

## **Prevention Marketing Strategy**

### **I. Purpose**

This document is a blueprint for the HIV-prevention intervention developed by the Prevention Marketing Initiative (PMI) Sacramento Demonstration Site. It presents the Sacramento PMI Community Council's approved target audience, behavioral objective, and key elements, and explains the rationale for, describes, and recommends six possible activities that would make up the PMI intervention to reduce the sexual transmission of HIV among youth. The "Audience Profile," which describes the target audience in detail, is attached as a companion document.

This purpose of this document is two-fold. First, it documents the decisions made by the site. Second, it will guide the PMI Community Council through final planning steps to develop an implementation workplan.

### **II. Process**

The Sacramento PMI Community Council is the local planning and oversight body charged with developing a prevention marketing program to prevent the sexual transmission of HIV among a target audience of young adults age 25 and under. Over the past two years, the Council (and its predecessor, the PMI Steering Committee) has been following a series of planning steps leading toward the completion of a marketing plan. Each step uses social marketing methodology, and critical decisions at each stage are based on behavioral theory, epidemiologic data, community expertise, and HIV-prevention research. Each planning step and corresponding critical decision drew upon background documents (such as the situation analysis, the environmental profile, and the audience profile) summarizing available information.

#### **Background decisions**

On January 25th, 1996, the PMI Community Council approved the target audience and the behavioral objective recommended by the Design Team, a workgroup of the Council. The team used available epidemiologic data (mainly sexually transmitted disease and teen birth data, as local HIV and behavioral data is limited), results of key informant interviews, findings from site-sponsored formative research, national literature, and community experience to segment the youth audience. The attached "Audience Profile, Part I" further describes the process and rationale for the selection of the target audience.

The Council has decided to focus its prevention efforts on sexually active youth ages 14-18 in high-risk areas. The audience includes both genders and all ethnicities and sexual orientations. Local and national studies show that these youth are not using condoms every time they have sex and are therefore at risk for unintended pregnancy, sexually transmitted diseases, and HIV. By increasing their use of condoms, their risk will decrease. Although the site includes participation from seven counties, to better reach these sexually active youth at risk, the program will target areas with high teen birth and

chlamydia rates. More detail on the high-risk definition is available in the “Audience Profile, Part II” (attached).

Local research, supported by national studies, indicate that youth perceive many barriers to using condoms every time they have sex. Youth say that sex is unplanned; youth are under the influence of drugs or alcohol; condoms ruin the moment; condoms are inconvenient and uncomfortable; youth are not confident that they know how to use condoms; youth are afraid of their partner’s reaction if they use a condom; youth want to trust their partner.

### **Marketing mix decisions**

PMI proposes to increase condom use by putting into place a program that can help address youth’s perceived barriers to condom use. The Design Team followed a series to decision steps to build a program to support the target audience and the behavioral objective. The team met for two days in March 1996 to accomplish the following decision steps.

#### *Review the barriers to using condoms consistently and identify key elements*

The Design Team reviewed the barriers to condom use and identified the behavioral determinants related to each barrier. After grouping and prioritizing the long list of barriers, a short list of key elements was constructed to best address the factors hypothesized to be most essential to behavior change. Thus drawing from local and national studies and behavioral theory, the PMI intervention will focus on the following key elements:

- *Norms:* Community and peer norms to support the use of condoms with all partners and in all situations.
- *Access and availability:* Youth know where to get and have access to affordable condoms. Youth will have condoms on hand when they need them.
- *Skills and self-efficacy:* Youth have the skills to use condoms correctly in different situations, and have the communication skills to discuss and negotiate with, or refuse, a partner. Youth will feel confident and feel that they have the power to use condoms consistently and correctly and that they can discuss and negotiate with (or refuse) a partner.

#### *Match possible program activities to the key elements*

The team brainstormed prevention program activities that would best address the priority key elements. The following criteria were applied:

- The activity is of adequate scale and reaches an adequate number of the target audience
- It will have an impact on one or more key element
- It is attractive to the audience
- It is politically feasible
- It is operationally feasible.

#### *Select a group of appropriate program activities*

Appropriate program activities were combined to create the PMI intervention. The complete intervention was assessed using the following criteria:

- The intervention has adequate scale and reach (reaches all subgroups of the audience, reaches an adequate proportion of the target audience and an adequate number of youth)

- The components fit well together
- The combination of components addresses all of the key elements
- An appropriate sequence can ensure supply and demand for each component
- The intervention is operationally feasible.

The Design Team presented its recommendation for an intervention framework to the Council on March 28th, and received Council approval. The rest of this document presents this framework.

