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**SENIOR FALL PREVENTION**

**A SOCIAL MARKETING TOOLKIT**

**Developed by the Washington State Senior Fall Prevention Coalition**

**2010**

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#### Strategic Components of a Social Marketing Plan Included:

- Potential Target Audiences, Targeted Subgroups, Desired Behaviors
- Barriers to Desired Behaviors
- Potential Strategies: Products, Price, Place, Promotion

### APPENDIX

#### A. Social Marketing Planning Outline

## 1.0 SUMMARY

In December 2009, the Washington State Senior Fall Prevention Coalition began development of a social marketing planning toolkit for those working around the state on Fall Prevention. Six areas of focus for these toolkits were identified:

- Exercise
- Adult Residential Facilities
- ED & Discharge
- Physicians & Pharmacists
- First Responders
- Community Resources

For each of these areas of focus, work teams **drafted** the following components of a strategic social marketing plan:

- Target Audiences
- Desired Behaviors
- Perceived Barriers to Behaviors
- Potential Strategies to Influence Desired Behaviors (The 4Ps)

*Product* strategies promote tangible objects (e.g., yoga mats) and services (e.g., classes) to support desired behaviors (e.g., seniors to exercise).

*Price* strategies use monetary incentives to encourage behaviors (e.g., discount coupons for exercise classes).

*Place* strategies make access to products and services as convenient and accessible as possible.

*Promotion* strategies use messages and messengers to deliver persuasive communications designed highlight the benefits of the desired behavior and decrease any barriers

It is anticipated that these preliminary components will be finalized at the next coalition meeting, July 28, 2010.

This effort will then inspire the development of a statewide social marketing campaign that will support the efforts of the multiple focus areas.

## **2.0 SOCIAL MARKETING TOOLKIT**

### **Focus Areas and Social Marketing Components**

#### **2.1 Exercise Classes**

- 2.1.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors
- 2.1.2 Barriers to Select Desired Behaviors
- 2.1.3 Potential Strategies: Products, Price, Place, Promotion

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- 2.2.2 Barriers to Select Desired Behaviors
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- 2.4.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors
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- 2.5.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors
- 2.5.2 Barriers to Select Desired Behaviors
- 2.5.3 Potential Strategies: Products, Price, Place, Promotion

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- 2.6.2 Barriers to Select Desired Behaviors
- 2.6.3 Potential Strategies: Products, Price, Place, Promotion

## 2.1 Exercise Classes

### 2.1.1. Potential Target Audiences, Targeted Subgroups, Desired Behaviors

Contact: [anne.peterson@providence.org](mailto:anne.peterson@providence.org)

| POTENTIAL TARGET AUDIENCE   | ANY TARGETED SUBGROUPS  | BEHAVIORS   |
|---|---|---|
| <b>Healthcare Providers</b>   | Gerontology,<br>Family Practice/Primary care,<br>PTs, OTs, Home Health                          | Recommend exercise classes designed for older adults to patients who are at medium or low risk for falls – high risk individuals should be recommended for further medical evaluation & treatment and should not be referred to classes.<br><br>Provide patients with community resources for classes             |
| <b>Exercise Class Leaders</b>   | Gyms  | Offer senior specific classes   |
| <b>Media</b>  |   | Enroll key influencers in classes and/or have them be a spokesperson (e.g. Ciscoe Morris, KIRO talk show host and gardening columnist for the Seattle Times)  |
| <b>Caregivers/Family Members</b>  |   | Encourage to sign up for an exercise class for seniors  |
| <b>Seniors Living In Community</b>  | High Risk (frail; medical conditions putting the person at high risk)                           | 1 on 1 evaluation & treatment as determined by primary care provider (medical evaluation & treatment) – not safe for a group class yet  |
|   | Medium Risk (deconditioned, or co-morbidities, e.g., high BP, heart disease, joint replacement) | Guided exercise classes preferable;<br>Desired level of exercise – minimum of 3X /week to improve balance and endurance;<br>2x/week to increase strength<br>Exercise 3x/week at minimum for: <ul style="list-style-type: none"> <li>• Stronger legs</li> <li>• Stronger core</li> <li>• Better balance</li> </ul> |
|   | Low Risk (high functioning, minimal co-morbidities)   | Independently determined programs, activities, sports or group classes;<br>Desired level of exercise – 3-6x /week exercise to improve balance and endurance; 2-3x to increase strength training w/ machines   |
| <b>Seniors Living In Continuing Care Retirement Facilities (spanning independent living, assisted living &amp; skilled nursing)</b> | High Risk   | 1 on 1 evaluation & treatment (i.e., more medically based)  |
|   | Medium Risk   | Guided exercise classes preferable  |
|   | Low Risk  | Independently determined programs, activities, sports or group classes  |

## 2.1 Exercise

### 2.1.2 Barriers to Select Desired Behaviors

(15 Interviews) Healthcare Providers (3), Seniors Living in Community (7), Seniors Living in Residential Facilities (5)

| AUDIENCE   | BARRIERS   |
|--|--|
| <b>Overall Themes</b>                                  | Lack of awareness of availability of classes         |
|  | Concern with costs                                   |
|  | Not convinced it helps                               |
|  | Lack of awareness that falls are a major issue       |
| <b>Senior Specific<br/>(Participate)</b>               | Too tired/Don't feel up to it                        |
|  | I'm not at risk                                      |
|  | Cost   |
|  | Language barriers                                    |
|  | Health issues  |
|  | Hearing or visual impairment                         |
|  | Location is far away                                 |
|  | Location has architectural barriers                  |
|  | "Class is not for me"                                |
|  | Poor mobility  |
|  | Transportation                                       |
|  | Have to get up too early                             |
|  | It takes discipline (I don't have)                   |
|  | Lack of confidence                                   |
|  | Balance isn't good                                   |
|  | I'm too old/weak (Residential Facilities)            |
|  | I prefer to watch TV                                 |
|  | Bad weather  |
|  | I feel like an outsider if class is an ongoing class |
|  | Time conflict  |
| Need respite care for spouse                           |  |
| Poor communications between adult children and parents |  |
| <b>Class Provider<br/>(Offer)</b>                      | Lack of space  |
|  | Lack of instructors                                  |
|  | Lack funding for equipment                           |
|  | Turnover of instructors                              |
|  | Pay low  |
|  | Lack training  |

#### NOTES ON WHAT MIGHT HELP:

For seniors stress:

