

Center of Excellence for Infant and Early Childhood Mental Health Consultation

Communications Resources



THE CENTER OF EXCELLENCE FOR
Infant and Early Childhood
Mental Health Consultation

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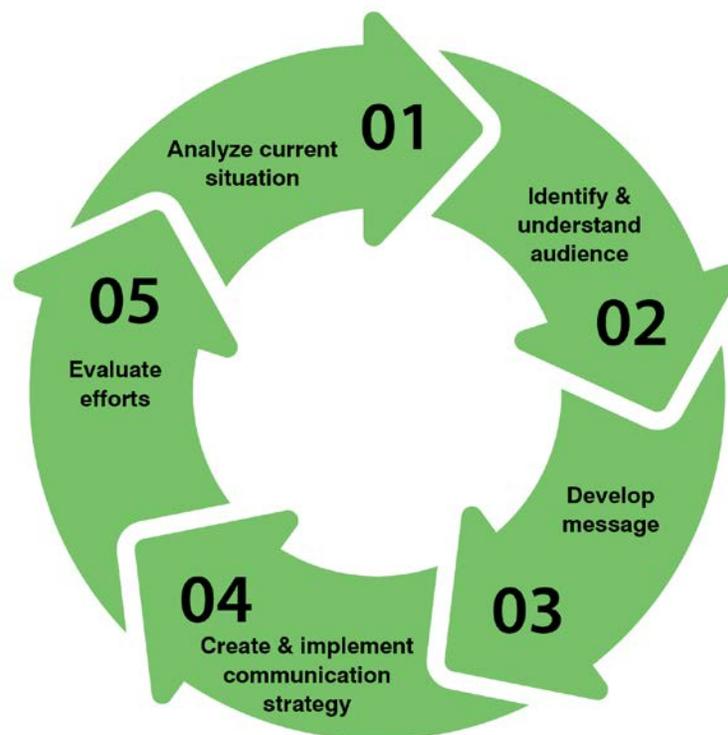
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Introduction

This document suggests resources to assist leaders within a state, tribal community, or other community in promoting and supporting plans for the adoption, implementation, expansion, and/or sustainability of Infant and Early Childhood Mental Health Consultation (IECMHC). The resources listed here represent several approaches to developing and maintaining effective communications. Moreover, they provide guidance on engaging audiences, fostering collaboration and partnerships among stakeholders, and applying communications theory to advocate change.

Resources for the Five-Step Communications Process

The toolkits listed below can guide you through the communications planning process as a whole. Later in this document, resources specific to each step are suggested.



Communications Toolkit, created by the Massachusetts Technical Assistance Partnership for Prevention (MasTAPP)

<http://masstapp.edc.org/communications-toolkit>

This interactive resource allows users to both understand communications strategies as a whole and to employ these strategies in creating or sustaining a program. The toolkit provides instruction on concepts and evidence-based practices through reader-friendly sections, interactive activities, tips, and worksheets on audience

selection and segmentation, message formulation, marketing implementation, and evaluation—all the tools needed to capitalize on the capacity of a team and community to enact change.

***Community Toolbox*, created by the Work Group for Community Health and Development, University of Kansas**

<http://ctb.ku.edu/en/table-of-contents>

Community-building skills are an important component of effective communication. This free online toolkit offers step-by-step guidance on how to connect people, ideas, and resources to improve and sustain overall community health.

***Gateway to Health Communication & Social Marketing Practice*, created by the Centers for Disease Control and Prevention (CDC)**

<http://www.cdc.gov/healthcommunication/index.html>

This website offers insights, tools, and templates on a variety of topics, including audience profiling and segmentation, launching social marketing campaigns, selecting channels of communications delivery, and communications research and evaluation.

