Strategies for Marketing Your Injury Prevention Product
So, where do we start?

One of the first places to start is to decide what information will be needed to market your injury prevention product. In short, you may need to know something about the audiences needs, desires, and values such as beliefs, behaviors, and perceptions about behavior change before marketing your product. In other words, “get to know your audience and what makes them tick”. The easiest way to acquire this information is perhaps public opinion polling, surveys, focused conversations, and focus groups. But there are many other ways…..the methods are not important……only that an attempt is made to collect the most important information that will help you market your injury prevention product. (seat belt campaign example = teenage drivers respond to elders, primarily in English language, via internet and radio media outlets, and from spokespersons like High School coaches and college athletes.)

Next, who are the target audiences……and what is known about them……for example, you might want to first identify the source of the problem using focus groups…..you can ask a general audience why is seat belt use low?………responses might lead you to learn that police do not enforce the local laws and teenage drivers are not developing the habit of buckling up…the target audience may very will become both law enforcement and teen age drivers. Dividing the population into...
groups is also known audience segmentation……just a few words on audience segmentation……tips if you will…..a) segments should have a large sample size, b) each segment should respond to different marketing strategies, and c) each person should fit the definition of only on segment.

What change is needed to solve the problem……..is the change an increase in seat belt use or more importantly a policy change to establish a primary seat belt law?

Flawed decision making in developing a marketing plan can lead to a communication program that is "off the mark." Careful assessment of a problem in the beginning can reduce the need for costly mid course corrections.

**Where Do You Start?**

When faced with developing a new communication program, it may seem as though you must do everything at once. To organize your thoughts about planning, ask yourself questions like these:

- Who is affected by it, and how?

- Are they aware that the problem could affect them?

Who is interested in the problem?

What activities have been undertaken to address the problem?

- Are the media or other organizations doing anything?

What do we want to accomplish?
• What resources are available?

This presentation introduces you to the fundamentals of developing a marketing plan.
Materials production can be a time-consuming, and costly process. Because it is creative and has tangible results, it is frequently seen as the key developmental step for a communication program. However, you should consider whether creating new materials is really necessary.

You may have discovered existing communication materials (booklets, leaflets, posters, public service announcements, videotapes) while gathering data to plan your program. If not, look now. Sources include:

- health departments in your state or other states
- university or public libraries
- voluntary organizations
• health professional associations

• community-based health promotion coalitions

• the ODPHP National Health Information Center (see Appendix A)

If you find materials related to your health issue, decide whether they might be appropriate for your program "as is" or with modification. Consider these issues in conjunction with your strategy statement:

• Do they offer accurate, complete, and relevant messages?

• Are they appropriate for your target audience in format, style, and readability level?

• Are they available and affordable?

• Could they be modified to become appropriate?

If you are considering the use of existing materials, you will want to discuss with the producer:

• how the messages were developed

• whether the materials were tested

• how they have been used
• whether they were effective

• if you can get permission to modify or use parts of the materials (especially if materials are copyrighted)

Discussions about what materials format (e.g., print or audiovisual) will best suit your program will be determined by:
• the message (e.g., its complexity, sensitivity, style, purpose)

• the audience (e.g., whether they will want to read about the subject, or would rather watch a videotape)

• the channels (e.g., whether you will be most likely to reach the audience through a school, library, physician, the media, or a combination of these), and the formats the channels prefer

• your budget and other available resources
Delivery Channels

- **face-to-face**—(health care professional to patient, peers, family members)
- **group delivery**—(worksite or classroom)
- **organizational**—(member of your network)
- **mass media**—(radio, television, magazines, direct mail, billboards, transit cards, newspapers)
- **community**—(employers, schools, malls, health fairs, local agencies)
- **a combination of any or all of these**—(likely to work best)

Using several different channels will increase the exposure of your message, increasing the chance that the audience will absorb and remember it. Channel selection should be determined before to materials production, because message format will be different for various channels.

**Consider these questions as you make decisions about channels:**

- Which channels are most appropriate for the health problem/issue and message?

- Which channels are most likely to be credible to and accessible by the target audience(s)?

- Which channels fit the program purpose (e.g., inform, influence attitudes, change behavior)?

- Which and how many channels are feasible, considering your time schedule and budget?

You may choose a different mix of channels for each audience to match what you have learned about information sources the audience considers credible and how they are most likely to be reached.
Your communication strategy statement and the information you gathered, about the target audiences form the basis for developing message concepts. These message concepts are your messages in "rough draft," representing different ways of presenting the information to the target audiences. You may want to prepare two or more message concepts using elements in the approaches listed here.

Message Strategies

- spokespersons (e.g., a physician, a peer)
- appeals (e.g., humor, fear, factual)
- styles (e.g., photographs, graphs)
DISCUSSION ON WHY EDUCATIONAL ONLY STRATEGY ARE OFTEN INEFFECTIVE.

• Educational-only approaches deviate from the more effective PASSIVE approach.

• Targeted, at-risk populations are not always reached through mass-media educational campaigns.

• In education, “one size doesn’t necessarily fit all. There are variations in learning styles among children and adults, cultures, and socio-economic status.

