

LSC Use Only No:	LSC Action-Date:	UWUCC USE Only No.	UWUCC Action-Date:	Senate Action Date:
		08-40	App-10-28-08	Info: 12/2/08

Curriculum Proposal Cover Sheet - University-Wide Undergraduate Curriculum Committee

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Proposing Department/Unit Liberal Studies	Phone 357-5772

Check all appropriate lines and complete information as requested. Use a separate cover sheet for each course proposal and for each program proposal.

1. Course Proposals (check all that apply)

New Course Course Prefix Change Course Deletion

Course Revision Course Number and/or Title Change Catalog Description Change

<i>Current Course prefix, number and full title</i>	<i>Proposed course prefix, number and full title, if changing</i>
	LBST499 Social Change: Making It Happen

2. Additional Course Designations: check if appropriate

This course is also proposed as a Liberal Studies Course. Other: (e.g., Women's Studies, Pan-African)

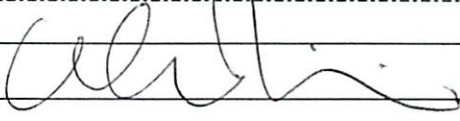


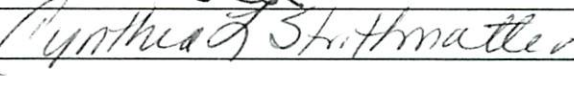
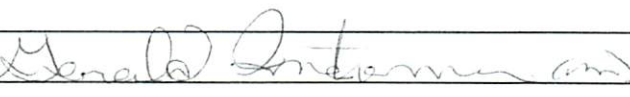
This course is also proposed as an Honors College Course.

3. Program Proposals

New Degree Program Program Title Change Other

New Minor Program New Track Catalog Description Change Program Revision

<i>Current program name</i>	<i>Proposed program name, if changing</i>

4. Approvals		Date
Department Curriculum Committee Chair(s)		27 Oct 08
Department Chair(s)		10/27/08
College Curriculum Committee Chair		10/27/08
College Dean		10/27/08
Director of Liberal Studies *		
Director of Honors College *		
Provost *		10/30/08
Additional signatures as appropriate: (include title)		
UWUCC Co-Chairs		

* where applicable



Received
OCT 29 2008
Liberal Studies

Undergraduate Distance Education Review Form

(Required for all courses taught by distance education for more than one-third of teaching contact hours.)

Existing and Special Topics Course

Course: LBST499

Instructor(s) of Record: BEBKO

Phone: 724-3525772

Email: BEBKO@IUP.EDU

Step One: Proposer

A. Provide a brief narrative rationale for each of the items, A1- A5.

1. How is/are the instructor(s) qualified in the distance education delivery method as well as the discipline?

- Successfully developed and taught courses like Social Cause in Marketing, and Marketing Research online at IUP for over 5 years.
- Attended advanced workshops offered by IDC
- Doctoral-degree holder (PhD in Marketing) and well-known in the discipline.
- Published extensively in refereed journals and presented/published research works in national-level and international-level academic conferences.
- Experienced in operating online learning management systems.
- Taught many of the undergraduate and graduate courses in the Marketing Department

2. How will each objective in the course be met using distance education technologies?

- To understand the implications and ethical considerations in change intervention—**COMPREHENSION**
Students will read short cases and asked hypothetical ‘what if’ questions to gauge their level of comprehension of values and ethical behavior being presented. We will use the discussion board to query further, and challenge each other to deeper consideration of the implications of planned intervention in each case. My belief is that most students know and understand our value base in the U.S., but sometimes applying it to situations outside of home and family is not as grounded. An example is the basic value of personal integrity. At home and with friends it might be practiced, but when looking across the line to business, there may be some cloudiness. Students will be asked to use the same standards in judging social change initiatives as in their own lives. Discussion participation will be 20% of the grade
- To learn the skills necessary to translate a social problem into a framework of planned social change using marketing techniques—**KNOWLEDGE**
Through reading assignments as well as lecture notes, the students will be introduced to identification of social problems and the key constituents involved. Students will also read about the strategic framework of planned social change using marketing techniques. Quizzes will be given to assess the level of understanding before moving on to the application of these skills. Quizzes 20% of grade
- Involve students in synthetic research of issues dealing with the planned social change process – **ANALYSIS AND SYNTHESIS**
In preparation for the social issue paper and plan for social change (following two objectives), students will read three short papers on three separate social issues. I will assign group chats to discuss the issue in the context of a number of ideologies. These chats will later be posted for all of the students with my comments and suggestions for gaining a better understanding of the ‘roots’ of the social issue. A group chat will be 10% of grade.

- **Involve students in synthetic analysis of problems and possible solutions, and to appreciate the contributions of several disciplines to the study of planned change--
ANALYSIS AND SYNTHESIS**

Students will be asked to identify a social issue of interest to them for which they will later develop a plan for social change. They will need to identify the key problems within these social issues and develop a paper that will address the size and scope of the problem from at least three ideologies. A 2500+ paper will be 25% of the grade.

- **To develop an actual marketing plan for planned social change—APPLICATION**

Students will use the skills they learned (translating a social problem into a framework of planned social change using marketing techniques) and apply them in a real situation with the social problem they identified and synthesized in the paper (above). Using the Center for Disease Control's CD Synergy software (planned social change), they will walk through the process of developing a strategy for change of the social issue of their choice. I will require that stages of the plan be completed on a certain date, read over each student's application to that point, and we will conduct chats to clarify points (several of these will be conducted at various times and the notes saved and distributed to those who could not attend). Social marketing plan will be 25% of the grade.

3. **How will instructor-student and student-student, if applicable, interaction take place?**

As indicated above (#2), there will be several chats, discussion board questions, and posted review of the information so that ample instructor-student as well as student-student interaction will take place.

4. **How will student achievement be evaluated?**

Evaluation of student progress and outcomes takes place through discussion questions, online chats, and projects.

5. **How will academic honesty for tests and assignments be addressed?**

There are no examinations in this class. Papers will be submitted to Turnitin to insure the work is not plagiarizing published work or other students' papers.

- B. **Submit to the department or its curriculum committee the responses to items A1-A5, the current official syllabus of record, along with the instructor developed online version of the syllabus, and the sample lesson. This lesson should clearly demonstrate how the distance education instructional format adequately assists students to meet a course objective(s) using online or distance technology. It should relate to one concrete topic area indicated on the syllabus.**

Step Two: Departmental/Dean Approval

Recommendation: Positive (The objectives of this course can be met via distance education)

Negative

[Handwritten Signature]

10/27/08

Signature of Department Designee

Date

Endorsed:

[Handwritten Signature]

10/27/08

Signature of College Dean

Date

Forward form and supporting materials to Liberal Studies Office for consideration by the University-wide Undergraduate Curriculum Committee. Dual-level courses also require review by the University-wide Graduate Committee for graduate-level section.

Step Three: University-wide Undergraduate Curriculum Committee Approval

Recommendation: Positive (The objectives of this course can be met via distance education)

Negative

[Handwritten Signature]

10/28/08

Signature of Committee Co-Chair

Date

Forward form and supporting materials to the Provost within 30 calendar days after received by committee.

Step Four: Provost Approval

Approved as distance education course

Rejected as distance education course

[Handwritten Signature]

10/30/08

Signature of Provost

Date

Forward form and supporting materials to Associate Provost.

COVER SHEET: Proposal for Section of LS499 Senior Synthesis

SECTION TITLE Marketing for Social Change

PROFESSOR(S) Dr. Charlene Behko and Dr. Krish S. Krishnan

PREREQUISITES (Please see instructions) _____

SCHEDULING INFORMATION. When is the earliest semester/summer session that you will be ready to teach the section. Do you anticipate offering this topic repeatedly? If so, how frequently? (Please see instructions)

Spring 1992 and every spring semester thereafter for two to three years. A fall semester section will be considered if there is sufficient demand.