- Keeps me stronger
- Decreases joint pain
- Helps with balance
- Helps maintain range of motion
- Helps me stay mentally alert
- Helps me sleep
- Improves my respiration
- Gives me an appetite
- Gives me social contacts
- Helps control blood sugar
- Helps control blood pressure
- If get sick, will bounce back faster
- Going to a class makes it more likely you'll come back
- Spouses can support each other at classes
- End up doing exercises at home as well

## 2.1 Exercise

### 2.1.3 Potential Strategies

| <b>AUDIENCE</b><br>(Behaviors)  | <b>PRODUCTS</b><br>(Goods & Services)   | <b>PRICE</b><br>(Incentives)  | <b>PLACE</b><br>(Access)   | <b>PROMOTION</b><br>(Communications)   |
|---|---|---|--|--|
| <b>Seniors Living in Community</b><br>(Have an assessment and participate)                | <i>SAIL Exercise Program</i><br><br><i>Enhance Fitness Exercise Program</i><br><br><i>Silver Sneakers</i><br><br><i>A Matter of Balance</i><br><br><i>Sit and Be Fit</i><br><br>Local community-based classes | Free or discounted classes<br><br>Free Giveaways (e.g., yoga mats)<br><br>Gift cards  | Any convenient location including:<br><br>Senior Centers<br><br>Gyms/Fitness Centers<br><br>Adult Day Homes and Adult Day Health<br><br>YMCA's<br><br>Places of worship<br><br>Assisted Living Facilities<br><br>Adult Family Homes<br><br>Skilled nursing facilities<br><br>Hospitals<br><br>Retirement homes & communities | Open Assisted Living Facilities to invite community dwelling seniors<br><br>ActiveOptions.org<br><br>Senior Newsletter (Media Blitz)<br><br>First Responders (Handout)<br><br>Therapists (PTs/OTs) recommend programs upon discharge<br><br>Physicians<br><br>Health Fairs |
| <b>Seniors Living in Residential Facilities</b><br>(Participate in Classes)               | SAIL Exercise Program<br><br>Enhance Fitness Exercise Program<br><br>Silver Sneakers<br><br>A Matter of Balance<br><br>Sit and Be Fit   | Free or discounted classes<br><br>Free Giveaways (e.g., yoga mats)<br><br>Gift cards  | Their residence or if independent living, same as those above  | Flyer<br><br>Announcement in newsletter, senior newspaper, local AARP, etc.  |
| <b>Exercise Class Leaders, Including those at Gyms</b><br>(Offer senior specific classes) | Training for:<br><i>SAIL Exercise Classes</i><br><br><i>Enhance Fitness Exercise Program</i><br><br><i>Silver Sneakers</i><br><br><i>A Matter of Balance</i><br><br><i>Sit and Be Fit</i>                     | Grants<br><br>Free training<br><br>Get class approved for continuing education credits with American Council on Exercise, PTA/COTA<br><br>Classes for free when taught by student instructor under supervision of trained instructors | Online trainings<br><br>Host sites for classes (e.g., senior centers, YMCA)  | Work with Green River Community College, Lake Washington Technical College and others to recruit exercise class leaders  |
| <b>Caregivers, Family Members</b><br>(Encourage to sign up for classes)                   | Stress core benefits which is maximized independence<br><br>Seminars on caring for aging parents  | Free classes  | Aging and Disability Resource Center<br><br>Active Options<br><br>Senior Centers Area Agency on Aging  | Media: Get a local celebrity like Ciscoe Morris<br><br>Discharge Planners  |

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|   |   |  |   |   |
|---|---|--|---|---|
| <b>Healthcare Providers</b><br>(Recommend exercise classes and provide info on community resources) | List of classes in community and additional resources |  | Home Health Agencies<br><br>Clinics<br><br>Health Fairs<br><br>Alternative Medicine Sites<br><br>Hospitals (like Providence St. Peters)<br><br>Fire station training room<br><br>Public libraries | Outreach from Aging and Disability Resource Center<br><br>In-service seminars<br><br>Include in DOH mailings with license/certification renewal |
| <b>Media</b><br>(Enroll key influencers in classes or promoting classes)                            | Provide info on benefits of classes<br><br>Classes    |  |   | Promote to Jean Enerson, Ciscoe Morris, Dr. Oz, Oprah for visibility and sponsorship  |



## 2.2 Adult Residential Facilities (ARFs)

### 2.2.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors

Contact: Morgann Henry [morlie@gmail.com](mailto:morlie@gmail.com) and Colleen Johns [cejohns@yahoo.com](mailto:cejohns@yahoo.com)

| POTENTIAL TARGET AUDIENCE              | ANY TARGETED SUBGROUPS   | BEHAVIORS   |
|--|--|---|
| <b>ARF Operators</b>                   | ARF operators with senior populations  | Implement a policy for exercise program(s). ARF should have written policies to outline the purpose and appropriate methods of providing exercise to residents. Operators should be trained and certified in basic exercise and balance techniques. |
| <b>ARF Staff/Caregivers</b>            | ARF staff/caregivers assisting seniors   | Provide resources to ARF staff for proper training on exercise routines they can lead in-home   |
| <b>Case Managers and Care Managers</b> | Case Managers and Care Managers of seniors who use DDD, DSHS services  | Assess risk for falls and make recommendations for exercise programs  |
| <b>New Residents</b>                   | Those new residents of AFH who are frail; have neurological deficits, are $\geq 90$ days occupancy (takes 90 days to acclimate to new physical surroundings) | Participate in exercise program   |
| <b>Residents with fall history</b>     | Multiple diagnoses, history of hospitalization/injury, using assistive device  | Participate in exercise program   |
| <b>Drivers</b>                         | Access, Hopelink, Paratransit, Dial-A-Lift, city transit drivers, cab drivers, private car drivers   | Practice safer assistance for each client. Be trained in basic balance, safer transfers and general mobility through their initial training   |
| <b>Family</b>                          |  | Advocate for or request fall risk screening, exercise programs and fall prevention resources<br><br>Join senior exercise class or yoga with parents/older adults to reinforce behaviors   |
| <b>Physicians</b>                      | Primary Care Providers and relevant specialists  | Screen for fall risk and refer to appropriate resources at ARF or Adult Day Health (ADH)  |
| <b>OT/PT Therapists</b>                | Serving older patients   | Provide direct 1:1 and/or group Exercise Programs and Balance Training on residents' attendance days at adult day health centers  |
| <b>ARF Care Manager</b>                | Serving older patients   | Communicate with ARF the clients' status with exercise program  |

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NOTE: THIS WORK TEAM BELIEVES THAT AT SOME POINT WE NEED TO CONSIDER CREATING A BROADER CATEGORY OF ADULT COMMUNITY BASED SERVICES WHICH WOULD INCLUDE: ASSISTED LIVING FACILITIES (INCLUDING NURSING HOMES AND BOARDING HOMES), ADULT DAY HEALTH CENTERS. AS IT STANDS, THESE BEHAVIORS, BARRIERS AND STRATEGIES WERE DEVELOPED SPECIFICALLY FOR ADULT RESIDENTIAL FACILITIES.

