

The Howard Phillips Center for Children & Families
Child Abuse Prevention Project
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Social Marketing Campaign Overview

Undertaking a “social marketing” campaign is much different than undertaking a “public awareness” campaign. Not so long ago, it was commonplace to have “raising awareness” as a campaign goal, as though magically, just by raising awareness, the problem would be solved. We have learned that raising awareness about a problem is just one piece of the puzzle. The “truth” anti-tobacco campaign is a great example. For years, the anti-tobacco forces had been promoting the message that smoking could cause cancer. Awareness of the relationship between cancer and smoking was exceedingly high, yet smokers continued to smoke, and young non-smokers continued to start, despite this high level of awareness.

Social marketing, by design, has “behavior change” as the goal, not just increased awareness. This is clearly a much larger, more complex task. Still, through years of research, there is strong evidence that shows that social marketing can and does make a difference in reversing or reducing poor outcomes for public health or behavioral health problems from smoking, to drinking and driving, to wearing seatbelts.

Les Robinson from Social Change Media, said this about the success of a social marketing campaign: “As marketers you may need to step outside the conventional boundaries of awareness communication. You may have to help people visualize new futures. You may need to work with engineers to build services and infrastructure. You may need to work with politicians and managers to provide leadership...and you’ll have to think in the long term and ensure that resources are available to repeat and reinforce your messages.” (Les Robinson, presentation to Waste Educate 98 Conference, website: mediasocialchange.net)

In a U.S. Department of Health and Human Services Guide to social marketing (USDHHS, 1992) they begin with a useful warning about what education [social marketing] cannot achieve—

Health communication programs cannot:

- compensate for a lack of health services
- produce behavior change without supportive program components
- be equally effective in addressing all issues or relaying all messages

The report goes on to say that, “Our aim is not to get people to **KNOW MORE THINGS**. We are trying to get people to **CHANGE WHAT THEY DO**. Changing people’s behavior has always been the most problematic enterprise in human affairs”.

And so it will be with social marketing to prevent child abuse. Still, raising awareness will be the first step in our strategy of behavior change. Behavior change theory supports this. That is, we want people to know things in order to change their attitudes, so that they will be more predisposed to act differently—or to take action at all. The goal is behavior change. Increased awareness is the first step.

Another important aspect of changing behavior is to change cultural norms or expectations. Many other complex, ingrained behaviors such as gun violence, breast feeding or smoking are behaviors that have changed in large part because our cultural expectations have changed. For

example, it is now unthinkable to light up a cigarette in a business meeting. This was commonplace 20 or so years ago. When cultural norms and therefore social pressures change, so does behavior.

Another key component in long-term sustained behavior change and a very important strategy is legislation for child abuse prevention. Increased penalties for drinking and driving, for not wearing seat belts or for not using child safety seats helped change these behaviors. This two-pronged strategy of legislation and social marketing/public awareness has moved mountains in terms of outcomes in public health and other social problems. To enact legislation protecting children, it has taken “big” stories on a child being killed at the hands of an abuser—from Ursula Sunshine Assaid in the early 1980s to Kayla McKean in the mid 1990s—it has taken a child dying to get our leaders to pass new legislation. We would like to spur action from our leaders in the legislature, the judiciary and law enforcement, to prevent the next death rather than to react to it. Advocacy will be a key strategy in this effort since much still needs to be done.

Changing Behavior

“Child abuse”—physical beatings, verbal threats and attacks, sexual molestation, etc-- is indeed a very complex set of behaviors, that are often passed down intergenerationally, and which have deep roots. The familiar phrase “spare the rod and spoil the child” dates to the bible and has deep cultural as well as religious roots. For some, these beliefs are the foundation not just for child-rearing but for entire lives. It needs to be clearly stated that changing cultural or religious beliefs and practices is not the aim of this campaign. In fact, the underlying philosophy is respect for diversity in people, cultures and parenting styles. However, it is the goal of the campaign to educate parents and caregivers as to safe, healthy practices and to create cultural expectations surrounding what “caring parents” do. There is a line between safe and unsafe/nurturing vs. damaging parenting practices. This is evidenced by approximately 5,000 cases of substantiated abuse in Orange County each year. But just where is that line?