SIGNATURES: Professor(s) _____

Department Chairperson(s) _____

College Dean(s) _____

Director of Liberal Studies _____

Please attach the following components to the cover sheet

- I. "Synthesis Summary"-one or two pages explaining your proposal, including: (1) your topic, especially its scope and significance; (2) the disciplines (like biology, economics, aesthetics) whose perspectives you will use; (3) the contributions each discipline will make in terms of point of view, theory, and methodology; (4) your pedagogical methods, including the strategies and activities you will employ to enable students to think synthetically.
- II. Syllabus presented in UWUCC format: (1) Course objectives; (2) Detailed course outline; (3) Evaluation methods; (4) Required reading; (5) Special resource requirements, if any; and (6) Bibliography you used in preparing this proposal. Your syllabus must indicate how you will "address the concerns of women and minorities whenever possible."
- III. Publicity form, to be submitted for publication in the semester-by-semester Undergraduate Course Schedule.

PLEASE NUMBER ALL PAGES. PROVIDE ONE COPY TO LIBERAL STUDIES COMMITTEE

understanding and application of theories from psychology dealing with formation of beliefs, attitudes and behavior.

3. PEDAGOGY

This course will require students to think synthetically about broad and complex intellectual, social and political issues, investigate their origin and nature from many different perspectives and arrive at implications for a marketing plan for social change. Components will include:

1. Readings from disciplines listed above dealing with social change as well as social marketing case studies.

2. Short essays and presentations of issues from different disciplinary perspectives on selected social problems/issues by students.

3. A group project report and presentation by interdisciplinary teams including specifics of underlying marketing plan for social change. Special emphasis will be placed on students describing the process by which they integrated the perspectives and issues from different disciplines and brought it together in the development of their marketing plan.

4. A case study report dealing with a multi-disciplinary social change problem.

extemporaneous discussion of either pro or con issues in an area of social concern. These groups will take turns presenting their positions to the rest of the class, and critically evaluate each point of view. Ethics, long and short run goals and implications of change will be discussed.

B. Social Change theories and perspectives (1 week)

Macro-change and sociological perspectives

Social change is the process by which alteration occurs in the structure and function of a social system. In studying social change, it is important to look at the impetus of that change, the ways in which change manifests itself, and the consequences of change. This class will briefly look at the different meanings and context of social change. This will be done through lecture and discussion of the reading assignments on the theory of social and cultural change.

C. Planning for Social Change (8 weeks)

The process of planned social change using valid marketing strategic planning techniques will be described. The end result of this section and the course will be for each group to develop strategic plans for social change. This process starts at the beginning of the term with an analysis of the societal environment and concludes with the plan which includes researched and selected target adopter populations, designed social marketing strategies and planned social marketing programs (product/idea/service, price, promotion, distribution).

1. Mapping the Social Marketing Environment (5 weeks)

a. Mapping Considerations (1 week)

Using secondary research, the student will determine what current and future environmental factors need to be taken under consideration for planned social change of the issues they have chosen. This mapping also includes the analysis of the behaviors of target adopters.

b. Social Issues (2 weeks)

The 60's, 70's and 80's

Groups of students will have prepared discussions on the social issues and programs for planned change that arose in this time period. A review of the historical aspects will set the stage of a discussion of how planned change objectives were developed, how the program was implemented and

EVALUATION METHODS

Midterm Examination Based on readings, lectures and discussions with emphasis on the ability to integrate multiple perspectives on problems in social change.	20%
Presentations/Discussions Based on class participation and contributions to group presentations.	20%
Marketing Plan for Social Change A complete marketing plan for social change in an area/issue chosen by each student group. Plan will also include a discussion of the process by which ideas and perspectives from different disciplines were brought together as well as resolution of conflicts that emerged in the development of the plan.	50%
Counterargument preparation and presentation	10%

REQUIRED READING

1. Textbook

Kotler, Philip and Eduardo Roberto, Social Marketing: Strategies for Changing Public Behavior (1989).

Ferguson, Marilyn, The Aquarian Conspiracy (1980).

Harper, Charles, Exploring Social Change (1989).

2. Other Readings

Selected readings from the following texts:

Holzner, Burkart and John Marx, Knowledge Application: The Knowledge System in Society (1979)

Zaltman, Gerald, Philip Kotler and Ira Kaufman, Creating Social Change 1972.

Kotler, Philip and Alan Andreasen, Strategic Marketing for Nonprofit Organizations (1987).

Reich, Charles, The Greening of America, (1969).

Levy, Sidney and Gerald Zaltman, Marketing, Society and Conflict (1975).

Cooper, Philip, William Kehoe and Patrick Murphy, Marketing and Health Care: Interdisciplinary and Interorganizational Perspectives (1978).

Vago, Stevens, Social Change (1989).

Bowan, Murray, Family Therapy in Clinical Practice, "Society, Crisis and Systems Theory." (1978).

Kelman, Herbert and Donald Warwick, The Ethics of Social Intervention (1978).

Engel, James, Roger Blackwell and Paul Miniard, Consumer Behavior, 6th Edition, 1990.

Fishbein, Martin and Icek Ajzen, Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research (1975).

Readings selected from journals/periodicals:

Barnes, Nora, "Strategic Marketing for Charitable Organizations," Health Marketing Quarterly, 1992.

Zinn, Laura, "Whales, Human Rights, Rain Forests--And the Heady Smell of Profits," Business Week, July 1991.

Golden, Linda, "Information Acquisition and Behavioral Change," Health Marketing Quarterly, 1991.

Singhapakdi, Anusorn, "The Link Between Social Responsibility Orientation, Motive Appeals, and Voting Intention," Journal of Public Policy and Marketing (Fall 1991).

Nickens, Herbert, "Healthy Promotion and Disease Prevention Among Minorities," Health Affairs, Summer 1990.

Gelb, Betsy, "If Marketing Directed the War on AIDS," Business Horizons, Dec 1990.

Kotler, Philip and Gerald Zaltman, "Social Marketing: An Approach to Planned Social Change," Journal of Marketing, 1971.

Laczniak, Gene, Robert Lusch and Patrick Murphy, "Social Marketing: Its Ethical Dimensions," Journal of Marketing, 1979.

Zifferblatt, Steven, Curtis Wilbur and Joan Pinsky, "Changing Cafeteria Eating Habits: A New Direction for Public Health Care," Journal of the American Dietetic Association, January, 1980.

Apsler, R. and D. Sears, "Warning, Personal Involvement and Attitude Change," Journal of Personality and Social Psychology, June 1968.

Social Change: Making It Happen!

LBST 499 Winter 2008

Course Description:

The purpose of marketing is to anticipate, manage and satisfy demand through the exchange process. Accomplishing these objectives requires an understanding of people, which involves the study of psychology, sociology and economics. Social marketing is a social-change management technology involving the design, implementation and control of programs aimed at specified target groups. This course will address the process and management of planned social change involving current social problems. It utilizes concepts of market segmentation, consumer research, idea configuration, communication, facilitation, incentives and exchange theory to maximize target group response. Special consideration will be given to understanding societal readiness for change in selected target groups. The end-product of the course will be a plan for social change for a current social issue.

Course Objectives:

To understand the implications and ethical considerations in change intervention

To learn the skills necessary to translate a social problem into a framework of planned social change using marketing techniques

Involve students in synthetic research of issues dealing with the planned social change process

Involve students in synthetic analysis of problems and possible solutions, and to appreciate the contributions of several disciplines to the study of planned change .

To develop an actual marketing plan for planned social change .

Required Texts and Material:

The following texts are required for the course. Additional reading will have links in the WebCT site for the class (see attached):

Gladwell, Malcolm (2000), *The Tipping Point: How Little Things Can Make a Big Difference*, Little, Brown and Company, Boston.

Kotler, Philip, and Lee, Nancy(2008), *Social Marketing: Influencing Behaviors for the Good*, Third Edition, Sage Publications, Thousand Oaks.

