

#### GLOBAL HEALTH CONFERENCE ON

## SOCIAL MARKETING & FRANCHISING

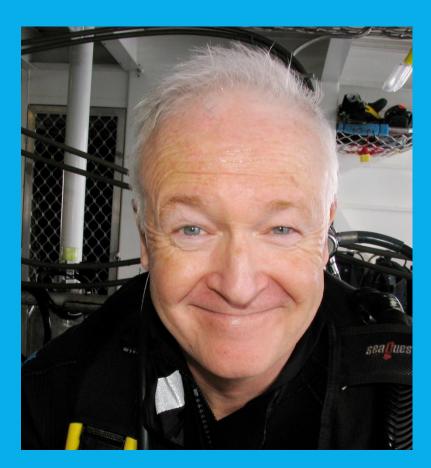
6th-8th November 2013, Kochi, Kerala, India

#### **Professor Jeff French**

# for Health Behaviour programmes and the use of Evaluation Metrics



## Who am 1?







### Content

1. The characteristics of quality practice in Social Marketing

2. The role of objective setting and evaluation metrics

3. The role of policy makers, the private sector & citizens

4. Recommended actions



### My thesis:

We are at a critical point in history in assessing what Governments, NGO's and Business can and should do to promote social good





#### Future success will come from:



Systemic citizen focused programmes built on business practice and informed by Social Marketing Principles

**Professional Development** 

**Service Design** Community Engagement

**Community Education** 

Quality Audits Health Promotion

**Social Franchising** 

**Tactics & Methods** 

Strategy

long term planning to achieve goals deploy and manage resources

**Social Policy** 

**Goals and Objectives** 

**Social Benefit** 

Aim





#### The new civic relationship

Professional led Selling / telling **Awareness** Adult - Child One-off / transitory **Deficit** Operational focus Whole population **Control** Central command Compartmentalise



Consumer led Marketing / relationships Behaviour Adult - Adult Sustained Asset Strategic focus Segmented audiences **Empower** Networked leadership Whole system

Tell Sell and Control



Social Marketing

#### A citizen driven Approach

Citizen Journey Management Complaint handling

**Experience Management** 

Citizen

CITIZEN

or..., patient, client, community, public, audience, staff member, professional, decision maker, ....etc