Unlike “smoking”, a clearly definable behavior, the definition of child abuse differs from parent to parent, from state to state and from culture to culture. It is also deeply embedded in the intensely “private” culture of our country. Ours is one of “the rugged individual” who doesn’t want or need anyone or anything getting into his/her business-- especially as it relates to disciplining or raising children.

Again, unlike smoking, which is often a very “public” problem (second-hand smoke, cost to all taxpayers of treating cancer), child maltreatment is often a very private behavior, taking place behind closed doors in homes and neighborhoods where neighbors do not even know each other’s names. The cost to taxpayers is still very high—estimated to be \$94 billion in the United States last year. Yet, we are reluctant to address primary prevention. We wonder, how can we begin to change those deep-seated, private beliefs and behaviors? We begin by applying sound behavior-change theory and strategic social marketing principles.

Due to the remarkable successes of other social marketing programs, such as those like the anti-tobacco (“truth” and other campaigns) and reduced drinking and driving (Dr. Green CDC) and many others, we have sincere expectations to begin shaping new norms and behaviors related to child well-being in Central Florida. We also have realistic expectations that this campaign must

be framed and implemented as a long-term endeavor. And finally, it must also have sufficient resources to be truly successful.

Theories & Qualitative Research to Support Campaign Strategy

The basis for campaign strategy is predicated on the following two theories, as adapted from the Harvard Family Research Project report on *Public Communication Campaign Evaluation*.

The first is the Theory of Reasoned Action (Ajzen & Fishbein, 1980) and supports the use of a campaign that uses peer influence to discuss “what good parents do”. As Figure 1 illustrates, this theory suggests performance of a given behavior is primarily determined by the intention to perform that behavior. Two major factors influence those intentions: a person's attitude toward the behavior and a person's subjective norms about the behavior, or belief that the people important to the person think he or she should or should not perform the behavior. Attitudes and subjective norms are in turn influenced by behavioral and normative beliefs.

Figure 1.

Theory of Reasoned Action

Behavioral Beliefs

The person's beliefs that the behavior leads to certain outcomes and his evaluation of those outcomes

Attitude Toward the Behavior

The judgment that performing the behavior is good or bad

Behavioral Intention

A person's intention to perform or not to perform the behavior

Behavior

Normative Beliefs

The person's beliefs that people who are important to him think he should or should perform the behavior and his motivation to comply

Subjective Norms

The judgment that people who are important to him feel he should or should not perform the behavior

This theory is one of the most frequently used in campaign evaluations. For example, it helped guide the large-scale evaluation of the National Youth Anti-Drug Media Campaign (Westat & the Annenberg School for Communication, 2001) and Henry and Rivera's (1998) evaluation of the Atlanta Voluntary Ozone Action Program.

The second theory we plan to use for the campaign strategy is Social Cognitive Theory (Bandura, 1992) which supports the premise that positive parenting consists of skill sets that can be learned. That is, many parents do not yet have the skills, but that all parents are capable of learning the skills with adequate resources and motivation. Our key in using this theory would be to model the behavior or request the audience to take a specific action and to provide a compelling message that serves as the motivation to perform the new behavior.

Social Cognitive Theory says that *self-efficacy*—the belief that one has the skills and abilities necessary to perform the behavior under various circumstances—and *motivation* to perform the behavior, are necessary for behavior change. In other words, a person has to believe he or she can perform the behavior in various circumstances and have an incentive (positive or negative) to do it. This theory also factored into the National Youth Anti-Drug Media Campaign, in which it was modeled along with attitudes and subjective norms to have a direct relationship with behavioral intentions for future drug use. These two theories together are being used to craft the strategy of the campaign and the specific messages.