Evaluation Methods:

Group Chat	10%
Discussion Questions	20%
Quizzes	20%
Social Issue Paper	25%
Social Marketing Plan	25%

General Course Layout (to be expanded)

Week	Subject	Texts
Week 1 (5 DAYS) 12/15 -12/19	<ul style="list-style-type: none"> • Introduction to Synthesis • Introduction to Social Causes • Introduction to Marketing and Consumer Behavior <ul style="list-style-type: none"> a. Attitudes, Beliefs and Behavior • Introduction to Social Issues 	Kotler 1, 2, 3,5
Week 2 (4 DAYS) 12/22 – 12/26	<ul style="list-style-type: none"> • Current Social Issues • Introduction to CD Synergy • Strategic Planning for Social Change <ul style="list-style-type: none"> a. Problem Description / Phase 1 b. Audience Research / Phase 2 	The Tipping Point Kotler 7,8 CD Synergy
Week 3 (4 DAYS) 12/29 – 1/2	<ul style="list-style-type: none"> • Strategic Planning for Social Change/ Phase 3 • Designing the Social Product • Managing Costs • Promotion through Mass and Personal Communication • Making the Knowledge and Product Available 	Kotler 10,11, 12, 13, 14
Week 4 (2 DAYS) 1/5 – 1/6	<ul style="list-style-type: none"> • Presentation and class evaluation of strategic marketing plans 	

REFERENCES AND READING

Audiences: Audience research/formative evaluation

SEE ALSO: Qualitative methods in the categorized index

Breen, G. E., & Blankenship, A.B. (1998). *Do-It-Yourself Marketing Research* (3rd ed.). Replica Books.

CDC/National Center on Chronic Disease. Inventory of qualitative research on nutrition and physical activity. http://www.cdc.gov/nccdphp/dnqa/qualitative_research/index.htm

ClickZ Network provides information on the demographics of internet users. <http://www.clickz.com/stats/sectors/demographics/>

DHHS. Prevention Communication Research Database includes findings from audience research on health problems with behavioral causes. <http://www.health.gov/communication/>

Flu focus group reports for African American, Hispanic, and Caucasian audiences: IM Flu Focus Groups.pdf

Gettleman, L. (2000). Using focus groups to develop a heart disease prevention program for ethnically diverse, low income women. *J of Community Health, 25*(6), 439-453.

Goodman, R.M., & Wandersman, A. (1994). FORECAST: A formative approach to evaluating community coalitions and community-based initiatives, *Journal of Community Psychology, Special issue: 6-25*.

Kaiser Family Foundation. For public opinions about health topics, search the Kaiser Network's health poll archives at <http://www.kaisernetwork.org>

Lifestyle Data. A number of commercial market research firms regularly collect consumer lifestyle data, such as consumer products purchased and media outlets watched or read by audience segment. Most of these data sets must be purchased, and some allow you to pay to add questions to their regularly scheduled surveys. Here are some firms:

- Arbitron tracks media viewership: <http://www.arbitron.com>
- Claritas has links to most of the other consumer surveys: <http://www.claritas.com>
- Simmons Market Research Bureau surveys households, adults, teens, children, and Hispanics: <http://www.smr.com>
- SRI Consulting Business Intelligence conducts a Values and Lifestyle Survey: <http://www.sric-bi.com/VALS/>
- Teen Research Unlimited (TRU) conducts a semiannual teen survey:

- <http://www.teenresearch.com/>
- CDC prepared this summary of some of these databases: [Databases.pdf](#)
- Prizm lifestyle data. Using data for planning vaccination program: [Prizm Vaccine.pdf](#)
- Porter-Novelli conducts the HealthStyles survey: [Healthstyles.pdf](#) and [Healthstyles Resource Kit.pdf](#)

Myllyluoma, J., et al. (2000). Assessing community-wide outcomes of prevention marketing campaigns through telephone surveys, *Social Marketing Quarterly*, 6(1):23-32.

Roper Center for Public Opinion Research: <http://www.ropercenter.uconn.edu>

University of California San Francisco, Center for AIDS Prevention Studies, *Good Questions/Better Answers: A Formative Research Handbook for California HIV Prevention Programs* <http://www.caps.ucsf.edu/goodquestions/>

Audiences: Audience segmentation

SEE ALSO: [Qualitative methods](#) in the categorized index

CDC/Office of Communication. Slide presentation containing information about the process of audience segmentation. Note that the phases described are from Basic CDCynergy and not CDCynergy Social Marketing Edition. [CV Audsegslices.pdf](#)

Criteria for segmentation selection matrix for an exercise campaign:
[Segmentation Matrix.pdf](#)

Health Canada. Market segmentation http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tools-outils/sec2-segment/index_e.html

Frankenberger, K., and A.S. Sukhdial (1994). Segmenting Teens for AIDS Preventive Behaviors with Implications for Marketing Communications. *Journal of Public Policy and Marketing* 13(1):133-150.

Johns Hopkins University Center for Communication Programs. Chapter 2: Audience Segmentation. *In: A field guide to designing a health communication strategy.* <http://www.jhuccp.org/pubs/fq/02/04-chapter2.pdf>

John, J., & Miaoulis, G. (1992). A Model for Understanding Benefit Segmentation in Preventive Health Care. *Health Care Management Review*, 17(2):21-32.

Plummer, J. (1984-85). How Personality Makes a Difference, *Journal of Advertising Research*, 24, 27-31.

Audiences: Audience profiles

SEE ALSO: Qualitative research in the categorized index

Folic Acid campaign: FA Audience Profile.pdf

Hepatitis C campaign: Hep C Matrix Profile.pdf

Hispanics/Latinos for Diabetes DB Hispanic Latino and Diabetes-Audience Profile.pdf

Preteens, see Life's First Great Crossroads.pdf

Prevention Marketing Initiative Sacramento Demonstration Site:
SOC SacProfile.pdf

Best practices

Alcalay, R. & Bell, R. (2000). *Promoting nutrition and physical activity through social marketing: current practices and recommendations.* <http://socialmarketing-nutrition.ucdavis.edu/publications.htm#review1>

Brownson, R. C., Remington, P. L., and Davis, J. R. (Eds.). (1999). *Chronic Disease Epidemiology and Control* (2nd ed.) Washington, D.C.: American Public Health Association. For more information and to order, go to <http://www.apha.org/media/abc1.htm>

CDC, *The Community Guide for Preventive Services* summarizes domestic, evidence-based practices in more than a dozen health areas.
<http://www.thecommunityguide.org>

CDC, *CDC Recommends* is a searchable database of recommended practices and reports on health topics.
<http://www.phppo.cdc.gov/cdcRecommends/AdvSearchV.asp>

CDC (1999) *An Ounce of Prevention: What are the returns?* The cost-benefit or cost savings of 19 different public health strategies.

<http://www.cdc.gov/epo/prevent.htm>

CDC (1999) *Best Practices for Comprehensive Tobacco Control*
<http://www.cdc.gov/tobacco/bestprac.htm>

CDC (2001) *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* describes, provides evidence for, and explains how to access details about HIV prevention programs that worked for various target audiences (e.g., youth, IDU, women).
<http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm>

Cooperative Extension System facilitates the collection, development, access and delivery of health related information and educational materials among the Land Grant Universities and the general public through: <http://www.nnh.org>

NIH produces consensus statements for best medical and screening practices for a number of health issues. <http://consensus.nih.gov/PREVIOUSSTATEMENTS.htm>

SAMSHA (1999) *Here's Proof Prevention Works*, assesses the effectiveness of CSAP's substance abuse prevention demonstration programs for high risk youth. Order a free copy from: <http://store.health.org/catalog/productDetails.aspx?ProductID=14591>

Search Institute (2005) *Developmental Assets* is an overview of assets that help youth develop healthy lifestyles. <http://www.search-institute.org/assets/>

United Nations (2004) *Best Practices* is a searchable database of tested, practical ways that more than 140 countries address common social, economic and environmental problems of an urbanizing world. It highlights instances in which public, private and civil society sectors worked together to improve governance, eradicate poverty, provide access to shelter, land and basic services, protect the environment and support economic development. <http://www.bestpractices.org>

University of California-San Francisco, Center for AIDS Prevention Studies (CAPS), *HIV Prevention Fact Sheets*: <http://www.caps.ucsf.edu/FSindex.html>

USAID's HEALTHCOM Project (1995). *Tool Box for Building Health Communication Capacity*. Washington, DC: AED. DOC # PN-ABU-931, order from http://dec.usaid.gov/index.cfm?p=search.getCitation&CFID=4525849&CFTOKEN=71082935&rec_no=85975

Coalitions/partnerships: Forming and maintaining coalitions
SEE ALSO: [Strategy/planning: Planning frameworks](#)

Alexander, J.A., Weiner, B.J., Metzger, M.E., Shortell, S.M., Bazzoli, G.J., Hasnain-Wynia, R., Sofaer, S., Conrad, D.A. (2003) Sustainability of collaborative capacity in community health partnerships. *Medical Care Research Review*, 60(4 Suppl), 130-160.