## 2.2 Adult Residential Facilities (ARFs)

### 2.2.2 Barriers to Select Desired Behaviors

Adult Residential Facilities (8 Interviews)

AFH Operators (3), Case Managers (1), Residents with Fall History (2), Drivers (1), Family (1)

| AUDIENCE  | BARRIERS  |
|---|---|
| <b>Overall Themes</b><br>(Assessment and Exercising)  | Not enough time   |
|   | Lack of training  |
|   | Not a (top) priority (So many complex medical needs)  |
|   | No licensing requirement to offer assessment and exercise programs  |
|   | Language barriers   |
|   | Turnover  |
|   | Liability   |
|   | Not a part of care plan   |
| <b>AFH Operators</b><br>(Policy for Exercise Program) | Not enough time in the day  |
|   | Lack of accurate reporting  |
|   | Lack of state mandated education for care givers  |
|   | Too high a workload for staff, with other duties including laundry, bathroom, other residents   |
|   | Have to “drop everything” to attend to a more emergent case, sick client  |
|   | Most residents have other priority needs (taped to the wall!)   |
|   | Age range (65-97) requires too many options/strategies  |
|   | We need more direction/training   |
| <b>Case Managers</b><br>(Assessment)                  | Space in the house is limited   |
|   | Time: the assessment process (without the falls component) is already 2-3 hours   |
|   | Need training   |
|   | Lack of awareness of resources to refer people to, especially in rural areas  |
|   | Needs to be a requirement from our agency supervisors   |
|   | Needs to be something instituted staff-wide, not just something a few of us do  |
|   | I would have to be sure any program I referred a person to would be acceptable to my agency   |
|   | Staff is busy and I can't do it myself  |
| <b>Residents</b><br>(Participate in Exercise Program) | Last time I did it I fell; my care worker didn't know my limits   |
|   | Lack of cognitive ability   |
|   | Have conflicting appointments, family visits, etc.  |
|   | If the TV is on with “Sit and Be Fit” questions arise re: can the resident follow the program accurately; can they see/hear the TV screen |
|   | TV approach gets misused  |
| <b>Transportation Driver</b><br>(Safe Practices)      | Do not have specific training on how to help people get up and down stairs if they are physically disabled.                               |
| <b>Family</b><br>(Encourage Participation)            | Has complex medical needs   |
|   | My loved one is in pain after exercising so should not participate in it  |
|   | We are already paying “good money” for our family member; the AFH should do it  |

## 2.2 Adult Residential Facilities (ARFs)

### 2.2.3 Potential Strategies

| <b>AUDIENCE</b><br>(Behaviors)  | <b>PRODUCTS</b><br>(Goods & Services)  | <b>PRICE</b><br>(Incentives)  | <b>PLACE</b><br>(Access)  | <b>PROMOTION</b><br>(Communications)  |
|---|--|---|---|---|
| <b>ARF Operators and Caregivers</b><br>(Policy for Exercise Programs) | Educational software, videos, and DVDs <ul style="list-style-type: none"> <li>Comprehensive fall prevention program</li> <li>Skills checklist for accountability</li> </ul>  | Free DVD, videos<br><br>Free educators<br><br>Free materials including flyers and pamphlets | In Adult Residential Facilities<br><br>Online education<br><br>Webcasts       | DOH set minimum standards for licensure<br><br>CDC needs to raise the bar on licensing standards<br><br>Promote the cost savings that other Adult Family Homes with falls prevention programs have achieved |
| <b>Case Managers</b><br>(Conduct Assessment)                          | Educational software, videos, and DVDs <ul style="list-style-type: none"> <li>Comprehensive fall prevention program</li> <li>Skills checklist for accountability</li> <li>Falls Risk Assessment</li> </ul><br>Falls prevention training educational requirements<br><br>Factsheets on best practices |   | In Adult Family Home<br><br>Online education<br><br>Webcasts                  |   |
| <b>Residents</b><br>(Participate in Exercise Programs)                | Education in self care, exercise<br><br>Equipment<br><br>Facilitated <i>Sit and Be Fit</i><br><br>Tape <i>Sit and Be Fit</i><br><br>Informal instruction for exercise (e.g., outdoor exercise stations)  | Cost savings  | In residential facilities<br><br>Community areas (e.g., parks, paths)         | ARF Case Managers and Caregivers promote<br><br>Peer to peer engagement<br><br>Use Dr. Oz, Ciscoe Morris<br><br>TV and Radio Ads<br><br>AARP  |
| <b>Transportation Drivers</b><br>(Safe Practices)                     | Driver training program<br><br>Training should be included in licensing program<br><br>Training through Solicit Ground (Contractor for Access)   |   | Online education<br><br>Solid Ground put Falls prevention in training package | Promoted during initial training  |
| <b>Guardians/Family</b><br>(Encourage Participation)                  | Core benefit is keeping family member safe   | Free  | In Adult Family Home  | All options of PR and ads<br><br>Demonstrate cost savings through an ad with copy like: "Price of a grab bar, \$15.95. Price of a shower chair, \$50. Price of your mother not falling, Priceless."         |

## 2.2 Adult Residential Facilities (ARFs)

### 2.2.3 Potential Strategies (continued)

| AUDIENCE<br>(Behaviors)    | PRODUCTS<br>(Goods & Services)   | PRICE<br>(Incentives) | PLACE<br>(Access) | PROMOTION<br>(Communications)   |
|----------------------------|--|-----------------------|-------------------|---|
| <b>State &amp; Federal</b> | "CARE" assessment that includes comprehensive fall risk and mitigation |                       |                   | CDC to identify minimal acceptable standards<br><br>Coalition publish evidence-based falls assessment, white paper and curriculum |

