

Module 2 Unit 1

This is an **OPTIONAL EXEMPLARS**.

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The "Don't Kid Yourself" Campaign Case Study

by Nedra Kline Weinreich

Introduction

Excerpted from *Hands-On Social Marketing: A Step-by-Step Guide* by Nedra Kline Weinreich (Sage Publications, 1999)

BACKGROUND

The "Don't Kid Yourself" campaign was funded by the U.S. Public Health Service's Title X family planning grant program in a six-state region: Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. As one element of their initiative to reduce unintended pregnancies in the region, the grant administrators from each state decided in 1995 to pool their resources to develop a social marketing program.

Organizers of the project formed a steering committee composed of representatives from each state and the Public Health Service regional office. Although most of the grantees were state health departments, the project was headed up administratively by the Planned Parenthood Association of Utah. The steering committee members first educated themselves by attending a major social marketing conference. Once they determined that they wanted to employ a social marketing campaign, they put together a Request for Proposal (RFP) and sent it to social marketing firms and consultants to solicit bids for the project. After a long proposal review and interview process, they ultimately selected Weinreich Communications to lead the campaign.

PLANNING

Initial Planning

In the "Don't Kid Yourself" campaign to prevent unintended pregnancies, the contract specified a six-month development and pilot-testing phase before extending the campaign to the entire region, so there was no time to waste. The project began with

a meeting of the steering committee, the contractor and the subcontractor to refine goals and objectives, as well as to define key parameters of the project. The committee specified the target audience as women between the ages of 18 and 24, with household income of less than 200% of the poverty level. This group was chosen for several reasons: 1) The Title X program is intended to benefit lower-income women; 2) the 18 to 24 year old group is at the highest risk of experiencing an unintended pregnancy and does so in the greatest numbers; and 3) the committee felt that there were already many programs addressing adolescent pregnancy, but that young adults had been underserved on this issue.

The committee selected two pilot sites for the purpose of developing and testing the campaign. After a process of elimination, Salt Lake City, Utah and Butte, Montana were chosen as being representative of the larger and smaller cities in the region. They were also relatively easy to access for travel purposes and had family planning clinics that were eager to participate in the campaign development.

Analysis

For the problem analysis, the contractors first conducted a literature review to learn more about the causes of unintended pregnancies and previous approaches used to address the issue. They also gained some valuable insights by interviewing professionals at a number of organizations that had addressed this issue through the mass media. In both cases, they did not find much information related to their target audience; most of the other programs had focused on teenagers or women in urban populations.

The environmental analysis revealed that people in this region tended to be politically conservative and that certain religious groups predominated in the two cities chosen as pilot sites -- Mormons in Salt Lake City and Catholics in Butte. Many of the school systems in the region do not teach about contraception or pregnancy prevention as part of the sex education curriculum. In many of the smaller cities and less populated areas, the Title X-funded family planning clinics are the only organizations addressing the issue of unintended pregnancies in their communities. In addition, the two biggest cities in the region, Salt Lake City and Denver, have a relatively larger number of minority residents than most of the other cities, which comprise very small minority populations.

In analyzing the resources available to the project, the contractors determined to do what they could to minimize the costs of research and development. This included using existing resources, such as staff and facilities, whenever possible, as well as enlisting volunteers to assist with various tasks. The focus would also be on using less expensive media options and maximizing the gain from every dollar spent.

Segmenting and Researching the Target Audience

Beyond the characteristics specified at the project kick-off meeting, the contractors decided to narrow the target audience further. The additional segmentation criteria included whether the individual was sexually active and, if so, whether an effective contraceptive method was used every time she had sex. The project would focus its resources on one very specific segment of the population, defined as follows:

- Women
- Ages 18 to 24
- Household income of less than 200% of poverty level
- Sexually active
- Do not use contraception every time they have sex.

To research this target audience, the contractors conducted focus groups in Salt Lake City and Butte with three different categories of women: those who used contraception consistently, those who did not use contraception consistently and women who had experienced an unintended pregnancy. The focus groups were designed to elucidate the target audience's decision-making process related to contraceptive usage and its thinking about unintended pregnancies. The project recruited participants directly from the family planning clinics; through flyers on college campuses and in county social service offices; and with advertisements in local and campus newspapers. In Butte, the family planning clinic recruited students from the local alternative high school, which served many women who had already had an unintended pregnancy or were at risk of doing so.