### **III. Marketing Strategy**

The PMI Sacramento Demonstration Site will help decrease youth's risk of HIV and other sexually transmitted diseases by operating an integrated program that includes peer outreach, skill-building, condom access or distribution activities, and mass and print media materials. In addition, the site will investigate the need and feasibility for workshops for parenting adults and hotline services.

The overall goal of the PMI intervention is:

#### ***Target audience***

*In order to help sexually active 14-18 year old males and females in high-risk areas who use condoms inconsistently*

#### ***Behavioral objective***

*to use condoms consistently and correctly with all partners and in all situations*

#### ***Key elements***

*PMI will focus on:*

- *reinforcing community and peer norms about using condoms all the time and having condoms on hand,*
- *building youth's skills and confidence in using condoms correctly and in communicating, negotiating with, or refusing partners in different situations, and*
- *increasing youth's access to condoms, increasing youth's knowledge where to obtain affordable condoms, and helping youth to have condoms on hand.*

The Sacramento Design Team identified six possible program components to address the key elements to help youth increase their use of condoms. The team designated two levels of priority. The first includes the components that were assessed as necessary and feasible with the information at hand, and included peer outreach and education, condom access, and media (mass and small or print). The second level of priority are components that seem important but for which the feasibility needs to be investigated further. These components are youth skill-building workshops, hotline services, and workshops for parenting adults.

Each component has different strengths in relation to the key elements:

- Mass media will provide normative messages for encouraging condom use or associated behaviors and increasing community and peer support for the behaviors. Media will also be used to promote the other components, such as skills workshops or condom access.

- Peer outreach and education will carry messages to peers to reinforce norms, help to distribute condoms, model communication and negotiation skills, and give youth further information about gaining skills.
- Improving condom access will ensure that youth can get condoms when they are needed and will encourage youth to have condoms on hand.
- Skill-building workshops will allow youth to practice skills in condom use and communication, negotiation, and refusal.
- The establishment of a hotline or the enhancement of current hotlines will refer callers to resources to get further help on gaining new skills and obtaining condoms.
- Parenting adult workshops will increase community support of condom use, model communication skills, and increase the availability of condoms in the home.

The next series of decision steps assessed criteria.

Appendix A describes each component in more detail and includes the results of the application of the criteria mentioned above. Additional data collection will allow further feasibility assessments of each component and the creative development of each component to what the *audience* will find attractive.

The next decision steps taken by the Design Team combined the components into an integrated program and assessed the whole using a set of criteria (also listed above). The following is a summary of that assessment:

*Reach:* Several of the components have a wide geographic reach and the potential to reach many and a diversity of youth. This reach is especially important given the wide geographic area and the diversity of the surrounding counties.

*Fit:* The components can work well together by supporting and promoting one another.

*Key elements:* The intervention will address all three key elements.

*Sequence:* The components can be sequenced in such a way as to phase in the program, and then to ensure adequate supply and demand for the different components.

*Feasibility:* The team assessed that the program is politically feasible. PMI staff and Council members will further assess the operational feasibility. This process is described in the “Next Steps” section below.

## **Next steps**

This framework provides direction for further exploration and collection of information to be able to determine what program components will be feasible in Sacramento. The next steps are to further explore the feasibility of each component, especially the second-level components; expand the descriptions of each component, develop workplans, and describe how the components will work together to create an integrated PMI intervention.

Additional information is needed to complete the descriptions and assess the feasibility of each component. Site staff, with the assistance of the national partners and interested Council members, will compile the following:

- *Lessons learned from similar programs:* What are the characteristics of successful peer outreach, condom distribution, media, and workshop activities? What were other programs’ limitations? What were the barriers to implementation?

- *Identifying partners:* What similar activities are currently being implemented in the target areas? Who are PMI's potential partners for implementation? What will these players bring to PMI in terms of experience and resources?

### **Resources**

For the period January - September 1996, the PMI Sacramento Demonstration Site will have access to approximately \$125,000 in program funds. Pending budget approvals, CDC plans to request approximately \$250,000 for the site for FY97. In addition, the site will explore in-kind contributions from local partners and implementors. The site continues to call upon its national partners for technical assistance and other types of support.

### **Monitoring and evaluation**

Site staff will develop program monitoring systems to track process as program elements become more specific. Each component will have established process and outcome objectives on which to base progress. Site staff will work with CDC's evaluation team to support additional programmatic evaluations.

