decisions made.
5	Promote structured planning with the ability to be flexible and creative. Position programme planning as a process that helps planners stay focused, but still leaves room for flexible and creative solutions.
6	Additional time spent in the problem description phase of programme planning. Even with well-understood health problems, there are still ways to describe the problem specific to the new programme to be planned. Important information relevant to the design of a programme may be missing if this step is skipped.
7	Involve partners/stakeholders early in the process. Take advantage of the government's ability to partner with a wide range of organizations. May also want to address potential antagonistic organizations.
Recommendations for improving social marketing capacity	
8	Create tangible products to promote social marketing. Short, concise tools were mentioned as being particularly helpful. Other ideas included a checklist to see if social marketing applies to a particular programme, examples of social marketing successes in a variety of health areas, and a website that links to resources, tools and success

	stories.
9	Continue to correct misperceptions of social marketing and increase staff knowledge of the process. Having in-house social marketing consultants within each programme area or an experienced social marketer to walk through the process with a programme is extremely important. They can help in correcting misunderstandings and reduce confusion.
10	Utilize the social marketing matrix team to serve in their consulting capacity.
11	Improve communication between branches and programmes about social marketing activities. Organizational change to facilitate these connections could improve efficiency and lead to resource sharing.

The process of building programme planning and social marketing capacity within an organization is dependent upon a commitment to organizational change, as well as a commitment to building the knowledge and skill capacities of the individuals who make up that organization. It is critical to understand various work contexts and to incorporate this understanding for sustainable change. These contexts include organizational culture and the external environment, as well as relationships and interactions with coworkers, employees and supervisors. Each of these factors can be taken into consideration when designing an 'intervention' to market social marketing to health programme planners. Employees who have an appreciation of and support for structured programme planning and social marketing may be considered the 'low hanging fruit' or 'early adopters'. On the other hand, those who do not support or understand either of the two concepts have other barriers to using the social marketing framework when planning programmes. The purpose of this formative research is to begin to describe the individual and structural barriers and facilitators of structured programme planning and social marketing within the planning divisions of a health department. The social marketing matrix team in the NCDPH has been informed of the results described here and can now use this information to address future avenues for capacity building in both programme planning and social marketing.

Using theory (in this case, a previously published framework describing motivation, opportunity and ability) can inform the process that is taken to understand a problem and provide a framework for turning the results into strategies for solutions. The main contribution of this research is the creation of a framework (Fig. 1) that describes the factors involved in programme planning at individual, interpersonal and organizational levels. Despite the fact that this research was conducted as a case study of the planning divisions of a specific agency, it can be of use to other state public health departments in giving social marketers and programme planners a starting framework by which to begin assessments of their own targeted agencies and

populations. In light of the criticism that the health education community has neglected to cultivate effective processes for planning and developing programmes and interventions, it would be useful to identify why programme planners may not be using effective planning processes. This framework could be the beginning of such research.

Ethical approval

Not required.

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Competing interests

None declared.

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