The key findings from the focus groups were that:

- Target audience members experience ambivalence about birth control. They know it's the smart thing to do, but they have many excuses for their failure to use it.
- Many of the women engage in irrational thinking, such as "It can't happen to me" or "We'll be okay just this once."
- Target audience members do not learn much about how to prevent pregnancies in school or from their parents. They need basic facts about contraception and a place to receive nonjudgmental information.
- Women who had babies as a result of an unintended pregnancy said that if they had known how difficult it would be to raise a baby and everything they would have to give up, they would have been more careful about using birth control.
- The support of male partners and their cooperation in using condoms is

needed. Target audience members need help in talking about this issue with their partners.

Strategy

In addition to the primary target audience, the contractors decided to address a secondary audience as well: male sexual partners between the ages of 18 and 24. The key behavioral objectives developed to support the goal of reducing the number of unintended pregnancies throughout the region included that after the campaign's completion: 1) target audience members will use an effective form of contraception every time they have sex; 2) target audience members will seek information on their birth control options; 3) target audience members will initiate a discussion with their sexual partners regarding the use of birth control; and 4) male partners will use condoms every time they have sex. Attainment of the objectives were to be assessed through the detection of statistically significant increases in responses between a pre-campaign and post-campaign survey.

Because the research showed that friends were the group most often consulted about sexual issues, peers would model the desired behaviors and help establish social norms. The strategy also included getting target audience members to think about what it would mean for them to become parents at this point in their lives. The campaign would provide basic information about birth control options and where to go for more assistance. Other secondary messages included the notions that men should be responsible and informed about contraception and that these issues should be discussed with one's sexual partners.

MESSAGE AND MATERIALS DEVELOPMENT

Once the "Don't Kid Yourself" campaign developers had decided on the project's target audience and objectives, they were ready to begin thinking about the messages and materials they would use to encourage the regular use of contraception. Based primarily on the information gathered during the focus groups, they selected appropriate channels, developed message concepts and created executions of draft materials.

Channels

Radio was selected as a key element of the campaign for many reasons. First, in the focus groups, nearly all participants said that they listened to the radio regularly. Second, radio allowed the campaign to precisely target women ages 18 to 24 and reach a large percentage of that population. Third, because radio is ever-present in

many people's lives, target audience members might hear the messages in situations in which the need for birth control is imminent; the radio spot may serve as a reminder and make it more likely that they use it. The spots could also promote conversations about birth control issues when friends or partners were together. Finally, older people who might be more likely to be offended by the ads were less likely to be listening to the same stations as the 18 to 24 year olds.

The focus group research showed that many of the women read particular types of newspapers or sections of the paper. Newspaper ads were used to reach those who respond better to visual information or who do not hear the radio ads. They also provided the phone number and campaign messages in a form that could be cut out and kept until someone was ready to call. In Salt Lake City, women said they read the alternative and college newspapers geared toward young adults rather than the main newspapers. In Butte, they read certain sections of the main newspaper: Dear Abby, horoscopes, comics, birth announcements and the crime report. Ads would be placed as close to these sections as possible.

A set of posters was planned to get the campaign message out through community organizations, including clinics, schools, businesses, government agencies, recreational facilities and local "hangouts."

The focus group participants identified a need for information best provided via two brochures. One would help women understand their birth control options, while the other would assist in bringing up the issue of using birth control and condoms with the women's sexual partners.

Drink coasters were also chosen to communicate the campaign's message because focus group participants said that bars, clubs and coffeehouses were good places to reach women ages 18 to 24. In Butte in particular, drinking was one of the primary social activities; those under 21 did not have any problem being admitted into bars or purchasing alcohol. In these venues, potential sexual partners or groups of friends drinking together could use the coaster as a method of initiating conversations about birth control.

Messages

The initial message strategy was based on a combination of elements from various theories. From the Health Belief Model, the messages would include information on the risks of having sex without contraception and the consequences of having an unintended pregnancy. The "cue to action" would be a toll-free number included in every communication. From the Theory of Planned Behavior, the campaign would

seek to change the perception of social norms. And from the Social Cognitive Learning Theory, the approach would include an emphasis on peer role modeling as well as providing skills to build self-efficacy. From all of these theories, the messages would promote the benefits of the behavior as well as reducing the barriers.

The key message concepts the campaign needed to convey were:

- You are likely to become pregnant if you do not use birth control consistently.
- Birth control helps you wait to have a baby until you are financially and emotionally ready.
- If you are sexually active, get the facts about birth control.
- Sure, birth control can be a hassle. But what about the alternative?
- Birth control is something you should talk about with your partner.

A factual and straightforward tone, along with a dose of friendly empathy, would be used to urge the target audience to seek more information through a toll-free number or at a family planning clinic. The campaign would get its messages across through peer testimonials, dramatic vignettes, visualization of consequences and straight facts presented in a nonjudgmental style using the audience's own words as much as possible. These elements, along with distinctive graphics and typefaces, would project a young, hip image for the campaign.