### **Timeline**

Appendix B serves as a guide for determining the time needed to complete each final step of the PMI marketing program. Many of the steps can occur simultaneously. If the site receives CDC approval to proceed with the proposed intervention components by July 1, these steps could be completed by October 1996.

## Appendix A: Characteristics of the program components

### Peer outreach and education

<b>Key elements addressed by the component</b>	<ul style="list-style-type: none"> <li>• Peer norms</li> <li>• Condom availability</li> <li>• Condom-use skills and communication skills through modeling</li> </ul>
<b>Possible component characteristics</b>	<ul style="list-style-type: none"> <li>• Use peer expertise</li> <li>• Provide a wide range of information</li> <li>• Proactive, seeks out youth</li> <li>• Outreach workers are recognizable and approachable</li> <li>• Confidential</li> <li>• Multi-location, accessible to youth</li> <li>• Outreach at special events (concerts, fairs)</li> <li>• Condoms are available and distributed</li> <li>• Snowball recruitment for new outreach workers</li> <li>• Could be a formal, structured outreach program</li> <li>• Could use informal peer networks (outreach workers only reach their friends)</li> </ul>
<b>Price (audience's barriers)</b>	<ul style="list-style-type: none"> <li>• Youth might find outreach intimidating or insulting</li> <li>• Youth may not have access to help when it is needed</li> <li>• Youth may need one-on-one counseling</li> <li>• Youth may find peer outreach too familiar, not anonymous enough</li> </ul>
<b>Places to do outreach and suppliers of services</b>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• Streets</li> <li>• Neighborhoods</li> <li>• Hangouts</li> <li>• Special events</li> </ul> <p><i>Suppliers:</i> Outreach workers could be well-trained 14-18 year olds who are culturally and regionally similar to target audience; program could be managed by local CBO or other partner organization</p>
<b>Component promotion</b>	<ul style="list-style-type: none"> <li>• Peers</li> <li>• Peer networks</li> <li>• Gimmicks</li> <li>• Youth venues</li> <li>• Media</li> <li>• Other components would promote outreach workers</li> </ul>
<b>Assessment using criteria</b>	<p><i>Reach:</i> Medium-high  <i>Impact on key elements:</i> High  <i>Attractiveness to audience:</i> High  <i>Operational feasibility:</i> High  <i>Political feasibility:</i> High (but low for school-based outreach)</p>

## Condom access and distribution

<b>Key elements addressed by component</b>	<ul style="list-style-type: none"> <li>• Condom access and availability</li> <li>• Community and peer norms</li> </ul>
<b>Possible component characteristics</b>	<p>Distribution options could include:</p> <ul style="list-style-type: none"> <li>• Peer distribution of condoms (such as through outreach component)</li> <li>• Vending machines</li> <li>• Baskets of condoms</li> <li>• Help stores change policy for display of condoms, sales to youth, or clerk assistance</li> <li>• Better access and display in stores</li> <li>• Distribution available nights and weekends</li> <li>• Counseling opportunities with distribution of condoms (such as through peer outreach component)</li> <li>• Volunteers “adopt” a site and replenish display</li> <li>• Use popular condom brands that youth prefer</li> <li>• Condoms could have stickers with referral information</li> </ul>
<b>Price (audience’s barriers)</b>	<ul style="list-style-type: none"> <li>• Free or low cost to audience</li> <li>• Youth may find getting condoms inhibiting or embarrassing</li> <li>• Youth may deny need to be prepared to have condoms</li> <li>• Retailers, clerks, and pharmacists may not be supportive</li> </ul>
<b>Place to reach audience and suppliers of services</b>	<ul style="list-style-type: none"> <li>• Clubs</li> <li>• Restaurants</li> <li>• Bars</li> <li>• Movie theaters</li> <li>• Shops</li> <li>• Music stores</li> <li>• Concerts</li> <li>• Hangouts</li> <li>• Drug stores</li> </ul> <p><i>Suppliers:</i> retailers, pharmacists, peers, vending machines, clinics, CBOs</p>
<b>Promotion</b>	<ul style="list-style-type: none"> <li>• Condom holding gimmicks: keychains, pouches or compacts</li> <li>• Outreach at special events</li> <li>• Media</li> <li>• Other components promote condoms</li> </ul>
<b>Assessment using criteria</b>	<p><i>Reach:</i> Medium  <i>Impact on key elements:</i> High for condom access  <i>Attractiveness to audience:</i> High  <i>Operational feasibility:</i> High (medium if use vending machines)  <i>Political feasibility:</i> Medium (low to medium if use vending machines)</p>