Resources for Step 1: Analyze the Current Situation

***Communications Toolkit*, created by MasTAPP**

[http://masstapp.edc.org/sites/masstapp.edc.org/files/MasTAPP Communications Toolkit 10.1.15 FINAL.pdf](http://masstapp.edc.org/sites/masstapp.edc.org/files/MasTAPP%20Communications%20Toolkit%2010.1.15%20FINAL.pdf)

As noted, this resource covers all five steps of the communications process, but the section titled Analyzing Your Situation (pp. 3–6, 37, 40) will be particularly useful for Step 1. Although this Toolkit was developed for communities dealing with substance abuse prevention, teams can use the resource as a starting place for tying together strategic goals or plans for IECMHC. The Toolkit describes what teams will want to take into consideration when reflecting on what you presently have in place (budget, staff, etc.), obstacles for implementing, expanding, or sustaining IEMCHC, and how communications can help your team overcome these obstacles.



Resources for Step 2: Identify Appropriate Audiences and Ambassadors

“Chapter 5: Moving from Descriptions of People to Understanding, Empathy, and Insight” in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013, pp. 158–203)

There is nothing more important to successful communications efforts than understanding your audience—both what they know and what they believe. If you can get a good picture of what is important to them and why, you can create communications strategies and tactics that will provide the audience with a reason to help you succeed in your overall goals.

Equally important is the need to identify and train ambassadors. Audiences may react more favorably to those whom they respect, perceive as credible, relate to, or identify with. Find out what a good ambassador looks like at the same time you are identifying your audience.

Emotions play a fundamental role in decision-making. Descriptive data, in combination with empathy for the intended audience, increase the probability for successfully implementing a communications plan.

In thorough detail, Chapter 5 explains the following:

- ◆ How to identify an audience’s readiness for change and then use this as a basis for setting appropriate change objectives (p. 159)
- ◆ The benefits of using empathy as a driver for change in conjunction with evidence-based practices (p. 162)
- ◆ Developing archetypes as a means of understanding the perspective of a particular audience (pp. 163–173)

***Making Health Communication Programs Work* (Bethesda, MD: U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, 2002)**

<https://www.cancer.gov/publications/health-communication/pink-book.pdf>

Often called the “Pink Book,” this is an excellent resource for step-by-step guidance on creating communications programs, from start to finish. Stage 1 of this planning guide (pp. 15–27) explains how to define different segments of an audience, based on whom the problem affects most significantly. Each specific intended audience is identified based on common behavioral, cultural, demographic, physical, or psychographic characteristics. These segments may be further organized by priority level, based on what the segment can help you achieve. The guiding questions addressed include the following:

- ◆ Whom does the problem affect, and how? In other words, what audiences can achieve positive outcomes with the use of IECMHC?

- ◆ How will the team learn about the intended audience(s)? Whom do you need to talk to learn about your audience?
- ◆ What factors affect the audience (e.g., budget concerns, referral options, acceptance by staff)?
- ◆ What does the intended audience already know about the topic? Does the intended audience hold any misconceptions?

Communications Toolkit, created by MasTAPP

[http://masstapp.edc.org/sites/masstapp.edc.org/files/MasTAPP Communications Toolkit 10.1.15 FINAL.pdf](http://masstapp.edc.org/sites/masstapp.edc.org/files/MasTAPP%20Communications%20Toolkit%2010.1.15%20FINAL.pdf)

The “Identifying and Understanding Your Audience” section of this Toolkit (pp. 7–11) provides resources and guidance on identifying, profiling, and understanding an intended audience. It also outlines how to efficiently solicit the audience’s input throughout the process of developing and publicizing a core message (see Step 3, below).

“Worksheet B: Profiling Your Audience” (p. 35) is a tool for outlining the profile of an intended audience—documenting its demographic, cultural, behavioral, and psychographic characteristics.

“Changing Health Behaviors with Social Marketing” by Maria E. Suarez-Almazor (in *Osteoporosis International*, vol. 22, issue 3, pp. 461–463, 2011)

This article describes the principles of social marketing, expounding on its four core elements (also known as the “four P’s”): Product (IECMHC), Price (perceived barriers), Place (channels of communication delivery), and Promotion (increasing your audience’s acceptance of and desire for IECMHC). Both at the onset and throughout a social marketing campaign, it is essential to establish a partnership and to integrate the participation of key stakeholders in each of the four elements. The author describes the process of segmentation, its importance in identifying a reachable target, and how to position the desirable product in a congested, “noisy” environment.