## 2.3 Emergency Department and Discharge

### 2.3.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors

Contact: AJ Hutsell (509) 324-1596

NOTE: Focus should be on those 65+ who go to the ED for any reason and are discharged to home versus those who are hospitalized

| POTENTIAL TARGET AUDIENCE                      | ANY TARGETED SUBGROUPS   | BEHAVIORS  |
|--|--|--|
| ED Physicians                                  | Currently in Emergency Department from a fall  | Encourage patient to follow directions on discharge for follow up care.<br><br>Have patient write down what they are going to do for exercise and reinforce/encourage it.                            |
| ED RNs   | Currently in Emergency Room from a fall  | Encourage patient to follow directions on discharge for follow up care<br>Buy in to screening tool and complete fall risk assessment (eyes, etc.)  |
| ED Registrar                                   | Families and patients in waiting room  | Ask for a social marketing message to play on TV's in waiting room; attach <i>My Falls Free Plan</i> screening tool to clipboard for patient to fill out with intake paperwork; distribute pamphlets |
| ED case manager RNs                            | Upon discharge planning  | Review <i>My Falls Free Plan</i> with patient and family; use prescription pad resource to recommend follow up care  |
| ED Social Workers                              | During visit referrals – outside hospital  | Review <i>My Falls Free Plan</i> with patient and family; use prescription pad resource to recommend prevention activities   |
| Nurse Managers                                 | Point person for education and process of education (pre event), key people for permission of campaign in ED | Establish procedure/policy; enforce process  |
| ED Medical Director                            | Approve education for physicians who oversee this whole process in ED  | Establish policy   |
| Physical Therapists and Home Health care staff | After ED visit<br>Ones whose patients have been discharged from ED home (not admitted)                       | Would have access to <i>My Falls Free Plan</i> and a resource tool such as the prescription pad to help with reducing risk after the ER visit  |
| Adult Children                                 |  | Encourage parent to follow directions on discharge.  |

## 2.3 Emergency Department and Discharge

### 2.3.2 Barriers to Select Behaviors

(6 Interviews) ED RNs (2), ED Managers (2), Nurse Managers (2)

| AUDIENCE   | BARRIERS   |
|--|--|
| <b>Overall Themes</b>  | Concern with costs   |
|  | Not enough time  |
|  | Not a (top) priority   |
|  | Not sure who is responsible (“Who’s on first?”)  |
|  | Not familiar with data/prevalence of falls and associated costs  |
|  | Who’s going to pay for it?   |
|  | Lack of education on the issue   |
|  | Lack of public knowledge there is a problem  |
|  | No/little communication with primary care provider   |
|  | Mentality of Emergency Directors/Managers to “get ‘em in and get ‘em out”  |
|  | Acute care setting not a chronic care  |
|  | Not a “canned” process of how ED can approach or deal with this  |
|  | Discharge plan may be overlooked by patient  |
|  | Discharged patients require different strategies than those hospitalized   |
| <b>ED RNs (Encourage patient to follow discharge care plan and use screening tool and complete fall risk assessment)</b> | Lack of follow up/institutional support  |
|  | No internal champion   |
|  | Hospital Administrator for the organization are not familiar with data and prevalent of falls and related costs  |
|  | Staff is overworked  |
|  | Seniors have multiple reasons for falls  |
|  | Prevention should be emphasized;   |
| <b>ED/Registrar/Managers (TV Messages &amp; Materials in Waiting Room)</b>   | Usually here for a variety of reasons  |
|  | Could do but no guarantee someone would follow up  |
|  | Clinic does not manage the messages on the access Health CNN   |
|  | TV has regular programming   |
| <b>Nurse Managers (Establish Policy/Enforce Process)</b>   | No DVD capabilities  |
|  | Manager reluctant to engage in topic   |
|  | Info is distributed by educational info based on patient’s treatment   |
|  | Cost (Need to show impact on system related to cost savings)   |
|  | Too busy already   |
| <b>Hospital Manager of PT</b>  | Policy would have to be approved and enforced  |
|  | Understaffed   |
|  | Cost related to Meditech system, adding a question about falls so that it is documented electronically would cost significantly and take a lot of time |
|  | Unclear internal communication of who is contact for health info   |
| <b>Physical Therapists Providing Home Health (Include Fall Prevention Tools)</b>   | Lack of control over whether handout is being given at discharge   |
|  | No DVD capability  |
|  | Insurance limitations  |
|  | Time   |
|  | Space to conduct assessment  |
|  | Difficulty acquiring assistive devices   |
|  | Patients’ non-compliance with assistive devices  |
| <b>Westcare Urgent Care</b>  | Lack of physician education on multi-factorial approach  |
|  | Lack of preventive mindset in general population   |
|  | Educational DVDs from vendors (continuous loop?)   |

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NOTES ON WHAT MIGHT HELP:

- At Harborview, fall screening is conducted at triage and a colored arm band is used if at risk for falls
- Start quantifying costs of falls during hospitalizations
- Demonstrate savings per admission
- Do a study with a comparison facility to see if has an impact



## 2.3 Emergency Department and Discharge

### 2.3.3 Potential Strategies

| AUDIENCE<br>(Behaviors)   | PRODUCTS<br>(Goods & Services)  | PRICE<br>(Incentives)  | PLACE<br>(Access) | PROMOTION<br>(Communications)  |
|---|---|--|-------------------|--|
| <b>Managers of Emergency Departments (RNs, MDs, PTs, or Registrar</b><br>(Develop, implement and enforce standard screening procedures) | Data<br><br>Standardized Screening Tool<br><br>Community resources for referral | Savings: fewer readmits, greater efficiencies, more staff time | Pilot hospitals   | Falls Coalition(s) and/or stakeholders contact targeted ERs to run data related to falls compared to all injuries<br><br>Stakeholder presents case using hospital's own data to internal key decision makers for policy<br><br>Stakeholder provides hospital with standardized screening tool ( <i>My Falls Free Plan</i> )<br><br>Face to face meetings |
| <b>Staff Who Provide Patient Care</b><br>(Administer screening tool)  | <i>My Falls Free Plan</i> screening tool  | Increased efficiencies   | Upon purchase     | Management creates policy and procedures and shares with staff   |

NOTE: WORK GROUP CONSOLIDATED TARGET AUDIENCES TO TWO MAJOR ONES: MANAGERS AND STAFF)