Qualitative Research: Focus Group Recommendations

In addition to a national literature review of what's been used in other social marketing and public awareness campaigns, it was extremely useful to test concepts and to get insight from live members of our target audience through focus groups

Two groups of parents gave input and feedback on parenting issues in general and specifically on a selection of TV spots and campaign ideas. Three spots they were shown were “positive” in tone—modeling positive parenting behaviors or mostly focusing on solutions. One spot for child abuse prevention opened with a bloodied and scarred arm, showed homeless shelters and gave grim statistics. It was decidedly negative in tone.

The reactions of the participants in both groups overwhelmingly favored the three “positive” spots over the one “negative” one. People said the negative spot “offered no solutions”. It was also reported to be too close to their everyday experience, which turned them off and made them not want to watch. Each of the other three spots mostly elicited positive feedback—such as, it gave ideas and showed solutions and “it made me want to let my kid be a kid—sometimes I forget she just needs to play.”

Several key themes stood out and had relevance for our campaign. Specifically, the feedback as to what they liked and what might be most effective in a PSA, keyed in on the following:

- Don't Be Negative – Don't judge, blame or be critical of me; don't tell me how bad I am
- Modeling “positive parenting skills” – Teach me new and better ways to interact and discipline my child; demonstrate how to do it
- Solution-oriented -- Show me how to fix the problem
- Not solely problem-focused or disturbing to watch--a real turn-off
- “Feel good” factor – evoke warm feelings that make me want to hug and love my child
- Compelling positive imagery—makes me want to watch, evokes emotion that could move to action (one participant cautioned not to be too positive because they thought that was also very unrealistic and a turn-off—“no such thing as such a “perfect family”)
- Keep message simple so they can remember the message and actually do one or two things they saw
- “What I can do to be a better parent right now?” Make it things that they can do—hug, teach, read, sing, tell kids you love them (easy behaviors/not complicated)
- Humor – A great way to get past defenses is to use humor to lightly poke fun or to show a better way
- Peer Influence – although not as strongly stated in these two focus groups, the theme of peer influence did arise as it did in a prior focus group. They clearly care what peers think of them and know that they are being watched (this was good and bad—depending on context)

In evaluating the data from the focus groups, it was clear that the campaign message would be far more effective if it had the following characteristics:

Positive

Non-judgmental

No blaming or finger-pointing

Demonstrate or model simple, achievable behaviors

Culturally appropriate

Solution-oriented

Don't show "perfect families"—don't be unrealistic – also a turn-off for some

Deliver the help that is promised (if any is promised—don't give a run-around)

Respectful—Treat the viewer/listener as a capable adult, even if they are in a tough spot

Humorous – not a mandate, but a potentially effective tool if done right

Use of appropriate role models/spokespersons—use real people or actors with whom the target audience can identify or to whom they aspire to be like

In the grassroots portion of the campaign, group members also stressed that any one-to-one interaction, as it related to parenting, needed to come from people they trusted. They also said that they wanted people to understand them and their children and their specific or unique needs and challenges before being told what to do. "Walk in my shoes before telling me how to deal with my tantrum-throwing two-year-old" was the general sentiment.

Other key findings from the focus groups included:

- Target audience members experience anger and contempt about DCF or anyone wanting to interfere and tell them how to raise their children.
- They had differing viewpoints about what constituted "child abuse"
- Target audience members do not feel connected to or supported by their communities. They feel isolated and frustrated.
- Many had personal and family struggles, such as having been abused as children themselves; dealing with mental illness such as depression, bipolar and poverty; and substance abuse and domestic violence for themselves or family members.
- All of them expressed their deep love for their kids and the desire to be good parents. They said that if it were done right (not shaming or telling them what to do in an authoritative way) they would be open to and wanted to learn to be better parents.

From the research, including parent focus groups, the strategy for the campaign was developed. The following is a brief outline of the campaign strategy and goals.