Citizen buying behaviour

Community

and citizen

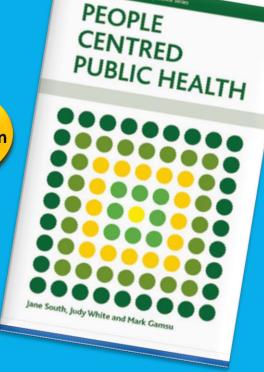
profiling

Citizen Feedback

Citizen Expectations Citizen Wants and Needs Service quality measurement

Personalisation

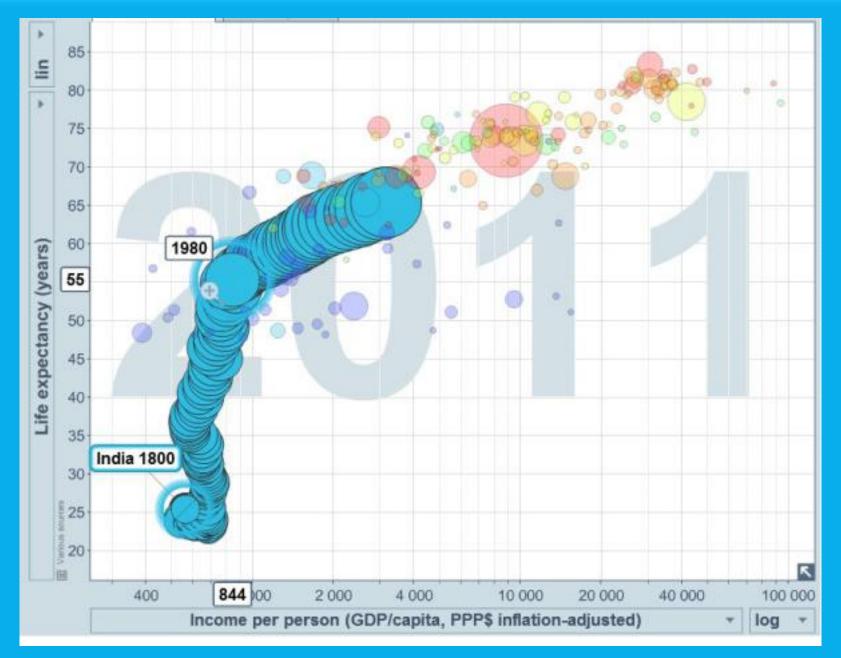
**Mystery Shopping** 



Evidence for public health practice series



# The Context





#### Citizens want to be part of the solution.

#### They are saying to us:

I am in control now, help me solve the problems









Taxi driver avoids a 'Shove' in **Ankara** May 2013

# What does good Social Marketing practice look like?



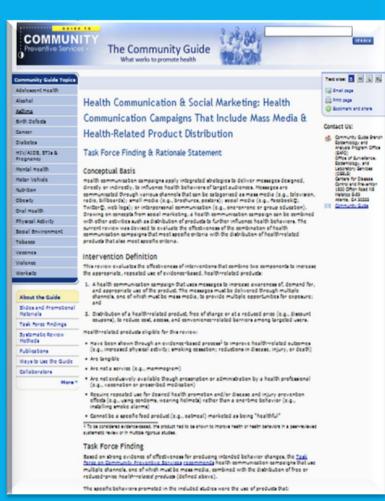
#### CDC on Social Marketing:

**Health Communication Campaigns Review April 2011** 

- Median increase of 8.4% in the proportion of people who engaged in a healthy behaviour.
- Overall, results were consistently favourable

"Combining product distribution with health communication campaigns results in greater behaviour change than using health communication campaign alone."





#### The Power of Marketing in the Health Sector:

1. Change beliefs attitudes and behaviour

2. Improve service uptake

3. Reduce demand

4. Impact on compliance

5. Speed the uptake of new interventions





A key challenge is the delayed uptake of health technology





# Adoption rates for new proven interventions in healthcare

Clinical Procedure	Landmark Trial	Annual increase in Rate	
Flu Vaccination			1.9
Prombolytic therapy  Prombolytic therapy  Adoption to	17 \	ears	1.1
Protion to	akes of a	doption	.8
Bet Adoptional	rate o. % per ye	ear	
Mam mean arms 3.2	% per 1		4.7
Diabet	1983		4.0
Choleste	1984		5.9
Fecal occusion test	1986		2.4 nc



How can we collectively create policy, systems, environments, products and services that make the healthy choice the easy, desirable and demanded choice?



#### The Social Marketing Customer Triangle

#### **Behaviour**

Behaviour Theory & Behavioural Goals

**INSIGHT** 

Customer

**Method Mix** 

Intervention mix & Marketing mix

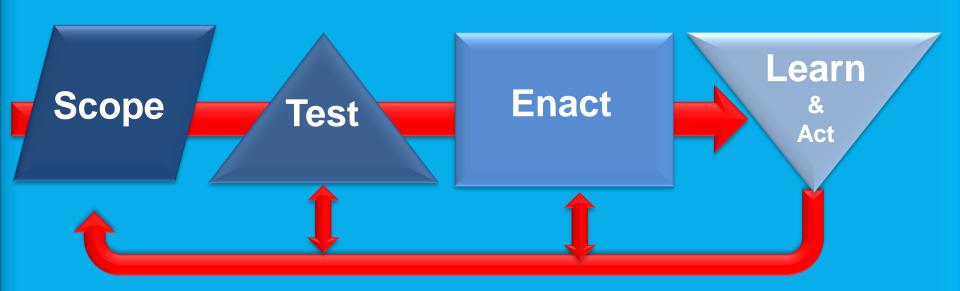
Audience Segmentation





#### Social Marketing is a systematic planned Process

#### www.stelamodel.com



The rationale
Situation Analysis
Target Audience Profile
Intervention proposition
Initial marketing objectives