## Media (mass and print)

<b>Key elements addressed by component</b>	<ul style="list-style-type: none"> <li>• Community and peer norms</li> <li>• Condom use and communication skills (through modeling skills)</li> <li>• Promotion of other components</li> </ul>
<b>Product attributes (possible component characteristics)</b>	<ul style="list-style-type: none"> <li>• Use mass media and print media</li> <li>• Give normative message</li> <li>• Promote and support other components</li> <li>• Can be PSAs, news items, paid advertising, print materials, gimmicks</li> <li>• Can use slogan</li> <li>• Does not talk down to audience</li> <li>• Messages are truthful, factual and direct</li> <li>• Messages are not repetitive</li> <li>• Use a source or spokesperson credible to the audience</li> <li>• Materials are fun, entertaining, attractive to the audience</li> <li>• Materials use youth language and terminology</li> <li>• Materials are appropriate to low literate youth and youth who speak other languages</li> </ul>
<b>Price (audience's barriers)</b>	<p>None: Free or low cost to audience</p>
<b>Place to reach audience and suppliers of services</b>	<ul style="list-style-type: none"> <li>• Radio</li> <li>• TV</li> <li>• News shows</li> <li>• Newspaper articles</li> <li>• Movie previews</li> <li>• Video game intros</li> <li>• Billboards</li> <li>• Stickers</li> <li>• Distribution of print materials at hangouts, in record stores, through outreach workers</li> </ul> <p><i>Suppliers:</i> sponsors of media services, collaborators</p>
<b>Promotion</b>	<ul style="list-style-type: none"> <li>• Media materials are self-promoting</li> <li>• Other components use the print materials</li> </ul>
<b>Assessment using criteria</b>	<p><i>Reach:</i> Very high (especially for mass media)  <i>Impact on key element:</i> High for community norms  <i>Attractiveness to audience:</i> Medium to high  <i>Operational feasibility:</i> Medium (depending on sponsorships)  <i>Political feasibility:</i> Medium</p>

## Skills workshops for youth

<b>Key elements addressed by component</b>	<ul style="list-style-type: none"> <li>• Condom use and communication, negotiation, and refusal skills</li> <li>• Self-efficacy</li> <li>• Community and peer norms</li> <li>• Access to condoms</li> </ul>
<b>Product attributes (possible component characteristics)</b>	<ul style="list-style-type: none"> <li>• Multisession to ensure adequate exposure and practice</li> <li>• Multicomponent to cover all appropriate topics</li> <li>• Hands-on and active for participants</li> <li>• Include life skills in workshop to attract many youth</li> <li>• Sessions can be customized or tailored to the interests of attending participants</li> <li>• Participants each get one-on-one attention</li> <li>• Peer involved or peer-led, can involve HIV+ youth</li> <li>• Fun, entertaining, and attractive to audience</li> <li>• Seen as social event, where participants can meet other teens</li> <li>• Condoms available</li> <li>• Convenient (times and locations) for youth</li> </ul>
<b>Price (audience's barriers)</b>	<ul style="list-style-type: none"> <li>• Youth may not have time</li> <li>• Transportation may be difficult or expensive</li> <li>• Youth see the workshops as uncool</li> </ul>
<b>Place to reach audience and suppliers of services</b>	<ul style="list-style-type: none"> <li>• Youth hangouts, venues</li> <li>• Youth organizations</li> <li>• Summer camps</li> <li>• Adult venues</li> <li>• Recreational, social venues</li> <li>• College campuses</li> </ul> <p><i>Suppliers:</i> peers, experts, existing services</p>
<b>Promotion</b>	<ul style="list-style-type: none"> <li>• Peer endorsed</li> <li>• Media</li> <li>• Role model endorsed</li> <li>• Events</li> <li>• Peer outreach workers</li> </ul>
<b>Assessment using criteria</b>	<p><i>Reach:</i> Low  <i>Impact on key elements:</i> Very high  <i>Attractiveness to audience:</i> Low to medium  <i>Operational feasibility:</i> High  <i>Political feasibility:</i> High</p>