Berkowitz, B., & Wolff, T. (2000). *The Spirit of the Coalition*. Washington, DC: American Public Health Association. Order at <http://www.apha.org>

CDC/ATSDR Committee on Community Engagement (1997). *Principles of Community Engagement* <http://www.cdc.gov/phppo/pce/index.htm>

CDC (2005) *Forging Partnerships to Eliminate Tuberculosis* <http://www.cdc.gov/nchstp/tb/pubs/forge/default.htm>

Center for Medicare Education (2001), *Managing Volunteers, SOC Managinq Volunteers.pdf*

CSAP (2000). *Prevention Works! Incorporating Faith-Based Organizations in Prevention Strategies, SOC Prevention Works.pdf*

DHHS, Healthy People 2010, Toolkit, partnership section <http://www.health.gov/healthypeople/state/toolkit/partners.htm>

Fallon, L.R., Tyson, F.L., Dearry, A. (2000) Successful Models of Community-based Participatory Research [SOC comm participatory res.pdf](#)

Himmelman, A. (2001) On coalitions and the transformation of power relations: collaborative betterment and collaborative empowerment. *American Journal of Community Psychology*, 29(2), 277-84.

National Coalition Building Institute is a nonprofit leadership training organization. <http://www.ncbi.org>

National Network for Health provides guidance in developing coalitions for tobacco-free youth. Described are pervasive influences, balancing competing agendas, handling conflict and disagreement, etc. <http://www.nnh.org/tobacco/toc2.htm>

Ohio State University Extension, Building Coalitions is a series of fact sheets, containing information on needs assessments, mobilizing the community, working with diverse cultures, and much more. <http://www.ag.ohio-state.edu/~ohioline/bc-fact/index.html>

Partnership agreement: [Partner Agreement.pdf](#)

Partnership momentum maintenance: [IM Team momentum.pdf](#)

Partner organization support requests: [Request Organiz Support.pdf](#)

SafeUSA (2000). *Lessons learned about public/private partnerships,*
[SafeUSA Lessons.pdf](#)

University of Kansas, Community Toolbox: Work Group on Health Promotion and Community Development http://ctb.ku.edu/tools/en/chapter_1006.htm

Coalitions/partnerships: Specific partners

SEE ALSO: [Strategy/planning: Planning frameworks](#) and also [Contractors/consultants](#) in the categorized index

The following are some of the national consumer organizations and professional associations can help you identify data, best practices, local affiliates and colleagues with successful programs:

- American Association of Health Education: <http://www.aahperd.org>
 - The AARP has demographic information about Americans ages 50+, including research studies at <http://research.aarp.org/general/index.html>
 - American College Health Association: <http://www.acha.org>
 - American Heart Association: <http://www.americanheart.org>
 - American Public Health Association: <http://www.apha.org>
 - American School Health Association: <http://www.ashaweb.org>
 - Association of State and Territorial Directors of Health Promotion and Public Health Education: <http://www.astdhpphe.org>
 - National Alliance of Hispanic Health: <http://www.hispanichealth.org>
 - National Association of Local Boards of Health: <http://www.nalboh.org>
 - National Coalition of Health Education Organizations:
<http://www.hsc.usf.edu/CFH/cnheo/>
 - National Education Association's Health Information Network:
<http://www.neahin.org>
 - Society for Public Health Education: <http://www.sophe.org>
 - Society of State Directors of Health and Physical Education and Recreation:
<http://www.thesociety.org>
-

Ethics

American Marketing Association. *Code of ethics.*

SOC ama suggested core reading.pdf

Andreasen, A. & Drumwright, M.E. (2000) *Alliances and ethics in social marketing*. <http://www.social-marketing.org/papers/allianceJan2000.html>

Bloom, P.N. & Novelli, W.D. (1981). "Problems and Challenges of Social Marketing." *Journal of Marketing* 45:79-88.

Brown, W. J., & Singhal, A. (1990). Ethical dilemmas of prosocial television. *Communication Quarterly*, 38 (3), 268-280.

DHHS, Office of Human Subjects Research Protections provides information about reviewing research proposals for the ethical treatment of human participants. <http://www.hhs.gov/ohrp/>

Guttman, N. (1997). Beyond strategic research: A value centered approach to health communication interventions. *Communication Theory*, 7, 95-124.

Murphy, P.E., Laczniak, G.R., Bowie, N.E., & Thomas A. Klein (2005) *Ethical Marketing*, Prentice-Hall, Inc.

Health disparities

American Health Decisions, *A guide to Ethnic Minority Neighborhood Outreach*: [SOC Ethnic Minority Neighborhood Outreach.pdf](#)

DHHS and many of its subsidiary organizations have *Offices of Minority Health*. See the following links for their resources and data on health disparities and cultural competence:

- <http://www.omhrc.gov>
- <http://www.cdc.gov/omh/default.htm>
- <http://www.niddk.nih.gov/fund/divisions/omhrc/omhrcintro.htm>
- http://www.ninds.nih.gov/funding/minorities_and_disabilities.htm

Educational Development Center, resources for bridging the digital divide. <http://www.digitaldividenetwork.org>

Flu focus group reports for African American, Hispanic, and Caucasian audiences: [IM Flu Focus Groups.pdf](#)

Jones, C. P., *Levels of Racism: A Theoretic Framework and a Gardener's Tale.* [SOC Gardeners Tale.pdf](#)

Jones, C. P., *Race, Racism, and the Practice of Epidemiology.*
[SOC Race racism and the practice of epidemiology.pdf](#)

Roe, K.M. & Thomas, S. (2002, April) Eliminating racial and ethnic health disparities: Mapping a course for community action and research. *Health Promotion and Practice* – special theme issue. Vol. 3.

Health and media literacy

Agency for Healthcare Research and Quality (AHRQ). *Literacy and Health Outcomes.* April 2004.

- Full report and summary are available at <http://www.ahrq.gov/clinic/tp/littp.htm>
- Printed copies available from AHRQ's Publications Clearinghouse, 800-358-9295, ahrqpubs@ahrq.gov

Bobby approval is a free online service allowing you to test single pages of web content for accessibility. <http://webxact.watchfire.com>

CDC. *Scientific and Technical Information: Simply Put.*

- CDCynergy: [simput.pdf](#)
- Website: <http://www.cdc.gov/communication/resources/simpput.pdf>

Center for Applied Special Technology (CAST) provides Universal Design resources at: <http://www.cast.org/research/udl/index.html>

Department of Justice, Section 508 compliance: <http://www.usdoj.gov/crt/508/>

Guide for making print documents accessible to persons with disabilities: [Accessible Print Docs.pdf](#)

Health Literacy

- [Healthlit background.pdf](#)
- [Healthlit cartoon.pdf](#)

- [Healthlit exercises.pdf](#)
- [Healthlit refs.pdf](#)
- [Lowlit brochure.pdf](#)

Healthy People 2010 objective on health literacy and strategies for measuring it, available at <http://odphp.osophs.dhhs.gov/projects/HealthComm/objective2.htm>

HRSA's health literacy's webpage; it links to a bibliography on health literacy prepared by the National Library of Medicine and to several other resources: <http://ruralhealth.hrsa.gov/RHC/RHCHLR.htm>

Institute of Medicine (2004) Health Literacy: A Prescription to End Confusion, National Academy of Science Press: Washington, DC, available online at: <http://www.iom.edu/report.asp?id=19723>

National Center for Education Statistics. 2003 National Assessment of Adult Literacy. <http://nces.ed.gov/naal>

Osborne, H. (2004) *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*. Sudbury, MA: Jones and Bartlett.

Plain Language Action & Information Network. <http://www.plainlanguage.gov>

Reading level assessment formulas

- "Clear and Simple": Developing effective print materials for low literate readers: [Clear n Simple.pdf](#)
- NCI "Pink Book" <http://www.cancer.gov/pinkbook>

Research Exchange Newsletter, tips for making print and web materials accessible to people with cognitive disabilities:

http://www.ncddr.org/du/researchexchange/v08n03/8_access.html

Rudd, J. and K. Glanz. (2002) How Individuals Use Information for Health Action: Consumer Information Processing, in K. Glanz, F.M. Lewis, and B.K. Rimer (eds.) *Health Behavior and Health Education: Theory, Research, and Practice*, John Wiley & Sons.