## 2.4 Physicians/Pharmacists

## 2.4.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors

Contact: Marion Lee mrlee@spokanecounty.org

| POTENTIAL TARGET AUDIENCE                         | ANY TARGETED SUBGROUPS   | BEHAVIORS  |
|---|--|--|
| <b>Primary care providers</b>                     | Family Practice Docs and mid-level providers   | All 65+ screened annually for fall risk<br><br>Do medication review at every appointment including over the counter products, vitamins, minerals and other supplements review.<br><br>Make referrals<br>Follow up to ensure referrals are done |
| <b>Insurance company</b>                          | Regence, Premera, Medicare, Medicaid, others   | Incentivize screening and exercise   |
| <b>Physician groups</b>                           | State / Regional / Local (targeting which groups are available)  | Incentivize screening by having a billing code for screening and referral  |
| <b>Specialists</b>                                | Gerontology<br>Orthopedics<br>PTs, OTs, Home Health,<br>Endocrinologists<br>Cardiologists<br>Podiatrists | Report/communicate outcomes to primary care providers  |
| <b>Pharmacists</b>                                | State Pharmacy Board   | Participate actively in doing medication reviews<br><br>Work with state pharmacy board to ensure pharmacist and pharmacy assistant requirements and training include drug interactions that may impact falls                                   |
| <b>Clinical Assistants<br/>(Including nurses)</b> |  | Receive trainings on how to do screenings and use screening form consistently<br><br>Ultimate goal - integrate screening training into overall curricula   |
| <b>Associations</b>                               | Washington State Medical Association<br><br>King County Nurses<br><br>WA State Nurses                    | Incentivize screening  |
| <b>Associations</b>                               | Washington State Medical Association   | Incentivize screening  |
| <b>Patients</b>                                   |  | Ask for screening exercise recommendations and medication review   |

## 2.4 Physicians/Pharmacists

### 2.4.2 Barriers to Select Behaviors

13 Interviews: Primary Care Physicians (3), Pharmacists (6), Clinical Assistants (1), Insurance Companies (3)

| AUDIENCE  | BARRIERS  |
|---|---|
| Overall Themes  | Not enough time   |
|   | No/little compensation or reimbursement   |
|   | More paperwork  |
|   | Not a (top) priority  |
|   | Lack awareness this is a problem  |
|   | Lack of consistent tools  |
|   | Electronic medical record systems are expensive and not widely adopted  |
| Primary Care Physicians<br>(Screening, materials,<br>referrals)         | No time; too many other items to discuss in 15 minutes  |
|   | Don't know/consider it a problem  |
|   | No reimbursement; priorities are for items that can be billed   |
|   | Not able to follow up   |
|   | Forget to ask   |
|   | Not part of U.S. Preventive Services Task Force Recommendation  |
|   | Not sure where to refer   |
|   | No specific screening tools or protocols  |
|   | Would rather send to physical therapy for training and resources  |
|   | We don't hand out resources here  |
| Pharmacists<br>(Participate in med reviews)                             | Don't use TUG (but can evaluate if using an assistive device or has visible gait issue without an extra screening tool)               |
|   | Getting reports back and documented are difficult, often spotty   |
|   | Don't know PTs who are specialized to refer to  |
|   | Time  |
|   | Don't know/believe a priority   |
|   | Too many variables  |
|   | Not compensated for this work   |
|   | Patients are already backed up/lined up   |
|   | Patients can't remember meds  |
|   | Patients don't always use same pharmacy   |
|   | More paperwork  |
|   | Lack training   |
|   | We don't know enough about their background   |
| Client doesn't divulge the use of over the counter products             |   |
| Language barriers   |   |
| We review risk of sedation but not necessarily risk of vertigo or falls |   |
| Insurance Company<br>(Incentivize screening)                            | Lack of awareness (e.g., Premera and Regence Blue Shield)   |
|   | Annual therapy cap of \$1860 for private outpatient treatment that must be split by physical and speech therapy; \$1860 on OT as well |
|   | Medicare doesn't pay for preventive care – so balance screening not encouraged during Welcome to Medicare                             |
|   | Physician Quality Reporting Initiative incentives involve some level of fall risk assessment but are time intensive and confusing     |
| Clinical Assistants<br>(Receive trainings on<br>screenings)             | No provider buy-in  |
|   | Can't fit in providers already think intake takes too long  |
|   | Not necessary; not enough falls to justify screening  |
|   | Difficult to monitor who screens – varying skills   |
|   | If you screen, you're responsible for follow up   |
|   | ROI needs to be explained   |
|   | Messages need to be segmented for age groups: 65-75, 75-85, 85+   |
| Time: some patients already take so long to get to the exam room        |   |

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NOTES ON WHAT MIGHT HELP:

- A special event day at a pharmacy . . . set aside for this
- Data showing that screening prevents falls
- If insurance companies reimburse
- If senior would initiate the conversation
- For pharmacists, if case manager would provide referral form
- For pharmacists, if the client made an appointment
- Family member should mention to the primary care provider

## 2.4 Physicians/Pharmacists

### 2.4.3 Potential Strategies

| <b>AUDIENCE</b><br>(Behaviors)  | <b>PRODUCTS</b><br>(Goods & Services)   | <b>PRICE</b><br>(Incentives)   | <b>PLACE</b><br>(Access) | <b>PROMOTION</b><br>(Communications)           |
|---|---|--|--------------------------|--|
| <b>Primary Care Physicians</b><br>(Screening, materials, referrals)           | Screening/assessment tool and its applications<br><br>Referral source guide (to PT and exercise)<br><br>Partnership<br><br>Certification<br><br>Patient Education | Free<br><br>Get CEU<br><br>Get certificate<br><br>Get/recognition<br><br>Get certification             |                          |  |
| <b>Pharmacists</b><br>(Participate actively in doing med reviews)             | Medical review software<br><br>Wallet card<br><br>Education of pharmacist<br><br>Fall prevention education product<br><br>Information about poison control        | Free<br><br>Get CEU<br><br>Get certificate<br><br>Get Certificate/recognition<br><br>Get certification |                          | Have a special event day at a pharmacy         |
| <b>Insurance Company</b><br>(Incentivize screening)                           | Education about ROI<br><br>Information about fall prevention included in welcome to Medicare and Medicare plus<br><br>Partnership                                 | Free<br><br>Get CEU<br><br>Get certificate<br><br>Get recognition<br><br>Get certification             |                          | Special promotion through websites or mailings |
| <b>Clinical Assistants</b><br>(Receive trainings on screenings)               | Certification/certificate<br><br>Screening/Assessment tool<br><br>Practitioner education  | Free<br><br>Get CEU<br><br>Get certificate<br><br>Get Certificate/recognition<br><br>Get certification |                          |  |
| <b>Physician Groups</b><br>(Incentivize screening)                            |   |  |                          | Encourage to incentivize screening             |
| <b>Specialists</b><br>(Report/communicate outcomes to primary care providers) | Education to create more sources for referral   | Free<br><br>Get CEU<br><br>Get certificate<br><br>Get Certificate/recognition<br><br>Get certification |                          |  |
| <b>Associations</b><br>(Incentivize screening)                                | Education   |  |                          |  |