## Hotline

<b>Key elements addressed by component</b>	<ul style="list-style-type: none"> <li>• Community and peer norms</li> <li>• Skills (communication and negotiation)</li> <li>• Self-efficacy</li> </ul>
<b>Product attributes (possible component characteristics)</b>	<ul style="list-style-type: none"> <li>• Build service on existing hotline if possible</li> <li>• Create new hotline if necessary</li> <li>• Free call</li> <li>• Easy-to-remember number</li> <li>• Confidential to caller</li> <li>• Multi-lingual phone counselors</li> <li>• Appropriate hours for youth</li> <li>• Counselors offer skills, referrals, and access information</li> </ul>
<b>Price (audience's barriers)</b>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Youth may be afraid parents might overhear</li> <li>• Youth may be afraid that they may be recognized by counselor</li> <li>• Youth may be afraid of receiving misinformation</li> <li>• Parents or friends may create environment or times when youth cannot call</li> <li>• Youth may want to avoid reality and consequences of sexuality and risky behavior</li> </ul>
<b>Place to reach audience and suppliers of services</b>	<ul style="list-style-type: none"> <li>• Youth have access to telephones</li> <li>• Calling area should be wide enough for all target areas</li> </ul> <p><i>Suppliers:</i> peer operators, counselors, medical personnel; build on an existing hotline</p>
<b>Promotion</b>	<ul style="list-style-type: none"> <li>• Ads by phones at popular venues</li> <li>• Live radio call-in program</li> <li>• Gimmicks with hotline number</li> <li>• Make service look fun and appealing</li> <li>• Media</li> <li>• Promoted by other components (such as outreach workers)</li> </ul>
<b>Assessment using criteria</b>	<p><i>Reach:</i> Potentially medium, as is accessible to all in target audience and in geographic area</p> <p><i>Impact on key elements:</i> Medium</p> <p><i>Attractiveness to audience:</i> Medium</p> <p><i>Operational feasibility:</i> Medium (low if establishing a new hotline)</p> <p><i>Political feasibility:</i> High</p>

### Skills workshops for parenting adults

<b>Key elements addressed by component</b>	<ul style="list-style-type: none"> <li>• Community norms</li> <li>• Skills (communication and negotiation, through parents)</li> <li>• Access to condoms (through parents)</li> </ul>
<b>Product attributes (possible component characteristics)</b>	<ul style="list-style-type: none"> <li>• How to talk to teens about sex, choices, responsibility</li> <li>• How to deal with embarrassment</li> <li>• Tie in to other interest or forum</li> <li>• Role playing</li> <li>• Convenient for parents (time and location)</li> <li>• Incentives</li> <li>• Can be single or multiple sessions</li> </ul>
<b>Price (audience's barriers)</b>	<ul style="list-style-type: none"> <li>• Parents don't have time</li> <li>• Parents are embarrassed about talking about their child's sexuality or about how to deal with their child</li> </ul>
<b>Place to reach audience and suppliers of services</b>	<ul style="list-style-type: none"> <li>• Family planning clinics</li> <li>• Schools</li> <li>• Churches</li> <li>• Parks, recreation centers</li> <li>• Community colleges</li> <li>• Employment</li> </ul> <p><i>Supplier: CBO</i></p>
<b>Promotion</b>	<ul style="list-style-type: none"> <li>• Newspapers</li> <li>• Schools, parent-teacher association</li> <li>• Churches</li> <li>• Employers</li> </ul>
<b>Assessment using criteria</b>	<p><i>Reach: Low</i>  <i>Impact on key elements: Medium to high</i>  <i>Attractiveness to adult audience: Low</i>  <i>Operational feasibility: High</i>  <i>Political feasibility: High</i></p>

## Appendix B: 1996 timeline for implementation

<i>Action or decision step</i>	<i>Responsibility</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>Sept.</i>	<i>Oct.</i>
<b>Refine components:</b>							
collect information about other similar programs							
review lessons learned from similar programs	AED, staff, workgroups						
community resource inventory: list CBOs, vendors and other collaborators	staff						
define overall program objectives	staff, workgroups						
refine component descriptions including: ⇒ objectives (based on main message and key elements) ⇒ scale or reach ⇒ roll-out strategy ⇒ promotional strategy ⇒ budget and resources needed ⇒ potential collaborators ⇒ materials needed (print, curricula, etc) ⇒ staff training needed ⇒ community buy-in needed, outreach strategy ⇒ strategies for integration with other components, such as generating demand through or for other components ⇒ potential issues management concerns ⇒ timeline ⇒ monitoring process	staff, with input from workgroups						
finalize component choices	Council						
get youth feedback	staff, YAC, sub-contractors						
get feedback from potential collaborators and key informants/gatekeepers, outreach to community	staff						
write workplans for use by collaborators/contractors	staff						
develop timeline for all components, ensuring appropriate sequencing and resources	staff						
develop program vision and tone	staff, workgroups						
identify creative team	staff						
develop creative brief	creative team						
get youth focus group feedback	staff						
<b>Begin implementation</b> , defined as the start of creative, production, or service activities	contractors, monitored by staff						