

COMMUNITY-BASED PREVENTION MARKETING

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INTRODUCTION

Many public health professionals now believe that interventions designed and directed by community members are far more likely to succeed than those planned and executed exclusively by outsiders (Green & Kreuter, 1991; Minkler & Wallerstein, 1997b). Both the benefits and challenges of working with community groups in designing, implementing and evaluating social marketing programs have been reported (Middlestadt, Schechter, Peyton, & Tjugum, 1997). This presentation builds on their work by describing a community-based social marketing model being developed and evaluated by the University of South Florida Prevention Research Center.

We begin with an overview of the key elements and steps in the Community-Based Prevention Marketing Model, followed by a discussion of the advantages of this blended approach and our plans for developing and evaluating the model.

THE COMMUNITY-BASED PREVENTION MARKETING MODEL

Community-Based Prevention Marketing (CBPM) is a community-directed social change process that applies marketing theories and techniques to the design, implementation and evaluation of health promotion and disease prevention programs. CBPM blends community organization principles and practices, behavioral

theories and marketing concepts and methodologies into a synergistic framework for directing positive change among selected audience segments.

COMMUNITY ORGANIZATION

In the CBPM approach, "community-based" refers to the community's direction of program planning, implementation and evaluation activities. Community participation is a central feature throughout the CBPM process. CBPM places social marketers and academic-based researchers in a collaborative partnership with local public health professionals, other local health and education agency representatives, lay leaders and activists, representatives of local businesses, churches, voluntary organizations and residents. Working together, these partners define and critically analyze community problems, set preventive health goals, conduct research and, ultimately, design, implement and evaluate interventions aimed at achieving the agreed upon goals.

A primary goal of CBPM is to build the community's capacity to work together to achieve consensus about critical issues, set goals and solve problems. Academic-based researchers help community members use a systematic, data-driven marketing model to design effective behavior change strategies, critically analyze health

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problems, set goals and conduct formative research. Academic researchers also train community leaders to use marketing's conceptual framework to design comprehensive public health interventions. During the process, indigenous leaders are developed who can stimulate critical problem solving activities and direct sustainable change activities (Bracht, 1990; Minkler & Wallerstein, 1997a).

Individual and collective empowerment are considered important health outcomes of the CBPM process. Through participation and increased competence, citizen groups gain more power over social and tangible resources (Robertson & Minkler, 1994). As citizens support each other, address problems within the community and develop the ability to work together to influence decisions in the larger social system, the community becomes empowered to sustain and institutionalize this structure.

Finally, CBPM builds on the community's strengths by combining asset mapping (Israel, Checkoway, Schulz, & Zimmerman, 1994) and "wants" assessments with needs assessments when developing community profiles.

PREVENTION

In the CBPM approach, prevention refers to the promotion of health behaviors that are protective against the major causes of death and disability (McGinnis & Foege, 1993). Academic

partners provide guidance in the selection of risk and/or protective behaviors appropriate for use in a prevention marketing approach. Addictive behaviors and risk behaviors with deep-seated psychological determinants that require psychotherapy or other individual centered approaches are eliminated from consideration.

Marketing of protective health behaviors relies on the behavioral sciences to guide research and program design (Middlestadt et al., 1997). Formative research is used to identify and prioritize behaviors that are both desirable and feasible to promote among members of the community. Program objectives are defined in behavioral terms and behavioral theories are used to guide researchers in identifying the determinants of the protective behaviors being promoted (Fishbein & Middlestadt, 1997; Middlestadt et al., 1997; Bandura, 1994; Fishbein & Ajzen, 1975).

SOCIAL MARKETING

In the CBPM model, marketing refers to social marketing: "the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society" (Andreasen, 1995, p. 7). Social marketing provides a conceptual framework that guides strategy development, the use

of formative research to gain input from the people the intervention plans to reach, analytical techniques for segmenting market audiences, and the use of program monitoring to identify ineffective activities that require modification as well as effective activities worthy of sustaining.

STEPS IN THE CBPM MODEL

The following steps are used to build a community's capacity to use prevention marketing to design, implement and evaluate public health interventions.