Executions

Eleven different radio spots were created, using both written scripts and dialogue taken directly from taped interviews with men and women in the target audiences. Each spot had a separate objective and a distinct target audience segment. The campaign created this number of spots in case some needed to be eliminated based on pretesting, and also to have a variety to choose from over the course of the campaign.

An artist produced a series of visual concepts to go along with the campaign messages. The project staff designed a variety of draft posters using the artist's drawings and a word processor. A set of four newspaper ads were also designed in several different sizes, along with different versions of the drink coaster.

The brochures were laid out using a word processing program to pretest the text before going on to the graphic design. These provided in-depth information and skills-building content at an appropriate reading level, using the target audience's

own language.

PRETESTING

Once the messages and materials were drafted for the unintended pregnancy prevention campaign, the project contractor pretested them in several ways. The Salt Lake City and Butte family planning clinics again brought together focus groups, including some with young men, to test the messages, visual concepts, radio spots and brochures. The materials were reviewed by members of the project steering committee who knew the subject matter and were familiar with the target audience. All print materials were also tested for readability using the SMOG formula. Later drafts of the brochures were tested in individual interviews with family planning clinic clients in each state as well.

Although the pretesting results were very positive overall, the focus groups and expert reviewers identified areas in many of the materials that required modification. Some examples of the changes made based on the pretesting feedback are:

- The "Jason and Miranda" radio spot originally had the soap opera actors behind the camera shift to speaking out of character during a break from filming and commenting on how irresponsible and unsafe their characters were being. The focus group participants found this too confusing, so it was changed to viewers of the soap opera making the comments. This spot also used old-fashioned soap opera music that reminded many in the focus groups of a recent margarine commercial, so new music was created.
- Another radio spot highlighted the positive effects of oral contraceptives. Though it originally began by stating that the Pill helps prevent cancer of the ovaries and uterus, focus group participants said that some of the other effects were more salient to them, like cutting down on menstrual cramps and PMS. These features were moved to the beginning of the spot.
- Some of the radio spots that used sound bites from interviews with real people were not totally clear because of problems with enunciation or confusing phrasing. These were retaped using actors when necessary.
- Out of the six visual concepts for posters, two were eliminated based on feedback from the focus groups. One idea of showing a lottery ball machine with pictures of babies on some of the balls did not go over well in Utah, where gambling is discouraged and which therefore does not have a state lottery. On the other hand, a concept that visually depicted the statistic that nine out of ten young women will become pregnant in a year if they use no birth control resonated with nearly all of the participants.
- The focus group participants really liked the brochure on birth control options

because of its non-medical nature and use of their own slang words. Based on their suggestions, the contractor added information on the costs of each method and changed some wording to make it more clear.

- The campaign tagline, "Don't Kid Yourself," also emerged from the pretesting focus groups. One participant in Salt Lake City, summing up the message in the poster visuals, said "I think it should be something like don't kid yourself.' These aren't accidents, they're excuses." This phrase was a nice double-entendre that concisely stated the campaign's message in both of its meanings. The fact that it came from a target audience member was an added bonus.

Once the changes were made based on the pretesting feedback and the final materials were approved by the steering committee, the contractor had the materials printed and radio ads taped and duplicated. The campaign was almost ready to be pilot-tested in Salt Lake City and Butte.

IMPLEMENTATION

Implementation of the "Don't Kid Yourself" campaign in the pilot cities occurred over the course of two months between May and July 1996. The implementation plan helped to identify what needed to be done before the campaign kick-off. The clinics in Butte and Salt Lake City developed dissemination plans for distributing the posters, brochures and coasters throughout the community. The people who answered the phones at each clinic were briefed on the campaign and provided with information on how to respond to community complaints about the campaign.

The contractor negotiated and purchased radio advertising time on several stations in each city that focus group participants had indicated were popular with their peers. In most cases, the stations provided free spots as public service announcements for each spot that was purchased for the campaign, or at least lowered their normal rates. The newspaper advertisements were also placed at nonprofit rates in the alternative and college papers in Salt Lake City, in certain sections of Butte's main newspaper, and in its local shopper. In addition to the paid advertising, a press release was sent out to local media outlets announcing the "Don't Kid Yourself" campaign.

Prior to the beginning of implementation, several tracking systems were put in place to help assess the effects of the campaign. A caller tracking sheet was developed and used to tally how callers answered the question, "How did you find out about us?" Surveys were distributed to target audience members at the clinics throughout the entire implementation period to assess whether respondents were exposed to

elements of the campaign. Blank "diaries" were placed in the clinic waiting rooms with instructions on the cover about the types of comments that were sought, along with a pen attached to each book. A press clipping service was also hired to track any resulting media coverage of the campaign.