## 2.5 First Responders

### 2.5.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors

Contact: Ilene Silver (Need new Contact)

| POTENTIAL TARGET AUDIENCE                           | ANY TARGETED SUBGROUPS  | BEHAVIORS   |
|---|---|---|
| <b>EMTs/Paramedics</b>                              |   | <p>Leave info at house on fall prevention and community resources, especially for falls without injury</p> <p>Have a medical info release form for patient to sign</p> <p>Participate as community educators (e.g., at senior centers)</p>  |
| <b>EMS Response Agency Directors</b>                | <p>Those who choose to use funding for prevention (versus those who refuse.)</p> <p>Those doing prevention in their agency or have advocate in their agency</p> | Allocate resources in their budget for fall prevention  |
| <b>Medical Program Directors</b>                    |   | Authorize education modules on fall prevention as part of required continuing education OTEP (Ongoing Training and Evaluation Program)  |
| <b>Fire Chiefs</b>                                  |   | Authorize fire educators to allow union employees to conduct fall prevention education  |
| <b>Training Officers</b>                            |   | Teach the fall prevention modules   |
| <b>Injury Prevention Advocate</b>                   | Working on fall prevention  | Spread the word about the benefit of falls prevention programs to other community groups  |
| <b>Public Information Officers/Public Educators</b> | Senior fall prevention is in their scope of practice  | Conduct education in homes or community settings; engage media to get the word out  |
| <b>Private Ambulance Operators</b>                  | Those operators for whom community education involvement is a marketing tool  | <p>Leave info at house on fall prevention and community resources</p> <p>Have a medical info release form for patient to sign</p> <p>Have EMTs/Paramedics be community educators (e.g., at senior centers)</p>  |
| <b>SR EMT Instructors</b>                           |   | Allocate resources in education courses for fall prevention   |
| <b>EMS Evaluators</b>                               |   | Adhere to and assure that EMTs are doing the FP modules correctly in the field  |
| <b>Union Foundations</b>                            |   | Provide funding.  |
| <b>Washington Public Fire Educators Association</b> |   | <p>Provide educational forum for fire educators</p> <p>Be falls prevention advocate to State Chiefs Assoc.</p> <p>Be distribution point for fall prevention educational materials to all fire departments</p> <p>Be the lead agency to promote any statewide community effort for implementation by Fire Dept</p> |

## 2.5 First Responders

### 2.5.2 Barriers to Select Behaviors

17 Interviews: Public Information Officers & Public Educators (1), Private Ambulance Operators (3), Washington Public Fire Educators Association (2), EMTs Paramedics (4), EMS Response Agency Directors (1), Training Officers (6)

| AUDIENCE  | BARRIERS   |
|---|--|
| <b>Overall Themes</b>   | Not a (top) priority   |
|   | Additional paperwork   |
|   | Lack materials   |
|   | Need (more) training   |
|   | Not mandatory that do falls prevention education                             |
|   | Language/culture barriers  |
| <b>EMTS Paramedics (Leave info to those where there is a fall without injury; have a medical info release form for patient to sign; participate as community educators)</b> | Time   |
|   | Would need a demonstration of value  |
|   | Aid call is not a good, teachable moment; focus is on patient current injury |
|   | Patients are generally unwilling to sign                                     |
|   | Medical releases could be forgotten;   |
|   | Crews forget auxiliary health messages when giving aid or transporting       |
|   | For release form, have to address HIPAA concerns with medical release form   |
|   | We need more materials   |
|   | No training  |
| <b>Washington Public Fire Educators Association</b>   | Willing if not a lot of tracking   |
|   | May be harder for those departments that don't have an educator              |
| <b>Private Ambulance Operators</b>  | Not willing to leave medical release form                                    |
|   | Need materials   |
|   | Need fall prevention education course outline                                |
| <b>EMS Response Agency Directors</b>  | Funding: there's not enough funding for staff, let alone education           |

#### NOTES ON WHAT MIGHT HELP:

- Help minimize tracking/paperwork
- Provide a course outline

2.5 First Responders

2.5.3 Potential Strategies

| AUDIENCE<br>(Behaviors)  | PRODUCTS<br>(Goods & Services)  | PRICE<br>(Incentives)  | PLACE<br>(Access)  | PROMOTION<br>(Communications)   |
|--|---|--|--|---|
| <p><b>EMTS Paramedics</b><br/>(Leave info; have a medical info release form for patient to sign/ participate as community educators)</p>   | <p>Get information out to paramedics that they can make referrals to fire educators without medical info release</p>  |  |  |   |
| <p><b>EMS Response Agency Directors</b><br/>(Allocate resources in their budget for fall prevention)</p>   |   | <p>Reduction in fall calls due to home safety survey and equipment installation reduces costs to community</p>   |  | <p>Promote how public education on fall prevention can reduce costs by reducing fall calls</p>  |
| <p><b>Medical Program Directors</b><br/>(Allocate resources in budget for fall prevention)<br/><br/>(Control training protocols &amp; patient care procedures)<br/><br/>COPS (County Operating Procedures)</p> | <p>Formal procedure to include the local Fire Dept. as a resource on hospital discharge<br/><br/>Senior EMT Instructor Curriculum (SETI)<br/><br/>Add to OTEP (EMS Ongoing Training &amp; Evaluation Program) training a senior falls assessment and reduction<br/><br/>Add to County Operating Procedures (COPS) medical program director protocols that first responders shall leave fall prevention information on non-transported falls</p> | <p>Better patient care<br/><br/>Better patient outcomes</p>  | <p>EMS Online<br/><br/>Case reviews<br/><br/>Monthly medical program<br/><br/>Director's Q&amp;A</p> | <p>Certification and renewal process<br/><br/>Though directives to EMS providers<br/><br/>Through Senior EMT Instructors (SETS), EMS providers and training educators</p>                               |
| <p><b>Fire Chiefs</b><br/>(Authorize fire educators to conduct fall prevention education and set tone for response)</p>  | <p>Home safety survey, with or without durable medical equipment<br/><br/>Make referrals to resource agencies</p>   | <p>Reduction in falls' calls due to home safety survey and equipment installation<br/><br/>Increase votes for levies as public sees extra benefits<br/><br/>Increased community appreciation</p> | <p>Department SOPS (Standard Operating Procedures &amp; Policies)<br/><br/>Staff meetings</p>        | <p>Promote internally to first responders the free services available for home assessment and durable medical equipment<br/><br/>Promote to the community</p>   |
| <p><b>Training Officers</b><br/>(Teach the fall prevention modules)</p>  | <p>Provide fall prevention training modules</p>   |  |  | <p>Train duty crews in awareness of fall problem and referral process<br/><br/>Make presentation to the WA State training Officers Assoc. to make them aware of the training modules and materials.</p> |