Marketing intervention
Mix Strategies
Pre testing and piloting
Report on the pilot
programme
Full business plan
setting out

Time frame and key mile stones
Resources allocation
Stakeholder and partner management
Evaluation and monitoring

Reporting
Review and build on learning

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# Policy

Strategy

**Tactics** 

Operations





#### Quality Assessing Framework for Social Marketing Programmes

- 1. Evidence of systematic scoping and development phases
- 2. Evidence of a deep understanding about the selected target groups
- 3. Behaviour changes have been developed with the target group who believe they are attractive and achievable
- 4. Measurable behavioural objectives have been set for evaluation
- 5. Delivery staff have been engaged in project development and are primed to support the programme

- 6. Mechanisms are in place to coordinate national, regional and local action
- 7. Systematic short, medium and long term planning is in place
- 8. Coalitions have been developed to assist in development, delivery and evaluation
- Adequate budgets have been allocated to deliver the aims and objectives of the programme
- 10. Mechanisms are in place to track delivery and evaluation



### 1. Evidence, Data & Insight informed

- 2. Citizen focused Value production
- 3. Systematic planning, objectives setting and evaluation
- 4. Full intervention mix
- 5. Co-production and delivery



# **Building Blocks of effective practice**



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# The Importance and application of Performance Metrics

# The big frustrating questions for Donors and Governments

 What is the impact of the funds we invest?

What is the ROI?

What have we learnt?

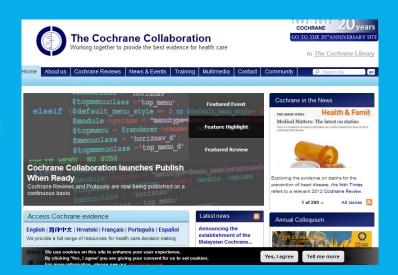




"Less than \$1 out of every \$100 of government spending is backed by even the most basic evidence that the money is being spent wisely."

John Bridgeland and Peter Orszag, The Atlantic 2013.





http://www.cochrane.org/



http://www.campbellcollaboration.org/





If you can't measure it you can't manage it.

Efficiency is doing things right.

Effectiveness is doing the right things.



# Metrics must align with Strategic Goals

and be

Simple enough that each person sees that their work contributes to achieving the selected metrics.



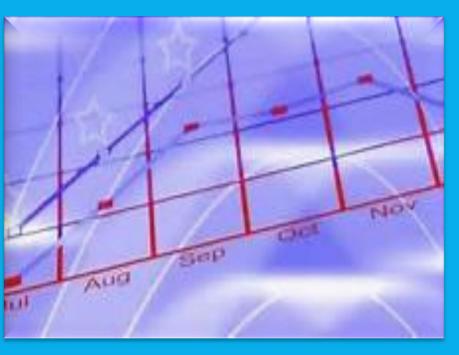




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#### What makes a good metric?

- 1. Rational
- 2. Relevant
- 3. Valid
- 4. Comparable
- 5. Timely
- 6. Scalable
- 7. Easily explained and communicated



8. Not induce perverse incentives or unintended consequences



#### You have identified a perfect indicator when:

- 1. Nobody complains about it!
- 2. Users say it helps them choose services & builds confidence
- 3. Colleagues say it empowers and encourages them
- 4. Managers use it to improve efficiency
- 5. Politicians ask you to develop some more!



#### **4 Types of Metric**

# Formative metrics

 Setting base lines and determining realistic SMART objectives and measurement systems

### **Process** metrics

Efficiency , Quality and Ethics

## **Impact** metrics

 Understanding, uptake, attitudes and short term actions

## Outcome metrics

 Sustained behaviour, better health, wellbeing, environment and society

# Cost Per Change

**CPC** = Cost Per Change

**TPB** = Total Programme Budget

**NODC** = Number of Desired Behaviour Changes



### ROSMI

(Return On Social Marketing Investment)

The ratio of the Net Payback to the cost or the number of \$ returned for every one spent, once the activity has paid for itself e.g.