Implementation ran fairly smoothly over the two-month period. Many local businesses and other organizations were willing to participate in the campaign by putting up posters and using the coasters in the bars and clubs. One of the newspaper ads had to be pulled from the Butte newspaper because a local health official felt it was too explicit and would not provide his approval to run it. Although there were some negative phone calls related to the campaign, many more positive comments were received. The tracking systems were not consistently used by the receptionists, so the results were somewhat spotty for the caller tracking sheets and clinic surveys; many receptionists found it difficult to add another procedure to their regular routine. Although entries in the clinic diaries did not usually refer directly to the campaign, most of the comments were very positive about the care received in the clinics, and this improved morale among the staff members. In both cities, patients in the target audience provided positive feedback about the campaign when they came to the clinics.

EVALUATION

The evaluation of the "Don't Kid Yourself" campaign included a pilot testing phase and both process and outcome measures for the regionwide campaign.

Pilot Test

The campaign was pilot tested in Butte and Salt Lake City to determine how best to implement it in all six states.

Process Evaluation

The process evaluation in the pilot testing phase provided information on whether the campaign was reaching the target audience and how callers had found out about each clinic. Clinic surveys were filled out by clients when they came in for their appointments to assess their exposure to the campaign. In the Butte clinic, 61% of the target audience members had seen or heard campaign materials. In Salt Lake City, 51% of target audience members coming into the clinics had been exposed. The surveys also revealed that younger teens, outside of the target audience, were also seeing and hearing the campaign. Caller surveys, which asked "How did you find out about us?," revealed that the campaign comprised the third most common

method of learning about the clinics in both cities.

Based on the process evaluation results, campaign planners felt that they had chosen the right media to reach the target audience. However, the campaign had to be delayed from its original start date because the printing and distribution of the materials took longer than anticipated. In addition, campaign monitoring revealed that clinics received very few community complaints, although an official in the Butte health department had one of the newspaper ads pulled because he felt it was too explicit. Clinic directors found that several community organizations were less enthusiastic about using two of the four posters; they also felt that the size of the posters was too large for the locations they wanted to hang them up, such as bulletin boards and restroom stall doors.

Outcome Evaluation

The outcome evaluation methods varied in each of the two cities, depending on the resources available to each community. A pre-campaign and post-campaign KAB survey was planned for both cities using random telephone sampling of the target audience. In Butte, the state health department was able to provide access to a professional research firm, which conducted the surveys. In Salt Lake City, however, the campaign had to rely on volunteers to serve as interviewers; despite some training, it soon became apparent that respondents were not willing to answer the sensitive questions they were being asked. This may have been because of the more conservative nature of Salt Lake City residents or because of the inexperience of the interviewers. The survey was completed in Butte, but was deemed too inefficient to pursue in Salt Lake City.

The significant differences between the pre- and post-campaign surveys in Butte included a doubling of awareness of the Butte family planning clinic as a place to go to for information, from 21% in the pre-test to 40% in the post-test. Attitudes about responsibility for birth control also changed between the pre-test and post-test surveys in a statistically significant way. More people agreed or agreed more strongly with the statements "Men should take responsibility for birth control during sex" and "Women should take responsibility for birth control during sex." Because one of the radio ads discusses the benefits of the birth control pill, the survey also tested knowledge about the pill. Although respondents were not better able to name benefits of the pill in the post-test, fewer people stated that the pill had no good effects (pre=11%, post=1%).

The post-test survey also asked respondents about their exposure to the social marketing campaign. Overall, 51% of the respondents reported that they had seen or

heard at least one element of the campaign. Of those who reported exposure to campaign materials in the post-campaign survey, 79% said it made them think about the message, 29% talked about the ads with friends or family, 18% discussed the ads with their partner and 11% used birth control more often because of the campaign. On the less encouraging side, nobody reported calling the phone number featured in the materials and the clinic's records did not show a noticeable change in the number of clinic visits during the period in which the campaign was implemented.

Planned Parenthood has a toll-free number that automatically routes callers to the affiliate clinic nearest them; this was the phone number the campaign promoted in Salt Lake City. The Salt Lake City clinics provided phone records showing the numbers of incoming calls to them each month. During the two months of the campaign, the clinics experienced a 72% increase in the number of calls received to the toll-free number. The number of calls declined after the campaign ended. When compared to the same months in previous years, the increase did not appear to be related to seasonal patterns. There was not, however, a noticeable change in the number of clinic visits during the period in which the campaign was implemented. Although the campaign appears to have spurred the adoption of desirable behaviors in Butte, as well as an increase in phone calls to the Salt Lake City clinics, the decision to visit a family planning clinic may not be immediate or even necessary for behavior change to occur.