Campaign Positioning Statement

Hearts & Hands is a local social marketing campaign, encompassing public awareness and engagement, to make child abuse prevention and positive parenting skills for parents, caregivers and the community at large, a top priority in the next decade.

The objective of the social marketing campaign is to:

1. Increase understanding of the prevalence & impact of child maltreatment in our community
2. Increase salience for each target audience as to why child abuse impacts them and why they should take action
3. Change attitudes, norms and behaviors related to positive parenting, positive neighboring, advocacy and reduced child maltreatment behaviors for each target audience

Underlying Philosophy of Campaign:

- All parents need support and education, not just “bad” parents.
- “Good parenting” is a skill that can be learned (if parents are given opportunity).
- Respect diverse viewpoints and cultural norms relating to parenting and families

Target Audiences:

- Parents and Caregivers in Central Florida
- Community Leaders in Central Florida
- Parents and Caregivers in 32811 (Two outstanding model programs are located in this zip code and through a strength-based approach, we will build upon their success)

Strategy:

- Media (use of PSAs on radio, TV, website, outdoor, etc.)
- Grass-roots (Speaker’s Bureau, advocacy, special events)
- 32811 Campaign (“guerilla marketing” in a targeted zip code using culturally appropriate strategies, special events, local resources, local advisory board)

Overall Campaign Goals:

- To increase positive parenting skills and community cohesion in order to reduce child abuse over the next decade (goals and measurements will be evaluated at various earlier intervals)
- To create a new community norm/cultural expectation:
 - The well-being of children is a high priority in this community. It’s everyone’s responsibility to look out for children in Central Florida. That’s what caring communities do.
- To create a new parenting norm/cultural expectation:
 - To read with children; know who is watching our children; provide a safe, secure environment at all times; love, play hug and nurture. That’s what caring parents do.

Survey of Social Marketing Campaigns and Recommendations

The following is a review of four programs, out of the more than 20 surveyed, which were selected for their relevance to the goals of The Howard Phillips Center Child Abuse Prevention Project. Each of these programs either targets a similar audience, has the goal of changing a complex behavior, and/or incorporates a grass-roots approach.

1. Teach More Love More

In January 1999, with the support of Miami-Dade Mayor Alex Penelas and the leadership of David Lawrence, former publisher of the Miami Herald, a community-wide effort was launched on behalf of the 158,000 children between birth to age 5 in Dade County, Florida. The community effort grew and gained support and ultimately became Teach More Love More.

Teach More / Love More, officially launched in September 2001 as a multi-media public awareness campaign sponsored by The Early Childhood Initiative Foundation and United Way Success By 6. The campaign alerts parents to the stark consequences of failing to prepare all children for school and success in life, and also offers solutions for overcoming the challenges that all parents face.

Last fall, they launched a \$2 ½ million, multi-year public awareness campaign. It included TV, radio, and print advertising and a website. The campaign's primary target is parents and caregivers who can call any hour of the day or night for information that ranges from: "My child has been crying for hours; what should I do?" to "How do I find really good child care that I can afford?" They have "positive parenting" billboards throughout the community too. All components of the campaign are in three languages -- English, Spanish and Creole.

TMLM has built partnerships with 14 birthing hospitals, 5 birthing centers, 38 neighborhood clinics, and 39 community libraries. Today every new parent in the community receives the preview issue of an 11-times-per-year parent skill-building newsletter; information about how to connect the child to health insurance; a high-quality baby book accompanied by a message about the importance of reading to the children from the earliest month; a temporary library card that can be turned in for a permanent card and a round-trip bus pass to the nearest library. Everything is free and available in three languages: English, Spanish and Creole.