\$100,000 Spent

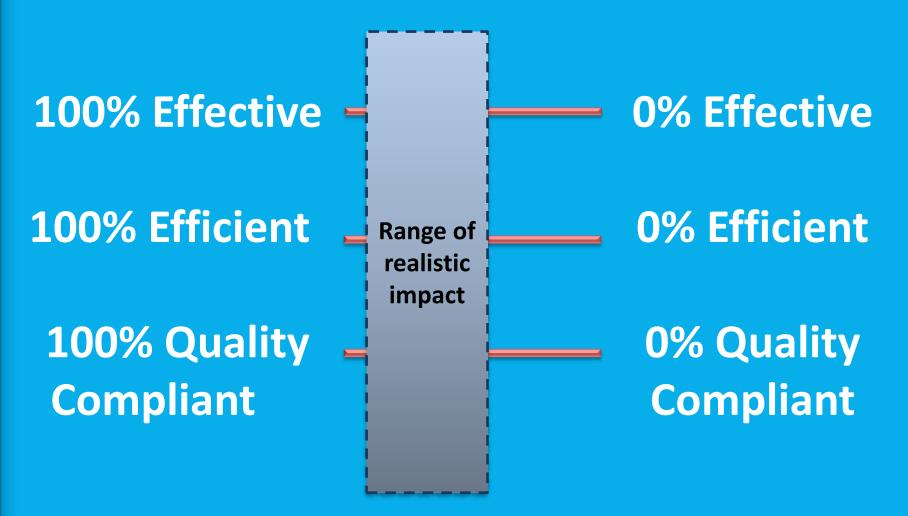
\$500,000 Gained

\$400,000 Net

Ratio of 1:4



# Return On Social Marketing Investment (ROSMI)





Range of realistic impact





# When to use tight 'Objectives' When to use more general 'Goals'

### When there is:

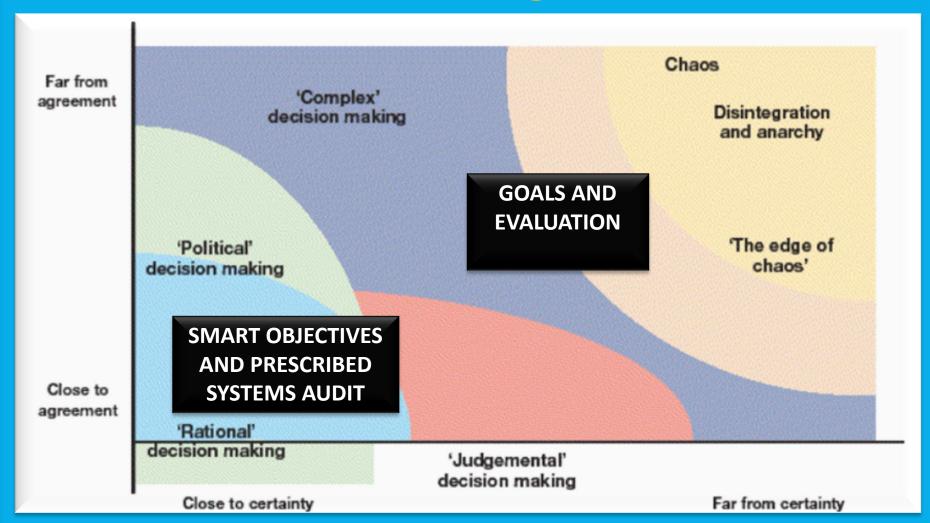
Strong evidence & consensus, a high degree of specification of objectives and methodology is most effective.