SPRY Foundation's guide for creating user-friendly websites "Older Adults and the World Wide Web," [SOC website creators guide.pdf](#)

Writing for Adults with Limited Reading Skills. Guidelines and information on knowing the audience, deciding on and organizing the message(s), illustration,

formatting, pretesting, and readability. Access these guidelines at <http://www.cyfernet.org/research/writeadult.html>

Health statistics

Annie E. Casey Foundation, *Kids Count* tracks the status of children in the United States by state and locality. <http://www.aecf.org/kidscount/census/>

Boss, L. P., and Suarez, L. (1990). Uses of data to plan cancer prevention and control programs. *Public Health Reports*, 105, 354-360.

CDC, CDC Wonder links to the most current available statistics on a wide range of diseases and risk behaviors. There are links to the state-based Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), surveys and registries that track specific diseases, the U.S. Census, and other sources. <http://wonder.cdc.gov>

CDC, Integrated Guidelines for developing epidemiological profiles: Ryan White Care Act and HIV Community Planning:
http://www.cdc.gov/hiv/epi_guidelines.htm

CDC, Morbidity and Mortality Weekly Report (MMWR) disseminates Federal and State-reported surveillance data on cases of reportable diseases such as AIDS, hepatitis, and flu. The web archive is searchable by topic.
<http://www.cdc.gov/mmwr/>

CDC, National Center for Health Statistics (NCHS) collects survey information on general health status and specific health topics (e.g., the National Health Interview Survey, the National Health and Nutrition Examination Survey, and reports on births, deaths, and other vital statistics). The NCHS web page also links to other websites of federal and non-federal agencies that publish health data.
<http://www.cdc.gov/nchs/>

CDC's Prevention Marketing Initiative, Constructing Teen HIV Risk Profiles.
[SOC Teen HIV Together.pdf](#)

CDC's Surveillance in a Suitcase is a 13-chapter epidemiology training course.
<http://www.cdc.gov/epo/surveillancein/default.htm>

Centers for Medicare and Medicaid Services, Current Beneficiary Survey reports on Medicare beneficiaries (Americans with disabilities and those over age 64).
http://www.cms.hhs.gov/LimitedDataSets/11_MCBS.asp#TopOfPage

Department of Health and Human Resources, *Healthy People 2010 Leading Health Indicators* tracks progress on health objectives.
<http://www.healthypeople.gov/LHI/>

Kaiser Family Foundation, *State Health Facts* includes overall disease statistics, health disparities, women's health and health care coverage.
<http://www.statehealthfacts.org>

National Cancer Institute, *Health Information National Trends Survey (HINTS)* collects data on health status and history, cancer risk behaviors (e.g., diet, exercise, screening), and communication-relevant factors such as information-seeking and channel preferences. <http://dccps.nci.nih.gov:0/hints/index.jsp>

State Health Departments can provide state and local data for various health problems through offices of vital records and/or health statistics. http://www.apha.org/public_health/state.htm

US Census Bureau offers the *Statistical Abstract of the United States* and demographic data by state and smaller geographic subdivisions.
<http://www.census.gov>

National campaigns

CDC's Campaigns at a Glance:
<http://www.cdc.gov/communication/campaigns.htm>

CDC's Youth Media Campaign to help tweens be more active physically:
<http://www.VERBnow.com>

HRSA's Insure Kids Now!, to increase enrollment in children's health insurance:
<http://www.insurekidsnow.gov>

NY Monroe County's adolescent pregnancy prevention communications program, "Not Me, Not Now": <http://www.notmenotnow.org>

RWJF Turning Point Initiative's Social Marketing National Excellence Collaborative, Lessons from the Field:
http://www.turningpointprogram.org/Pages/pdfs/social_market/smc_lessons_from_field.pdf

The American Legacy Foundation has several ongoing anti-tobacco campaigns:
<http://www.americanlegacy.org>

The National Cancer Institute's 5 a Day Campaign: <http://www.5aday.gov>

The National Highway Traffic Safety Administration's Buckle Up America! Campaign, to increase seat belt and safety seat use:
<http://www.buckleupamerica.org>

The Robert Wood Johnson Foundation's Covering Kids, to increase enrollment in children's health insurance: <http://www.coveringkids.org>

The White House Office of National Drug Control Policy's National Youth Antidrug Media Campaign: <http://www.mediacampaign.org>

Social determinants of health

CDC. Social Determinants of Health Fact Sheet. SOC SDOH
Fact Sheet 112001.pdf

Social marketing: Books/chapters

Andreasen, A.R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco: Jossey-Bass.

Donovan, R. & Henley, N. (2003) *Social Marketing: Principles and Practice*. Melbourne, Australia: IP Publications. 2003.

Fine, S.H. (1981). *The Marketing of Ideas and Social Issues*. New York: Praeger.

Goldberg, M.E., M. Fishbein and S.E. Middlestadt (Eds) (1997). *Social Marketing: Theoretical and Practical Perspectives*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Kotler, P., N. Roberto, and N. Lee (2002). *Social Marketing: Improving the Quality of Life*. Thousand Oaks, CA: Sage Publications. Order from
<http://www.sagepublications.com>

Lefebvre, R.C., and J.A. Flora (1988). "Social Marketing and Public Health Intervention." *Health Education Quarterly* 15:299-315.

Manoff, R.K. (1986). *Social Marketing: New Imperative for Public Health*. New York:

Praeger.

Novelli, W.D. (1984). "Developing Marketing Programs." In L.W. Frederiksen, L.J. Solomon, and K.A. Brehony (Eds.) *Marketing Health Behavior: Principles, Techniques and Applications*. New York: Plenum Press.

Philip Kotler, Ned Roberto, Nancy Lee. (2002). *Social Marketing: Improving the Quality of Life*. Thousand Oaks, CA: Sage Publications.

Siegel, M. & Donner, L. (1998) *Marketing Public Health*. Gaithersburg, MD: Aspen Publishers, Inc.

Walsh, D.C., R.E. Rudd, B.A. Moeykens, T.W. Moloney (1993). Social Marketing for Public Health, *Health Affairs* 12:104-119.

Weinreich, N.K. (1999) *Hands-On Social Marketing: a step-by-step guide*. Thousand Oaks, CA: Sage Publications.

Social marketing: Journals

Journal of Health Communication

Taylor and Francis

325 Chestnut Street, Suite 800

Philadelphia, PA 19106

Subscription: \$98.00/year

<http://www.tandf.co.uk/journals/titles/10810730.html>

Social Marketing Quarterly

Taylor and Francis

325 Chestnut Street, Suite 800

Philadelphia, PA 19106

Subscription: \$30.00/year

<http://www.tandf.co.uk/journals/titles/15245004.html>

Social marketing: Documents (PDFs, journal articles, etc.)

American Journal of Health Behavior. (2000). 24(1). The whole issue is dedicated to social marketing.

Andreasen, Alan R. (2002). Marketing social marketing in the social change

marketplace. *Journal of Public Policy & Marketing*, Spring 2002, (21)1, 3-13.

Bloom, P.N. and Novelli. W.D. (1981). Problems and Challenges of Social Marketing. *Journal of Marketing* 45:79-88.

Eta Sigma Gamma. (2004). *The Health Education Monograph Series*, 21(1). The whole monograph is dedicated to social marketing.

G. D. Wiebe. (1951). Merchandising commodities and citizenship on television. *Public Opinion Quarterly*, 15, 679-691.

Kotler, Philip, and Gerald Zaltman. (1971). Social marketing: An approach to planned behavior change. *Journal of Marketing*, 35, 3-12.

Lefebvre, R.C., and J.A. Flora (1988). "Social Marketing and Public Health Intervention." *Health Education Quarterly* 15:299-315.

Neiger, Brad L., Rosemary Thackeray, Michael D. Barnes and James F. McKenzie. (2003). Positioning social marketing as a planning process for health education. *American Journal of Health Studies*, 18, 2/3, 75-81.i

Quinn, G., Albrecht, T., Marshall, R., & Akintobi, T.H. (2005). Thinking like a marketer: Training for a shift in the mindset of the public health workforce. *Health Promotion Practice*, 6(2), 157-163.