## 2.5 First Responders

### 2.5.3 Potential Strategies (Continued)

| <b>AUDIENCE</b><br>(Behaviors)  | <b>PRODUCTS</b><br>(Goods & Services)   | <b>PRICE</b><br>(Incentives)  | <b>PLACE</b><br>(Access)   | <b>PROMOTION</b><br>(Communications)  |
|---|---|---|--|---|
| <b>Injury Prevention Advocates</b><br>(Spread the word about the benefit of falls prevention programs to other community groups)                  | Write a grant for funding a comprehensive fall prevention program (equipment; staff person, handouts) | Obtain reduced prices for bulk orders of durable medical equipment                              |  | Create awareness of programs available in their communities   |
| <b>Public Information Officers &amp; Public Educators</b><br>(Conduct education in homes or community settings; engage media to get the word out) | Home assessment<br><br>Durable medical equipment provided and installed                               | Restaurant discount for meals where fall prevention education provided<br><br>Free night lights | Senior's home for home safety survey<br><br>Apartment complexes, senior centers, reduced price restaurant meals to conduct fall prevention information | Promotion of availability of funding from Housing and Human Services, federal grant dollars, locally administered, for durable medical equipment<br><br>Community events for seniors, offering pancake breakfast – to promote fall prevention and opportunity to sign for home survey and information |
| <b>Private Ambulance Operators</b>  | Brochures on fall prevention  |   |  |   |
| <b>EMS Evaluators</b>   |   |   |  | Assure testing of responding to senior falls call   |
| <b>Union Foundations</b>  | Funds to sponsor pilot program (with union logo on product)   | Grant recipients on behalf of a fire district or non 501C3 organization of charitable donations |  |   |
| <b>Washington Public Fire Educators Association</b>   |   | Bulk purchasing regionally of durable medical equipment for distribution                        |  | Promote falls prevention program available statewide at quarterly meetings  |

## 2.6 Community Resources

### 2.6.1 Potential Target Audiences, Targeted Subgroups, Desired Behaviors

Contact: Tracy Gunter [guntet1@dshs.wa.gov](mailto:guntet1@dshs.wa.gov)

| POTENTIAL TARGET AUDIENCE                      | ANY TARGETED SUBGROUPS  | BEHAVIORS  |
|--|---|--|
| <b>Active Older Adults</b>                     | Lives independently (optimal level of independence- total independence may not be the goal for active older adults)           | Choose and engage with community resources; maintain/improve functional ability. Optimize levels of independence, strength and safety. |
| <b>Inactive Older Adults</b>                   | Residing in older adult communities or residential supported living environments (Medicaid, private pay or other pay sources) | Choose and engage with community resources; maintain/improve functional ability and safety.  |
| <b>Professional Health Care</b>                | Physicians<br>Medical equipment suppliers<br>PT/OT<br>Home Health Care<br>Optometrists<br>Pharmacies<br>Social workers        | Perform fall risk assessment; refer to fall prevention programs in the community   |
| <b>Informal Caregivers</b>                     | Family<br>Neighbors   | Assist and refer to fall prevention programs and resources in the community  |
| <b>Social Service Agencies</b>                 | Area Agencies on Aging (AAA)<br>Home delivered meals<br>Senior/community centers<br>Faith communities                         | Assist and refer to fall prevention programs and resources in the community  |
| <b>First Responders</b>                        | EMT<br>Fire   | Identify high risk seniors and refer to fall prevention programs and resources in the community  |
| <b>Academics</b>                               | Research<br>Studies<br>Students/faculty<br>Curricula  | Become aware of the scope of the problem; make the data available to the public, mobilize students and resources for research.         |
| <b>Media</b>                                   | Newspapers<br>PSA   | Support and highlight fall prevention programs in the community  |
| <b>Businesses</b>                              | Malls<br>Restaurants<br>Retail<br>Insurance Company<br>Movie Theater<br>Thrift Store  | Provide funding and distribute information support/highlight fall prevention   |
| <b>Local &amp; State Governmental Agencies</b> | DOH<br>Public Works/Fire/Police<br>Roads  | Increase coordination and collaboration on behalf of seniors and active living   |

## 2.6 Community Resources

### 2.6.2 Barriers to Select Behaviors

9 Interviews: Active Older Adults (5), Technologically Savvy Older Adults (2), Media (1), Social Service Agencies (1)

| AUDIENCE   | BARRIERS   |
|--|--|
| <b>Overall Themes</b>  | Not a (top) priority   |
|  | Lack of awareness of resources available   |
|  | Language/cultural barriers   |
|  | Lack of social norms   |
|  | Being overwhelmed with information   |
|  | Question validity of statistics/information  |
|  | Not aware of key terms   |
|  | Limited methods of delivery - not all people will take a class   |
|  | Fear: of leaving house, of letting someone into their home   |
|  | Stigma of being involved with senior programs  |
| <b>Active Older Adults<br/>(Engage in Community Resources)</b>   | Not aware of resources   |
|  | Don't see the need   |
|  | Transportation   |
|  | Income is limited  |
|  | Gait difficulty so can't take public transportation  |
|  | Not able to use the gym because not cleared by physician for physical activity   |
|  | Health issues (e.g., degenerative joint disease)   |
|  | Difficulty getting Medicare payments   |
| <b>Media<br/>(Highlight fall prevention programs)</b>  | Just have trouble getting started on walking or exercise program   |
|  | Lack of knowledge about importance of the issues; need to quote the statistics of persons affected to show relevance   |
|  | Only one of many relevant topics to the senior population  |
|  | Topic is not appealing to the population at large  |
|  | Need high profile stories  |
| <b>Senior Service Agencies<br/>(Assist and refer to fall prevention programs and resources in the community)</b> | We don't receive many articles or press releases on this topic   |
|  | Staff are unable to regularly monitor the activities of individuals due to time constraints  |
|  | Lack of knowledge about resources in the community   |
|  | Real or perceived lack of resources in the community   |
|  | Staff preference to bring in presenters and provide information in a group setting   |
|  | Staff perception that persons using assistive devices such as canes, wheelchairs and walkers to help maintain their balance cannot further benefit from other fall prevention strategies |
|  | Staff have lack of knowledge in how to assess falls risk   |