In addition, every expectant mother, in the second trimester of her pregnancy, receives the first of six videos -- in three languages -- in a partnership with the I Am Your Child Foundation. Also, this year they published 150,000 copies of a Children's Almanac, which are now going to all new parents and are being distributed through all 39 branch libraries in Miami-Dade. This year also debuted a one-hour TV special on early childhood challenges, produced by The Early Childhood Initiative Foundation and WLRN-TV. The show focuses on South Florida families and features a prominent local physician and famed baby doctor T. Berry Brazelton.

TMLM has also launched a major effort to strengthen a "family literacy coalition" because they believe that parents must be their child's first and best teacher. They are involving a great number of significant community institutions, including the school system, pediatricians, the health

department and, most of all, parents on behalf of their own children. They acquired funding and recently hired an executive director who will work under the TMLM “wing” for the next 18 months, until the appropriate, permanent “home”, funding or alliance can be found.

Evaluation

The TMLM campaign launched just four days before Sept. 11, 2001. After the attacks, they pulled all advertising from the marketplace for nearly three months. They re-launched the campaign in December 2001. They have little evaluation to date—most of the feedback they have received, which is all overwhelmingly positive, is anecdotal. A full evaluation of the program and the media campaign is expected soon. Early indicators based on calls to the hotline, responses from radio and TV interviews and anecdotal feedback from partners is that the program is already a strong success.

2. Peachcare for Kids:

Marketing Children’s Health Insurance to Working Families in Georgia

PeachCare for Kids was created by the Georgia legislature in 1998 as the Georgia edition of the federal Children’s Health Insurance Program, designed to provide children’s health insurance for all children. There are no co-payments or deductibles, and children under six years of age are covered for free. There are more than 300,000 Georgia children living without health care, who could benefit from PeachCare.

The message for the target audience—working class families, was designed to be simple and straightforward for parents to learn about PeachCare and to enroll in the program. In the target families 90% work and more than 60% live in two-parent households. Their employers do not provide private insurance, and therefore they’ve never have never had a way to get insurance for their children. To speak effectively to these parents, PeachCare was designed to appreciate the strength, independence and dedication of these people to their families.

Advertising, Public Relations & Community Outreach

The campaign included TV, radio, outdoor and transit advertising. Using their non-profit status, PeachCare, was able to create a program that combined paid and public service advertising. To stretch advertising dollars, Public Relations tactics included creating new stories and press events, as well as a series of public relations products including audio news releases, newspaper stories, etc. During the first month, they orchestrated two major events to stimulate media coverage and generate awareness.

For community outreach (schools, hospitals, churches and community centers) the campaign leveraged personal relationships with those entities and the target families. The campaign also partnered with the Georgia school board, Georgia Hospital Association, the United Way, and dozens more. They also conducted in-person trainings with more than 500 local and state organizations. To keep stakeholders informed, they communicate through a quarterly newsletter that provides updates about the status of the program, upcoming events, and ideas for partner participation.

Evaluation

The campaign reported that prior to launch, the toll-free number received an average of 50 phone calls per day. The day the marketing program launched, phone volume jumped to 1,000 per day and at one point averaged 1,300 calls per day. On the statewide sign-up day, phone volume more than tripled. In six months of statewide eligibility, the Georgia Department of Medical Assistance received over 80,000 applications. Of those applications, more than 36,000 are now enrolled in PeachCare, which is fifty percent higher than the program's two-year goal. An additional 13,000 more children have been referred to Medicaid. In total, more than 57,000 children now have access to health care for the first time. PeachCare for Kids' strategy was identified as a role model by other states and the Children's Defense Fund in Washington, DC.

3. Review of the Florida "truth" Campaign Anti-smoking campaign targeting kids

The \$200 million "truth" campaign was started in 1997, when tobacco use among high school students had reached more than 36 percent nationwide, an increase of one-third since 1991. Research that same year showed that 70.2 percent of high school teens had tried smoking and that 35.8 percent of that group would continue smoking on a daily basis. Surveys also indicated that 86 percent of teen smokers routinely purchased one of the three most advertised tobacco brands.