• Some messages are not culturally acceptable. Example: A federal agency indicated interested in targeting AI/AN population in a seatbelt campaign. A national campaign using stick figure protected by seat belts was modified. The proposed modification proposed to put two feathers on the head of the stick figure. There was obviously strong negative reactions to the proposed materials. The materials were not produced. NOTE: CONSIDER USING A FLIP CHART TO EXPLAIN THIS ITEM WITH THE FOLLOWING ILLUSTRATION:
Seat Belts Just Wear ‘em”
Marketing Strategy Summary

1. Target Audience: teenage drivers and non users
2. Media outlets: internet, radio, visual presentations, stickers t-shirts, cable TV, newspapers, and billboards
3. Icons: no owls, no religious symbols, no animals, Mt. Triplett, and colors – green blue black and yellow
4. Spokespeople: local role models
Strategies for Marketing Your Injury Prevention Product
Because these are the most precious packages you'll be carrying this holiday season.

SEATBELTS
Just wear 'em.

Seat belts are the single most effective form of injury-reduction today. They can save lives in the most predictable way possible - by lowering the risk of injury for you and your passengers. But not everyone uses them properly. Make sure you're doing your part to keep your family safe on the road.

Seat belts. Just wear 'em.
Because you want to get to grandma’s house safely.

SEATBELTS
Just Hear ‘em.

Seatbelts are the single most effective anti-child-abuse device. They keep your kid safe if there’s an accident. Ask your child’s pediatrician to talk about seatbelts and make sure your child’s car is properly equipped for your child’s growth.

For more information, visit www.seatbelts365.org or call 1-800-SEATBELT (1-800-732-8353).
Every target audience needs separate consideration to some extent.

Don't assume that "conventional wisdom," published research studies, or "common knowledge" will hold true for minority audiences. The degree of assimilation and "mainstreaming" is ever-changing, so current information will be needed to choose the best channels and message strategies.

The meaning and acceptability of graphic images vary among cultures, just as language does. Use bilingual materials to assure that intermediaries and family members who are most comfortable with English can help the reader understand the content. Print materials should never be simply translated from the English; concepts and appeals may differ by culture just as the words do.

Considerations

- Language may vary among different cultural groups (e.g., a word may have different meanings to different groups).
- Differences in target groups extend beyond language to include diverse values and customs.
- Certain channels types may be more credible.
- Don't assume that "conventional wisdom," published research studies, or "common knowledge" will hold true for all audiences.
- Print materials should be simply written, reinforced with graphics, and pretested.
- Audiovisual materials or interpersonal communication may be more successful for some messages and audiences.
There are many ways to determine how your audience is reacting to your message. Methods include focus groups, surveys, surveillance, etc. It is necessary to get both the bad and the good reaction and special effort should be made to get a representative sample of your target group for your feedback.

For example, feedback from a survey at a health fair which attended by mostly health providers and parents to find out how your message is getting across to teens would probably not be very representative.
“Seat Belts Just Wear ‘em” Evaluation

1. Have you heard of the “Seat Belts Just Wear ‘em” ad campaign? ☐ Yes ☐ No

2. Have you seen this?
   (Show participant “Seat Belts Just Wear ‘em” logo and tag line) ☐ Yes ☐ No

3. If yes, where? If no, skip to question 5.
   ☐ Newspaper ☐ Mailing ☐ Cable-Vision ☐ Public Bldg. ☐ Other.

4. Do you think this ad campaign is good for the community? ☐ Yes ☐ No

5. How often do you wear your seat belt, always, sometimes, or never?
   (Check applicable answer(s) below)
   On Ruz
   ☐ Always ☐ Sometimes ☐ Never
   Off Ruz
   ☐ Always ☐ Sometimes ☐ Never
### “Seat Belts Just Wear ‘em” Evaluation Results

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you heard of the “Seat Belts just Wear ‘em” ad campaign?</td>
<td>Yes = 31 and No = 29</td>
</tr>
<tr>
<td>2. Have you seen this? (Show participant “Seat Belts just Wear ‘em” logo and tag line)</td>
<td>Yes = 36 and No = 24</td>
</tr>
<tr>
<td>3. If yes, where? If no, skip to question 5. More than one answer may have been provided,</td>
<td>Newspaper = 14, Mailing = 1, Cable Vision = 3, Other (Promotional Items, etc.) = 8, Not Applicable = 34</td>
</tr>
<tr>
<td>4. Do you think this ad campaign is good for the community?</td>
<td>Yes = 35, Don’t Know = 1, Not Applicable = 24</td>
</tr>
<tr>
<td>5. How often do you wear your seatbelt, always, sometimes, or never? On Reserve: Always, Sometimes, or Never Off Reserve: Always, Sometimes, or Never</td>
<td>On Reservation: Sometimes = 40, Always = 52, Off Reservation: Sometimes = 8, Always = 2, Never = 2</td>
</tr>
</tbody>
</table>
You need to align your program and make it easy to be integrated into the big picture in the community. You don’t necessarily have to have the biggest and badest program. For example, McDonalds positions themselves in the market place so that when folks go to a McDonalds their expectation is well defined. Whether your a frequent customer or just stop in once in a great while you pretty much have preconceived in your mind exactly what to expect. McDonald's key positioning strategy is to meet that expectation. People go there to get what they think they will get --- in a timely manner. They focus on providing uniform product and value.

When considering how you want others to view your program you need to consider:

Benefits – How and who does this program benefit? How will you convey this message?
Consequences – If this program is implemented how will it affect other programs?
Relevance and Timing – Is this a good time to market your program. Should you consider changing your message to play into current events in the community. After “hooking” your target group, can you introduce other messages?
Turf Considerations – Will your message send up red flags for other groups or individuals in the community