Walsh, D.C., R.E. Rudd, B.A. Moeykens, T.W. Moloney (1993). Social Marketing for Public Health, *Health Affairs* 12:104-119.

Social marketing: Conference

Social Marketing in Public Health Annual Conference

Contact:

Office of Continuing Education

University of South Florida College of Public Health

888-USF-COPH (press "2" for direct link to CE Unit)

Access registration information at:

<http://www.cme.hsc.usf.edu/coph/smph/index.html>

Social marketing and specific health topics

(SEE ALSO: *Social marketing: Books/chapters* for specific examples)

California AIDS Clearinghouse showcases many sample materials on its website:
<http://www.HIVinfo.org>

CDC Practice Areas: Social Marketing
<http://www.cdc.gov/communication/practice/socialmarketing.htm>

Center for Advanced Studies in Nutrition and Social Marketing, UC Davis,
<http://socialmarketing-nutrition.ucdavis.edu/publications.htm#review1>

HealthComm Key is a free online database of summaries of health communication studies. It includes numerous articles on social marketing and specific health topics.
<http://www.HealthCommKey.com>

Institute of Social Marketing posts success stories. <http://www.social-marketing.org/success.html>

MacKenzie-Mohr, D. Fostering Sustainable Behavior (environmentally responsible behavior) <http://www.cbsm.com>

Rabin, S.A. & Porter, R.W. (1995). Application of Social Marketing Principles to AIDS Education. In American Psychological Association, *The Effectiveness of AIDS Prevention Efforts: A State of the Science Report*, prepared for the Office of Technology Assessment, Washington, DC. Available from
http://www.wws.princeton.edu/~ota/ns20/alpha_f.html

Social Marketing Resources (CDC DNPA)
http://www.cdc.gov/nccdphp/dnpa/social_marketing_resources.htm

Tools of Change. This website, founded on the principles of community-based social marketing, offers specific tools, case studies, and a planning guide for helping people take actions and adopt habits that promote health or environmental issues:
<http://www.toolsofchange.com>

Turning Point Social Marketing National Excellence Collaborative. *Lessons from the Field* provides summaries and ratings for a dozen case examples.
http://www.turningpointprogram.org/Pages/pdfs/social_market/smc_lessons_from_field.pdf

Strategy/planning: Sample plans and strategies

Benton Foundation (2001) *Think it Through*
<http://www.benton.org/publibrary/toolkits/thinkthru.html>

Boss, L. P., and Suarez, L. (1990). Uses of data to plan cancer prevention and control programs. *Public Health Reports*, 105, 354-360.

Communication plan for epilepsy: [Epilepsy Communication Plan.pdf](#)

Communication plan for California's Project LEAN:
[CV LEAN Communication Plan.pdf](#)

Examples of mixing communication channels. [Activity Types.pdf](#)

Minnesota Youth Tobacco Prevention Initiative, Communication Planning Kit:
[CV MN Communication Plan Resources Kit.pdf](#)

National Infant Immunization Week: Tool for planning activities
[IM NIIWplantool.pdf](#)

Plan for DES campaign: [DES Campaign Plan.pdf](#)

Prospect Associates (2001) Diabetes and Flu/Pneumococcal Campaign strategies:
[DB 2000 Strategic Plan.pdf](#)

Strategic Questions [SOC strategic questions.pdf](#)

SWOT Analysis for vaccine safety: [SWOT.pdf](#)

SWOT Strategic Planning Process Worksheet:
<http://www.nnh.org/tobacco/appe-5-2.htm>

White House National Youth Anti-Drug Media Campaign, Communication strategy: http://www.mediacampaign.org/publications/strat_statement/contents.html

Strategy/planning: Planning how-to

Aaker, D.A. (2001). *Strategic Marketing Management* (6th ed.). John Wiley & Sons.

AMC Cancer Research Center (1994). Beyond the Brochure: Alternative Approaches to Effective Health Communication, Denver, CO:
[Beyond the Brochure.pdf](#)

CDC (1995). *Guidelines: General Considerations Regarding Health Education and*

Risk Reduction Activities: [SOC Guidelines-Health Ed Risk Reduction.pdf](#)

Moore, J., and W.D. Wells. (1991). *R.O.I. Guidebook: Planning for Relevance, Originality and Impact in Advertising and Other Marketing Communications.* DDB Needham Worldwide, Chicago.

National Cancer Institute (2004). *Making Health Communications Program Work: A Planner's Guide, [Pink Book.pdf](#)*

Strategy/planning: Planning frameworks

Asset mapping.

- <http://www.northwestern.edu/ipr/abcd.html>
- http://ctb.ku.edu/tools/en/sub_section_main_1043.htm

CDC, List of Phases and Steps for the Social Marketing version of CDCynergy. [CDCynergy Phase Step List](#)

CDC, *Planned Approach to Community Health (PATCH)*, is widely recognized as an effective model for planning, conducting, and evaluating community health promotion and disease prevention programs. The PATCH Guide is designed to be used by the local coordinator and contains "how to" information on the process, things to consider when adapting the process to your community, and sample overheads and handout materials.

<http://wonder.cdc.gov/wonder/prevguid/p0000064/p0000064.asp>

CDC, *Applying Prevention Marketing: [SOC ApplyPMI.pdf](#)*

Chinman, M., Imm, P. & Wandersman, A. (2004) *Getting to Outcomes 2004*
http://www.rand.org/pubs/technical_reports/TR101/index.html

Communication Initiative, summaries of frameworks and models that can guide and inform communication planning and review exercises:

http://www.comminit.com/planning_models.html

Green, L. W. and M.W. Kreuter (1991). *Health Promotion Planning: An Educational and Environmental Approach* (2nd ed). Mountain View: Mayfield Publishing Company. Describes the Precede-Proceed Planning Model of health promotion programs. To access further information about Precede-Proceed go to <http://www.ihpr.ubc.ca/PrecedePrecede.html>

Theory -- behavioral, social science, & communication

SEE ALSO: [Strategy/planning: Planning frameworks](#)

Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.

Bartholomew, L.K., G.S. Parcel, G. Kok, and N.H. Gottlieb (eds.) (2006) *Health Promotion Planning: An Intervention Mapping Approach*. San Francisco, CA: Jossey-Bass.

Cole, G.E. (1999) Advancing the development and application of theory-based evaluation in the practice of public health. *American Journal of Evaluation*, 20(3), 453-470. Contains *Intervention theory structuring guide*: [Intervention Theory Structuring Guide.pdf](#)

Cole, G.E., Holtgrave, D.R., Rios, N.M. Internal and external factors or determinants that encourage or discourage health-related behaviors. [Health Behavior Factors.pdf](#)

Communication Initiative, Change Theories, summaries of theories and assumptions about the nature of change and how best change can be encouraged and facilitated to inform strategy development and evaluation initiatives: http://www.comminit.com/power_point/change_theories/index.htm

Communication-relevant theory snapshots:
[Communication Relevant Theories.pdf](#)

Consensus from influential behavior change theorists on a list of variables that predict HIV-related behavior change; the same factors apply to other voluntary behaviors, as discussed in Fishbein, et al., below. [Behavior Consensus.pdf](#)

DiClemente, R.J., Crosby, R.A., Kegler, M.C. (eds.) *Emerging Theories in Health Promotion Practice and Research: Strategies for Improving Public Health*. San Francisco: Jossey-Bass.

Fishbein, M., Triandis, H. C., Kanfer, F. H., Becker, M., Middlestadt, S. E., Eichler, A. (2001). Factors influencing behavior and behavior change. In Baum, A. Revenson, T. A. and Singer, J. E. (Eds.), *Handbook of health psychology* (pp. 1-7). Mahwah, NJ: Lawrence Erlbaum Associates.

Glanz, K., Rimer, B.K., Lewis, F.M. (eds.) (2002) *Health Behavior and Health Education: Theory, Research & Practice, 3rd Edition*. Hoboken: John Wiley & Sons.