From a review of previous anti-tobacco campaigns it was clear they were ineffective and that teens were already well-acquainted with the negative effects of tobacco use and didn't consider smoking a significant issue in the context of their lives. According to the campaign, research showed that despite teen's knowledge and awareness, they still saw smoking as rebellious and self-identifying.

Ultimately the campaign designed a strategy to make smoking "un-cool" and used grass-roots advocacy as a key component. The new youth anti-tobacco advocacy group was called SWAT (Students Working Against Tobacco).

In 1998, the \$25 million advertising campaign was launched which included 33 television commercials, seven billboards, eight print ads and four posters. The "truth" campaign incorporated a variety of in-your-face styles including showing real teens taking on the tobacco industry and images such as the memorable "body bags" spot. The "truth" campaign also included branded merchandise like T-shirts and caps, a compelling website and live events featuring celebrities and politicians—all designed to "de-normalize" tobacco use.

Evaluation

Research showed that in just two years, from 1998 to 2000, the percent of Florida middle-schoolers who smoked cigarettes in the past 30 days fell from 18.5 to 8.6 percent while the percentage for high-schoolers went from 27.4 to 20.9—significant reductions.

The initial goal for the program was to achieve a confirmed level of awareness of 85%. After only five months, surveys showed they had achieved a brand awareness of 92 percent—surpassing their goal. The survey also found that the percentage of teens agreeing with certain negative statements about smoking had risen by fifteen percent.

More recent results indicate that the "truth" campaign was instrumental in preventing teens from starting to smoke cigarettes. Follow-up surveys show that non-smoking teens that refrained from smoking through the duration of the campaign were 2.3 times more likely to say they had been influenced by the campaign's message that tobacco companies were trying to manipulate them. In addition, the campaign was successful in attracting more than 10,000 middle and high school teens to join and participate in the pilot program's youth advocacy organization SWAT.

According to the second Florida Youth Tobacco Survey (FYTS) in 1999, the number of middle and high school teens defined as "current smokers" declined by 19.4 percent and 8.0 percent respectively. Twenty-nine thousand Florida teens made the decision to not smoke during that time period (one calendar year), ten thousand of whom would likely have continued smoking. The Centers for Disease Control and Prevention (CDC) stated that this decrease represented "the largest annual reported decline observed in this nation since 1980."

4. Review of Breastfeeding Promotion Campaign/Program

In 1989, Congress began designating a specific portion of each state's WIC budget allocation to be used exclusively for the promotion and support of breastfeeding among its participants. More than five years after the government started supporting promotional efforts, however, breastfeeding rates among participants of the WIC program were found to be considerably less than segments of the population in higher socioeconomic levels. During this time, 59.7% of infants in the United States were breastfed at birth and 21.6% at six months postpartum compared to only 46.6% and 12.7% respectively among infants in the WIC program.

To combat this trend, WIC's breastfeeding promotion consortium, instituted the National WIC Breastfeeding Promotion Project and outlined the program's objectives, targeted populations, and pilot locations. The four goals that were established for the program included: increasing breastfeeding initiation rates; increasing the rate of breastfeeding duration among WIC participants; increasing referrals to the WIC program for breastfeeding support; and increasing the general public's knowledge and support for breastfeeding.

In order to maximize the impact for each of the program's objectives, the targeted population for the campaign was segmented into pregnant Anglo, African, and Hispanic American women who were either enrolled as WIC participants or who met the income eligibility requirements (annual income below 185% of the US poverty guidelines). The secondary audience consisted of individuals who might influence the primary target population, such as the mothers, husbands and boyfriends of pregnant women, prenatal health care providers, and WIC staff. The general public was also included as the tertiary audience in order to affect change in the established social norms and prevailing public perception regarding breastfeeding.