MOBILIZE THE COMMUNITY

Phase I is devoted to building a community structure to guide the CBPM process. The local health department serves as a lead community agency, working with academic researchers and other organizations to define community boundaries and organize a community coalition.

DEVELOP A COMMUNITY PROFILE

A community profile is developed that includes basic demographic data, mortality and morbidity data, behavioral data and an assessment of the community's capacity.

SELECT THE RISK/PROTECTIVE BEHAVIOR TO BE PROMOTED

The community coalition identifies and prioritizes problems and selects the issue(s) of project focus.

DEVELOP A PROJECT SPECIFIC ADVISORY COMMITTEE

A subcommittee of the coalition is formed to direct the CBPM project. This committee determines behavioral objectives and target audiences for intervention activities and approves the research design, research reports and marketing, implementation and evaluation plans.

FORMATIVE RESEARCH

Community members are trained to collect and analyze data. Research is guided by Israel, Schulz, Parker, & Becker's (1998) principles of community-based research and the Institute for Health Promotion Research's guidelines for participatory research.

Evaluation results are used to identify new problems that require further attention. This step leads back to phase III and the refinement of program goals.

STRATEGY DEVELOPMENT

A marketing plan organized around the 4 P's is developed. This plan contains a clear statement of the overall goals or mission of the project, a description of the audience segments to be targeted, the specific behaviors that will be promoted within each audience segment and strategies for addressing the critical factors associated with target health behaviors.

CAMPAIGN DEVELOPMENT

All program materials and tactics are developed and pretested. The community coalition helps mobilize resources needed for program activities, and works together to reinforce the institutional foundation upon which the campaign must be sustained (Lefebvre, 1990).

PROGRAM IMPLEMENTATION

The local coordinator works closely with members of the community advisory committee to implement the program. Together they ensure careful coordination and proper sequencing of all

program components: legislative advocacy, organizational policy and procedural changes, professional training, materials distribution, public relations and public information.

TRACKING AND EVALUATION

Academic-based and community researchers assess program context, process and impact in a comprehensive evaluation of the project. Evaluation results are used to identify new problems that require further attention. This step leads back to phase III and the refinement of program goals.

ADVANTAGES OF THE CBPM MODEL

A community-based approach recognizes the need for integrated interventions at the individual level and environmental level, thus acknowledging that change occurs at the individual, organizational and community levels (Green & Raebur, 1990). Community ownership of problems and solutions helps to ensure that interventions are culturally acceptable and politically feasible (Gerstein & Green, 1993). The community's participation in all research and demonstration activities also facilitates the development of interventions that are better integrated into existing community structures, and more easily sustainable after outside funding ceases (Bracht, 1990).

A behavioral orientation helps keep program planners on track by setting behavioral objectives for program interventions, and designing strategies that address the critical factors that determine a specific audience segment's adoption of the target behavior (Middlestadt et al., 1997). Because

extensive formative research is used to obtain input from a representative sample of the target audience, program design reflects feedback from members of the audience who may not have time nor interest in participating more directly in the planning process. Marketing's conceptual framework, audience segmentation and close monitoring of program progress also lead to improved program outcomes.

DEVELOPMENT AND EVALUATION OF THE CBPM MODEL

The purpose of the CBPM model's process evaluation is to document and describe the extent to which the CBPM model is implemented as planned and the extent to which training in community-based research and prevention marketing is delivered as planned. The questions to be addressed by the process evaluation include:

- Which elements of the CBPM model are feasible (able to be implemented) in real-world settings?
- Which elements of the CBPM model are perceived as most valuable by community key informants? and
- To what extent do members of the Community Coalition perceive that the research has been conducted in accordance with the principles of community-based research?

The purpose of the CBPM model's impact evaluation is to assess :

- The extent to which the CBPM model increases the communities' levels of competence, perceived control and social capital;

- The extent to which community organizations involved in the use of the CBPM model begin to use prevention marketing strategies when addressing other community problems; and
- To assess whether the communities' implementation of the CBPM model produces the desired changes in voluntary health behaviors.

ABOUT THE AUTHORS

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