Gleckler, E., Longfield, K. & Zielinski-Gutierrez, E. (2000) *Hybrid Behavioral Change Model*. Homegrown example of a program in targeted communications that used a 'hybrid' of behavior change models. Louisiana Office of Public Health: [SOC behavior-change-hybrid.pdf](#)

Green, L.W. & Kreuter, M.W. (2005) *Health Promotion Planning: An Educational and Environmental Approach*, 4th edition Mountain View, CA: Mayfield.

McAlister, A., P. Puska, P., J.T. Salonen, J. Tuomilehto, and K. Koskela (1982). Theory and Action for Health Promotion: Illustrations from the North Karelia Project, *American Journal of Public Health*, 72 ,43-50.

McGuire, W.J. (1989). Theoretical Foundations of Campaigns. In R.E. Rice and C.K. Atkin. (Eds). *Public Communications Campaigns*. Newbury Park, CA: Sage Publications, 43-65.

McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.

National Cancer Institute (2005) *Theory at a Glance: A Guide for Health Promotion Practice, 2nd Edition*. <http://www.nci.nih.gov/theory/pdf>

Prochaska, J. and C. DiClemente (1983). Stages and Processes of Self-Change in Smoking: Towards an Integrative Model of Change, *J Olin Consult Psych* 51:390-395.

Rogers, E. M. (1995) *Diffusion of Innovations (4th ed.)*, New York: Free Press.

Ryder, M. *Communication Theory Resources*
http://carbon.cudenver.edu/~mryder/itc/comm_theory.html

Websites, federal and bibliographic: Federal agencies

Centers for Disease Control and Prevention (CDC) is composed of Centers, Institutes, and Offices dedicated to promoting health and quality of life by preventing and controlling disease, injury, and disability through scientific inquiry. Specific CDC websites can be accessed through the main CDC website. <http://www.cdc.gov>

Department of Health and Human Services:

- <http://www.os.dhhs.gov>
- <http://www.healthfinder.gov>

- <http://www.health.gov>

Healthy People 2010: <http://www.healthypeople.gov>.

Library of Congress, "Thomas," provides legislative information on the US Congress, access at: <http://thomas.loc.gov>

Surgeon General's Reports. Reports on nutrition, violence, and HIV/AIDS—to name but a few—have heightened America's awareness of important public health issues and generated major public health initiatives. For an index of the reports, see <http://www.surgeongeneral.gov/library/reports.htm>

US Copyright Office's website provides forms, reports, registration procedures, federal regulations, pending regulations, search for registrations/documents, and much more. Access the Copyright Office at <http://www.copyright.gov>

U.S. Government is the main portal of the Federal government; all Federal agencies can be accessed through this webpage. <http://www.first.gov>

Websites, federal and bibliographic: **Bibliographic websites & information clearinghouses**

CancerLit. The National Cancer Institute has a database specific to cancer literature: http://www.cancer.gov/search/cancer_literature/

Combined Health Information Database (CHID) is a bibliographic database produced by health-related Federal agencies. This database provides titles, abstracts, and availability information for health information and health education resources. You can search CHID data bases for health promotion and education materials and program descriptions that are not indexed elsewhere. New records are added quarterly and current listings are checked regularly to help ensure that entries are up to date and still available from their original sources. Some older records are retained for archival purposes.

- To search CHID, go to <http://www.chid.nih.gov>
- Healthfinder <http://www.healthfinder.gov/library/>
- SAMSHA, for drug and alcohol-related materials, access: http://store.health.org/catalog/SC_ItemList.aspx

Community Toolbox. For information on ways to promote community health and development by connecting people, ideas, and resources, access the Community

Toolbox at <http://ctb.ku.edu>.

HealthCom Key. This database, funded in part by CDC's Office of Communication, contains comprehensive summaries of more than 200 articles about health communication research and practice. These articles were published between 1986 and 1996 and describe U.S.-based public health interventions with communication as a major component: <http://www.cdc.gov/od/oc/hcomm/index.htm>

HIV/AIDS, STDs, Tuberculosis and Communities at risk – literature and resources on these topics can be found through CDC's National Prevention Information Network <http://www.cdcnpin.org>

Index of Federal Health Information Centers and Clearinghouses:
<http://www.health.gov/nhic/Pubs/clearinghouses.htm>

National Health Information Center (NHIC) helps researchers locate appropriate organizations that can provide health information. Such organizations include federal and state agencies, voluntary associations, self-help and support groups, trade associations, and professional societies. <http://www.health.gov/nhic/>

National Library of Medicine offers several data bases, including Medline (a data base of health journals <http://www.pubmed.gov>) and MedlinePlus (a source for consumer information at <http://www.medlineplus.gov>) To identify other data bases of interest, go to the NLM's website at <http://www.nlm.nih.gov/databases/index.html>

PsycINFO is an abstract database of the psychological literature, including many articles relating to behavioral, educational and attitudinal aspects of health. This is a subscription service, but you can use it without charge at a medical or university library. <http://www.apa.org/psycinfo/>

Links to non-Federal organizations found in this listing are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at these links.

SAMPLE LESSON

Topic: Week 2/ Strategic Planning for Social Change

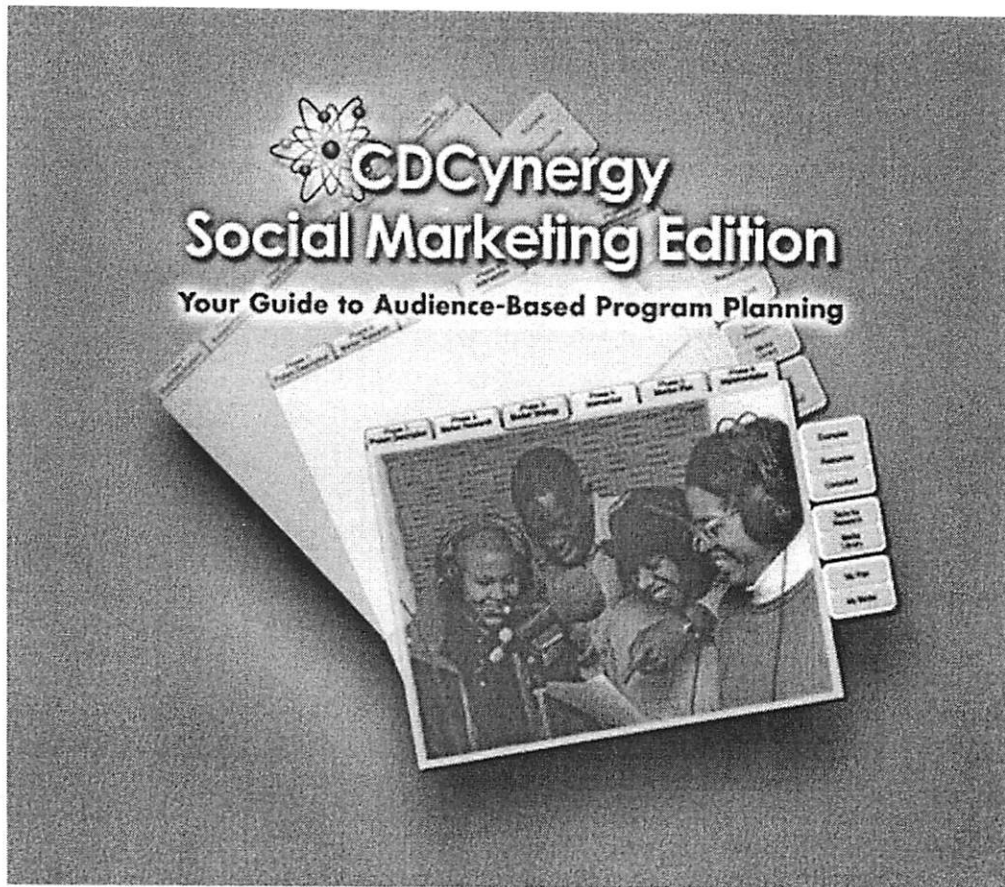
a. Problem Description / Phase 1

Course Objective(s) addressed:

- To develop and actual marketing plan for planned social change
- Involve the students in synthetic research of issues dealing with the planned social change process

<p>Week 2 (4 DAYS) 12/22 – 12/26</p>	<ul style="list-style-type: none"> • Current Social Issues • Introduction to CD Synergy • Strategic Planning for Social Change <ul style="list-style-type: none"> a. Problem Description / Phase 1 b. Audience Research / Phase 2 	<p>The Tipping Point</p> <p>Kotler 7,8</p> <p>CD Synergy</p>
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After surveying social issues in week 1, students will be asked to discuss and select a current social issue for which they would like to develop a strategic plan for social change. I will introduce the CD Synergy software to the students and explain our first tasks, which will include a description of the problem. Students will then use the software to complete the assignment (See MY PLAN/Phase 1-Problem Description). When completed, the students will email me their file for review and approval to go on to the next phase of the Strategic Marketing Plan.