#### NOTES ON WHAT MIGHT HELP:

- For the Media, submit stories/articles and press releases to the media
- Labeling/branding services for "older people"
- Need a "hook" for the media

## 2.6 Community Resources

### 2.6.3 Potential Strategies

| AUDIENCE  | PRODUCTS<br>(Goods & Services)  | PRICE<br>(Incentives)  | PLACE<br>(Access)  | PROMOTION<br>(Communications)   |
|---|---|--|--|---|
| <b>Active Older Adults</b><br>(Engage in Community Resources)     | For classes become: <ul style="list-style-type: none"> <li>• Advocates</li> <li>• Speakers</li> <li>• Trainers</li> <li>• Peer counselors</li> </ul>  | Reimbursement for travel or classes<br><br>Free training to become counselors<br><br>Acknowledgements<br><br>Benefits: <ul style="list-style-type: none"> <li>• Civic engagement</li> <li>• Positive self esteem</li> <li>• Quality of life</li> </ul> | Sign up: <ul style="list-style-type: none"> <li>• In person</li> <li>• By phone</li> <li>• By mail</li> <li>• By Internet</li> <li>• Health fairs or community events</li> </ul> | RSVP<br>Senior Centers<br>Media<br>AAAs<br>Newsletters<br>Word of Mouth<br>Testimonials<br>Retiree Newsletters (e.g., Blue Bills, Retired Teachers)<br>Speaker Bureaus<br>Internet/Web sites<br>Social Media<br>Parks & Rec Dept.<br>Transit<br>PSAs<br>Health Fairs<br>Community Fairs<br>Spokesperson |
| <b>Inactive Older Adults</b><br>(Engage in Community Resources)   | Physically appropriate classes<br><br>Home safety checks<br><br>Risk assessments including physical assessment and checklist (“Fit Checks”)<br><br>TV: Public broadcast of exercise classes or DVDs<br><br>Sheet of simple exercises<br><br>Calendars | Incentive: Staying in the home/independence<br><br>Free broadcasts   |  | “Phone buddy”<br>Home Health Agencies<br>Primary Care Providers<br>Peer mentor<br>Peer testimonials<br>First responders<br>Flyers in foodbank bags, utility bills<br>Medical community newsletters<br>Fire District<br>Community newsletters  |
| <b>Media</b><br>(Highlight fall prevention programs)              | Fact sheets with statistics and economic impact; numbers for EMMS alone are staggering<br><br>Highlight senior falls prevention information   | Potential savings on EMS and county budgets  |  | Ciscoe as spokesperson<br>Evening Magazine<br>Jean Enerson<br>KHQ Spokane<br>All PBS stations<br>PSAs<br>Community radio  |
| <b>Social Service Agencies</b><br>(Screen and Refer to resources) | Fact sheets with testimonials and statistics<br><br>Easy screening tools<br><br>Resource Directory<br><br>Web site  | Free networking opportunities<br><br>Reduced reliance on services<br><br>Reduced caseload<br><br>Grant opportunities   | Inhouse at: <ul style="list-style-type: none"> <li>• AAA</li> <li>• Falls Prevention Coalition</li> <li>• Adult Family Homes and Assisted Living Facilities</li> </ul>           | Coalitions<br>Web site<br>Regulatory agencies<br>Senior Networking Group  |
| <b>Business</b>   | Logo for self promotion<br><br>Cobranding opportunities<br><br>Discounts<br><br>Funding   |  |  | Falls Prevention Card (to give to seniors)  |

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## **APPENDIX**

### **A. Social Marketing Definition, Planning Steps and Principles for Success**

## APPENDIX A: SOCIAL MARKETING

### What is Social Marketing?

“Social marketing is the use of marketing principles and techniques to influence a target audience **behavior** that will benefit society, as well as the individual.” Kotler, P, Lee, N. (2006) *Marketing in the Public Sector: A Roadmap for Improved Performance* Wharton Publishing

### What Issues Can Benefit from Social Marketing?

Social marketing is used to influence **specific behaviors** that will improve health, prevent injuries, protect the environment and contribute to communities. Major issues that social marketing can benefit include:

- *Health:* tobacco use, senior falls, binge drinking, obesity, physical activity, immunizations, nutrition, sexually transmitted diseases, blood pressure, oral health, high cholesterol, and skin, breast, prostate and colon cancer
- *Injury Prevention:* traffic safety, drowning, safe gun storage, falls, household fires, suicide, sexual assault, domestic violence, disaster preparedness, and seatbelt, carseat and booster seat usage
- *Environmental Protection:* waste reduction, water conservation, water quality, energy conservation, air pollution, litter, wildlife habitat protection, forest preservation, disposal of hazardous waste
- *Community Involvement:* organ donation, blood donation, volunteering, voting, crime prevention, animal rights

### What are Steps in the Planning Process?

1. Establish a Purpose and Focus for the plan.
2. Analyze the situation.
3. Select priority audiences.
4. Determine campaign objectives and goals.
5. Identify the target markets' real (and perceived) barriers, benefits, competition.
6. Craft a desired positioning statement.
7. Develop 4Ps (Product, Price, Place, Promotion) to overcome barriers and increase benefits.
8. Determine an evaluation plan.
9. Set budgets and find funding.
10. Write an implementation plan.

### What are 12 Principles for Success?

1. Take advantage of prior and existing successful campaigns.
2. Start with target audiences most ready for action.
3. Promote single, simple, doable behaviors – one at a time.
4. Identify and remove barriers to behavior change.
5. Bring real benefits into the present.
6. Highlight costs of competing behaviors.
7. Promote a tangible good or service to help target audiences perform the behavior.
8. Consider nonmonetary incentives in the form of recognition and appreciation.
9. Make access easy.
10. Have a little fun with messages.
11. Use media channels at the point of decision making.
12. Try for popular/entertainment media.
13. Get commitments and pledges.
14. Use prompts for sustainability.
15. Track results and make adjustments.