Regionwide Implementation

To expand the successful pilot campaign to the entire six-state region, several changes and new procedures had to be put in place. Each state's campaign was directed at the state level, with an on-site campaign coordinator at each participating clinic. The materials were customized for each state with its own toll-free phone number. Based on the pilot testing, the contractor knew to leave extra time for printing and dissemination of the materials to make sure they were out in the community at the same time as the radio spots were airing. In addition, the posters were made smaller and only two of the four designs were reprinted. Different sets of the radio spots were used in each state, based on the results of the pilot test and the decision of the state-level coordinator as to which spots were most appropriate for her state.

The campaign was implemented in 55 cities throughout the six states for a three-month period. An independent evaluator was hired to assess the effectiveness of the regionwide campaign. The process evaluation consisted of: 1) Qualitative questionnaires completed by the state grant directors, clinic managers in targeted cities and the project director; and 2) Focus groups with clinic staff in three sites. The

outcome evaluation provided qualitative and quantitative data from 19 evaluation sites regionwide through: 1) Pre- and post-campaign KAB surveys; 2) Qualitative in-depth interviews with members of the target audience; and 3) Caller tracking sheets from the clinic evaluation sites.

Process Evaluation

The process evaluation identified some areas that required improvement. Despite having begun production of the print materials well in advance, one state delayed printing because it took much longer than expected to receive approval through its bureaucratic channels for a toll-free phone number. In addition, a mix-up by the printer resulted in boxes of coasters being sent to the wrong states. This cut the time available for the state-level coordinators to get the materials out to the local clinics and delayed the start date of the campaign.

Although a comprehensive implementation guide was provided to each state-level coordinator to assist clinics in their dissemination efforts, some clinic managers did not always read it or required additional guidance. This resulted in several local clinics not distributing the print materials _ such as posters, brochures and coasters _ in their communities. There were clear differences in the visibility of the campaign in cities with active clinic outreach efforts versus those that relied solely on the radio spots and newspaper ads.

The focus groups with clinic staff revealed that some of the clinics actually taped over the toll-free phone numbers on the posters and wrote in their own local numbers. Several participants noted that their clients would feel more secure knowing exactly who they were calling. In addition, staff at participating clinics preferred to use the publicity from the campaign to increase clients at their own clinics versus other competing providers. The low usage of the toll-free numbers also suggested that use of local phone numbers might be preferable.

When buying newspaper space, a small number of the media outlets declined to run the ads because their staff felt they were too explicit. This occurred in some of the college newspapers _ particularly the religiously-affiliated schools _ and in community newspapers primarily in South Dakota and Utah. Two major newspapers in South Dakota refused to run the ads, but then both wrote substantial articles about the campaign that included the main messages and toll-free number, with one even including a picture of one of the posters.

Outcome Evaluation

The outcome evaluation produced both good news and bad news. The bad news was that the campaign media had not saturated the markets to the extent hoped for: Based on the post-campaign KAB survey, only 15 percent of the target audience reported being exposed to the "Don't Kid Yourself" campaign. The good news was that those target audience members who were exposed to the campaign responded quite positively.

The survey revealed that 92 percent of those exposed to the campaign materials reported that they "liked the message." Nearly 70 percent saw a poster, more than double the exposure of any other campaign medium. Significant attitude changes about the use of birth control were also correlated to the number of campaign media to which the respondent was exposed.

Survey respondents who were exposed to the campaign also overwhelmingly took some desirable action. More than three-quarters of those exposed indicated that they "talked with friends, boy/girlfriend, or parents about family planning" as a result of the campaign. Over 55 percent reported that they called for information or an appointment at a doctor's office or family planning clinic as a result of the campaign, but fewer than 5 percent of the respondents called the toll-free phone number advertised in the materials. Despite not calling the toll-free number, about a quarter of the respondents said that they called for an appointment at a family planning clinic as a result of the campaign _ most likely on the clinic's local phone number.

The campaign started its third phase of implementation in Spring 1998. Based on results of the first year of regionwide implementation, the next iteration of the campaign focused on a smaller number of cities in each state to maximize the media exposure that was possible with available resources. The use of toll-free numbers was discontinued in most states, and materials were created for each community using local clinic names and phone numbers. Greater outreach and accountability from local clinics was required as a condition of the inclusion of their community in the campaign.

Please note: Sample materials for the "Don't Kid Yourself" campaign are no longer available.