[Click to Start](#)

[About CDCynergy](#) | [How to Use](#) | [Skip Intro](#)
[Use Computer Settings Guide to prepare your computer.](#)

Step 1.1: Write a problem statement.

What To Do

Think of your ~~health~~ ^{sociol} problem as the gap between what should occur in your community and what is occurring. It's the gap between an acceptable or desirable health status and the current status.

Use existing information to answer "who," "what," "when" and "where" questions about the gap. This is called descriptive epidemiology.

Examine data on your problem by:

- age
- gender
- race/ethnicity
- socioeconomic status
- geographic distribution

Spell out the impact of the problem on key population segments.

How To Do It

To write your problem statement, briefly answer these questions:

- What should be occurring?
- What is occurring?
- Who is affected and to what degree?
- What could happen if the problem isn't addressed?

Use health status indicators to answer the first 3 questions. Health status indicators are data on outcomes such as:

- Flu vaccine coverage levels
- Teen pregnancy rates
- Heart disease rates

...or their causes (e.g., smoking rates). Often, these data are already broken down by age, gender, race and geographic area.



Dig deeper into health status indicators.

Lots of health status indicator data is posted on the Web by governmental and nonprofit organizations. For information about these sources and websites, click on Resources. (See *Coalitions/partnerships: Specific partners* in the Categorized Index)

You can explain what should be occurring by showing discrepancies between:

- *local* health status indicators and a *national* level indicator
- local *subgroup* indicators
- *goals* at the national (see CDC Health Protection Goal <http://www.cdc.gov/about/goals/> and Healthy People 2010 Goals <http://www.healthypeople.gov/state/toolkit/partners.htm>), state or local levels and health status indicators from your area

Example:

In the Chitterling Preparation case, local data were used to show that African American infants in Atlanta were developing a sometimes fatal illness that did not strike white infants. This disparity in local health indicators prompted the allocation of campaign resources entirely to the African American community.

To see problem statements from several campaigns, click on the Examples button at the right.



View Video Segment:

Mike Newton-Ward
"Local Data" (2 Minutes)

Knowledge Check



Test Your Knowledge

Use My Plan

To record your problem statement, click on the button to the right labeled My Plan and follow the directions. You will see a form with a blank for each step in the Social Marketing planning process and related worksheets. *Record* your problem statement under Phase 1, Step 1 and then *save* your My Plan file so that you can add to it later.

You may not be able to answer all the descriptive epidemiology questions at this point. Make note of any critical missing information; it will be reframed as a set of market research questions in the next phase.



My Plan

Use this template to record the information pertinent to each step of the planning process. Select the step you are currently working by holding the Control key and clicking on the corresponding link from the list below to go to the appropriate location in MyPlan. **Note:** Once completed, the instructions and guiding questions can be deleted to save space if you wish.

To create a table of key program decisions about Target Audience, Behavior Change, Exchange/Benefits, Strategy, Intervention Activities and Tactics, go to the **My Model** document.

Phase 1- Problem Description

Step 1.1- Write a problem statement

Step 1.2- List and map the causes of the health problem

Step 1.3- Identify potential audiences

Step 1.4- Identify the models of behavior change and best practices

Step 1.5- Form your strategy team

Step 1.6- Conduct a SWOT analysis

** sample lesson*

Phase 2- Market Research

Step 2.1- Define your research questions

Step 2.2- Develop a market research plan

Step 2.3- Conduct and analyze market research

Step 2.4- Summarize research results

Phase 3- Market Strategy

Step 3.1- Select your target audience segments

Step 3.2- Define current and desired behaviors for each audience segment

Step 3.3- Describe the benefits you will offer

Step 3.4- Write your behavior change goal(s)

Step 3.5- Select the intervention(s) you will develop for your program

Step 3.6- Write the goal for each intervention

Phase 4- Interventions

Step 4.1- Select members and assign roles for your planning team.

Step 4.2- Write specific, measurable objectives for each intervention activity.

Step 4.3- Write a program plan, including timeline and budget, for each intervention.

Step 4.4- Pretest, pilot test, and revise as needed.

Step 4.5- Summarize your program plan and review the factors that can affect it.

Step 4.6- Confirm plans with stakeholders.

Phase 5- Evaluation

Step 5.1- Identify program elements to monitor.

Step 5.2- Select the key evaluation questions.

Step 5.3- Determine how the information will be gathered.

Step 5.4- Develop a data analysis and reporting plan.

Phase 6- Implementation

Step 6.1- Prepare for launch.

Step 6.2- Execute and manage intervention components.

Step 6.3- Execute and manage the monitoring and evaluation plans.

Step 6.4- Modify intervention activities, as feedback indicates.

Phase 1: Problem Description

Step 1.1- Write a problem statement

a. Guiding questions:

- What should be occurring? (desired behavior)
- What is occurring? (problem)
- Who is affected and to what degree?
- What could happen if the problem isn't addressed?

b. Outcome of this step:

Statement of the problem to be addressed.

Step 1.2- List and map the causes of the health problem

a. Guiding questions:


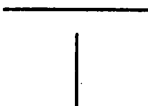
- What are the causes of the health problem?
 - Direct
 - Indirect
- What are the risk factors?
- What are the protective factors?

b. Worksheet:

Health Problem Analysis Worksheet

Indirect Contributing Factors	Direct Contributing Factors	Risk/ Protective Factors	Health Problem
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Worksheet elements to copy and paste:

	
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c. Outcome of this step:

List of health problem causes categorized as direct and indirect, and as risk and protective factors organized in a logical sequence.

Step 1.3- Identify potential audiences

a. Guiding questions:

- Who is most affected by the problem?
- Who is most likely to change their behavior?
- Who is most feasible to reach?
- What are the key secondary audiences?

b. Outcome of this step:

A summary of the theories and best practices you want to use.

Step 1.4- Identify the models of behavior change and best practices

a. Guiding questions:

- Which theories appear to have determinants of behavior that match the causal factors you identified in Step 1.3 and why?
- What has worked with similar audiences in the past based on your review of other programs?

b. Outcome of this step:

A summary of the theories and best practices that you will use.

Step 1.5- Form your strategy team

a. Guiding questions:

- What are the required roles?
- Who can help with financial and political issues within the organization?
- Who are the external partners most critical to get on board?

- What organizational structure will be used?
- What communications approaches will be used?

b. Worksheet:

Team Member	Affiliation	Role
Decision-making process:		
Communication process:		

c. Outcome of this step:

The names of your team members, their affiliations, and their roles and brief descriptions of your communication and decision-making processes

Step 1.6- Conduct a SWOT analysis

a. Guiding questions:

- How relevant is the problem to your organization’s mission/goals?
- Where does the problem fit in your organization’s priorities?
- What knowledge is available to ameliorate the problem, and do you have access to that information?
- What is the state of relevant technology?
- Are the human, technical and financial resources you need to address the problem available?
- What activities can you do in-house?
- What activities will you need to contract for, and what challenges are presented by the contracting process?
- What work is already underway to address the problem, and who is doing that work?
- What gaps exist?
- What political support and resistance surround the problem?
- What organizations or activities that affect the problem indirectly (that work “upstream” in your health problem analysis could be potential partners?
- Are there ethical concerns associated with any of the possible interventions?

b. Worksheet:

SWOT worksheet

Factors/Variables	Internal	External
Positive	Strengths	Opportunities
Negative	Weaknesses	Threats

c. Outcome of this step:

The strengths, weaknesses, opportunities and threats identified, along with any ethical barriers to adopting particular interventions in your community. Also, a summary of eliminated approaches and ones that appear to be more attractive based on the SWOT analysis.