### When there is:

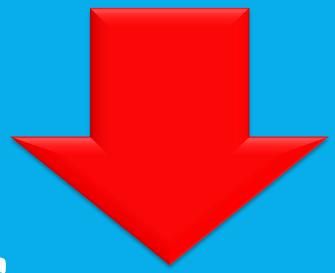
Less consensus on what works the best approach is to set general goals and foster evaluation and research to feed the evidence base.

## When to use SMART Objectives and when to use more general Goals





## Measurement Culture



## Performance

Culture



## Governments must focus on RCTs & Evidence Based Policy Making

# RAPID Policy Outcome Mapping Approach

Step 1: Describe the policy environment at the end and beginning of the timescale.

Step 2: Identify key policy actors and 'boundary partners'

Step 3: Describe the behaviour of the key actors/boundary partners

Step 4: Map the key changes in behaviour

Step 5: Map the key changes in the project

Step 6: Determine level of impact/influence



### RAPID Outcome Assessment

The RAPID Outcome Assessment (ROA) is a learning methodology to assess and map the contribution of a project's actions on a particular change in policy or the policy environment. It is a flexible and visual tool that can be used in conjunction with other evaluation tools and methods.

The ROA draws significantly from Outcome Mapping as it focuses on key actors that the project is directly influencing and the progressive changes in those actors. It also draws from other methodologies such as Episode Studies, which focuses on working backwards from a policy change to determine the factors that contributed to it; and Most Significant Change, which helps to identify and priorities the key changes.

The ROA methodology has three main stages. The first stage is a preparation stage, during which a document review and a series of informal conversations are carried out to develop a draft picture of the project's history and the intended changes. The second stage is the workshop during which the key policy change processes are identified by the stakeholders. The third stage involves a follow up process that allows the researchers to refine the stories of change, identifying key policy actors, events and their contribution to change.

### Stage 1: Background research and preparation

- 1 The first step, as in any learning process, is attempting to develop a basic understanding of the situation. This will involve a review of project reports, project papers and research products, newspaper references/articles, relevant literature to the subject of the project and the policy environment before and after the project.
- 2 Conversations with relevant project staff and stakeholders will contribute to step one to identify overall policy objectives, the key actors and events that were targeted and the range of strategies used.

### Stage 2: The ROA workshop

- 1 The aim of the workshop is to map behavioural changes in key actors and build a map of influences. The ROA team must consider who has to be invited to the workshops, how many workshops are necessary and how long will they last. The workshop will typically include the project team, key stakeholders and other external experts; the more diverse the participants the better.
- 2 The workshop will cover the following (see below for further detail):
  - a. Defining the policy environment at the start and end of the project/period;
  - Identifying key actors, which may be individuals or institutions, and clustering into groups, for instance, 'Civil society Organisations', 'Donors', the 'Private Sector'.

http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7815.pdf

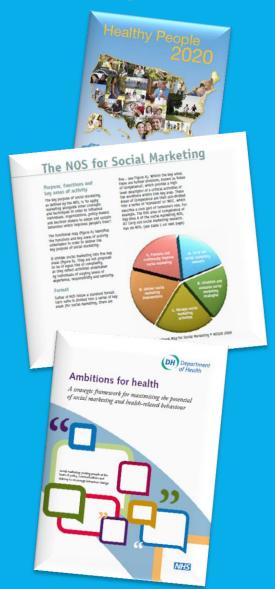


## The role of Policy Maker's Providers and Citizens

### Policy Makers can add value by:

1. Providing population insight & marketing research

- 2. Purchase promotions etc. when it is more efficient
- 3. Build coalitions with the private and third sector

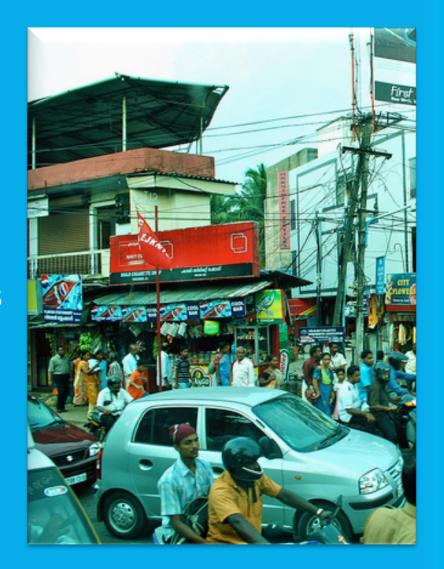




### Social Businesses Needs to:

- 1. Use Social Marketing principles in programme development and delivery
- 2. Actively seek out and contribute to social coalitions