Marketing, Advertising and Community Outreach

Education materials were developed to reach mothers and relatives in their homes and concurrently through program partners, steps were taken to make hospital environments more supportive of breastfeeding mothers. Marketing the message and promoting breastfeeding including methods such as legislative, policy, and organizational development; media and

grassroots advocacy; professional training and education, peer counselor programs, and direct marketing and advertising. The strategy also called for developing a campaign message that would use emotional appeal, convey a positive, congratulatory tone, and would be communicated through family spokespersons.

All pre-tested materials were developed and included in both English and Spanish. These included TV spots, three radio commercials, billboards, 9 posters, 9 educational pamphlets, and several information and resource guides and WIC staff kits.

Evaluation

Breastfeeding rates in hospitals went from 57.8% to 65.1% after a year of the program's operation. A specific and key objective of the public information component of the National WIC Breastfeeding Promotion Project's "Loving Support Campaign" was to encourage the spouses, relatives, and friends of pregnant women to provide support for breastfeeding. Results of the survey showed that:

- Support from the pregnant woman's mother increased from 35.2 percent to 53 percent.
- Support from the pregnant woman's husband or boyfriend increased from 47.7 percent to 53 percent.
- Support from the pregnant woman's friends or other relatives increased from 48.8 percent to 51.1 percent.
- Support from the pregnant woman's prenatal health care provider increased from 62.4 percent to 83.8% and from WIC employees from 81.9 percent to 92.5 percent.

Recommendations

The four key themes that stood out and had relevance for the program we are designing: (1) a strong grass-roots component; (2) legislative components (three of the four were borne out of legislative mandates); (3) primary prevention component --several involved hospitals as part of their delivery strategy—reach the target audience and educate before the problem begins; (4) Visible Quarterback—a credible, committed leader (at least one and probably others had this) (5) Evaluation-- research heavily at each Based on these examples of successful social marketing campaigns, recommendations include the following:

1. Know the Audience- Focus groups and other qualitative data needs to be gathered so the target audience is known intimately. In-depth understanding is needed as to their beliefs, attitudes, fears, biases and perceptions surrounding “family”, “the system”, child-rearing, child abuse and child welfare. We need to identify any obstacles in order to figure out how to remove them and create lasting change.
2. Craft the right Message/Use the Right Medium—We must develop the right message and deliver it in the right medium. The “truth” campaign was a good example of demonstrating that kids knew that smoking is bad for them or dangerous to their health—but it didn't prevent the behavior—smoking. By coming up with a reason not to smoke, that appealed to this young audience and their anti-establishment sensibility—that got them to change their attitudes and their behavior—but for much different reasons than the obvious—smoking is bad for your health. We too must come up with a new, different or compelling reason to get

people to act. Most people “know” and would agree with the sentiment that child abuse is bad—they already believe that people should not hurt children—but using this worn-out message is not getting anyone to change behavior. A new strategy and message are needed.

3. Involve the Target Audience, the media and the Community – Like WIC, TMLM and “truth”, who involved parents, teens, the community, and media, we must form strategic partnerships with the people and organizations who can help this effort succeed. Where and when possible, we need to build alliances and transfer ownership of the process and the outcomes to community stakeholders.
4. Develop and facilitate a Grassroots Movement – Like the truth campaign did with teens, developing a grassroots movement among target constituencies, will give power and strength to the message and it will give mileage, authenticity and staying power to the campaign. It will go further on fewer dollars with more people supplying more time, energy and resources.
5. Evaluation—A key component these programs have in common is that the strategies and then the interventions were well researched. At every step, evaluations were performed to see if the right message was getting through and if the belief or the behavior was changing. If not, alterations can and should be made.
6. Legislative and Advocacy – From these case reviews and from the article by David Green from the CDC, it is clear that a two-pronged approach of legislative action combined with public awareness can create new attitudes which lead to new behavior. Ultimately, successful changes in attitudes and behaviors in our community surrounding child abuse/neglect prevention will take a strategic, sustained social marketing and public awareness campaign strategy, sufficient resources and the political will of our leadership.

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