3. Get out of and /or mitigate social ineffective and damaging services and products





## Citizens need to Demand

### Engagement in the:

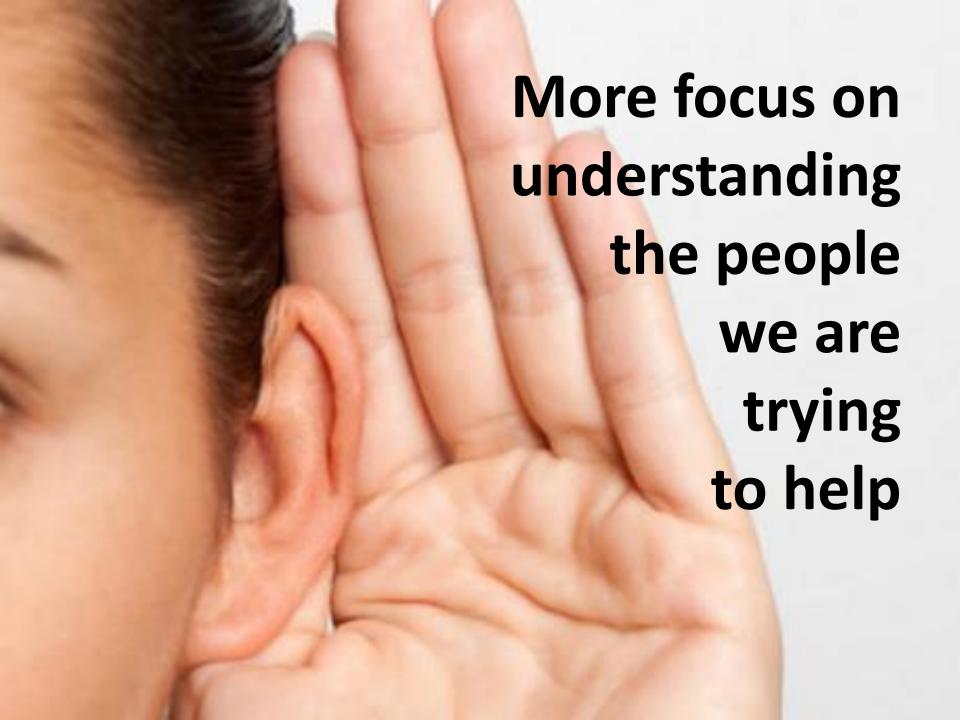
Selection Development **Implementation Evaluation** Learning of all programmes





## Recommendations





**Professional Development** 

**Service Design** Community Engagement

**Community Education** 

Quality Audits Health Promotion

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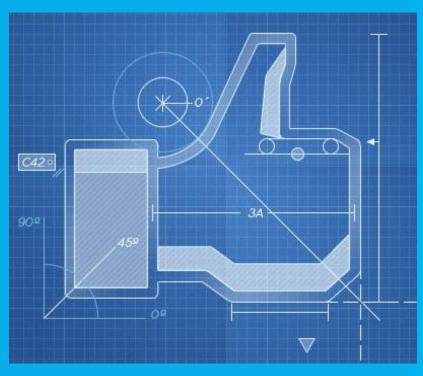


## A blueprint for Success in India

1. National commissioning, planning and evaluation standards

2. Occupational standards and professional training

3. National data bank of good practice







## The need for: Agreed Standards

- 1. Commissioning
- 2. Provider competencies
- 3. Planning
- 4. Evaluation
- 5. Reporting