Resources for Step 3: Develop the Message

Each audience that you identify as being able to help you achieve your goals will likely need a tailored version of a core message that speaks to that audience’s concerns, attitudes, knowledge, and beliefs. A core message stays intact throughout all your messaging efforts but can be tweaked depending on your audience’s profile. As an example, a core message might be, “IECMHC is a necessary and positive part of infant and early childhood health and wellness.” This message should then be customized, depending on which audience you are appealing to (e.g., policymaker, state mental health administrator, Tribal Council or Governing Board, home visiting agency head, director of a childcare center or Head Start Program).



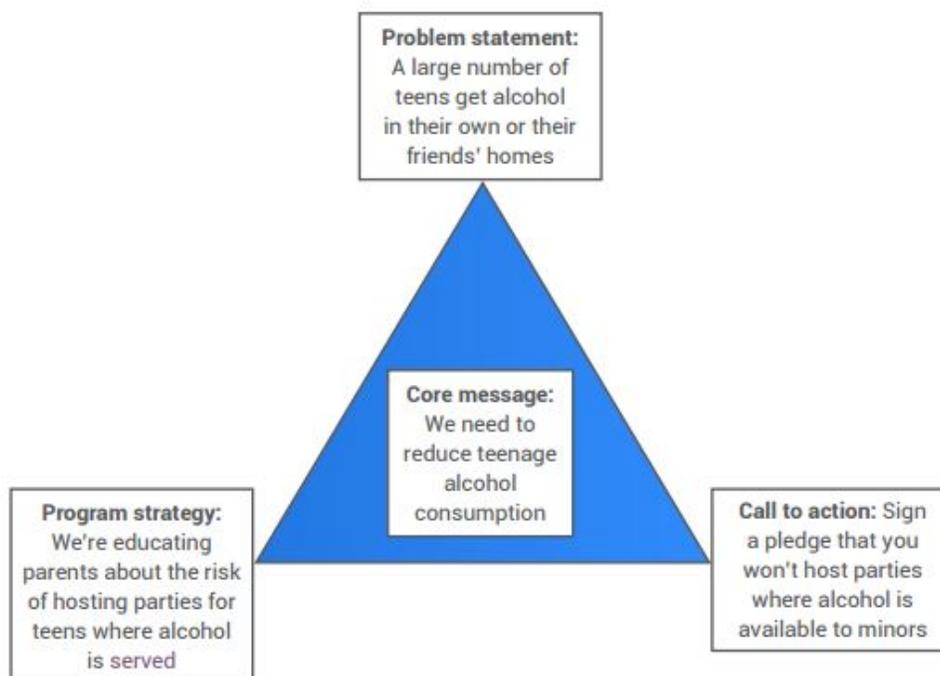
Three-Point Messaging

A common way to tailor a message is through the use of a three-point or triangle framework. The three corners of the triangle represent ways to address the audience so they can relate and be motivated to support and act on your needs:

1. The **problem statement** defines the main issue and its importance to the intended audience.
2. The **program strategy** focuses on what is being done to address the problem.
3. The **call to action** outlines the steps that the intended audience can take to see the desired outcomes.

The example below is taken from MasTAPP's Communications Toolkit. The core message, directed at parents, is: *We need to reduce teenage alcohol consumption.*

Here's an example of a message triangle about reducing teenage alcohol consumption:



Source: [MasTAPP Communications Toolkit](#)

You can use the same three-point message process to support your core message for IECMHC. See the interactive module in the [Communications section](#) of the IECMHC Toolbox for an example specific to infant and early childhood.

Communications Toolkit, created by MasTAPP

[http://masstapp.edc.org/sites/masstapp.edc.org/files/MasTAPP Communications Toolkit 10.1.15 FINAL.pdf](http://masstapp.edc.org/sites/masstapp.edc.org/files/MasTAPP%20Communications%20Toolkit%2010.1.15%20FINAL.pdf)

The section titled “Developing Your Message” (pp. 13, 36) outlines the basic principles of persuasion, which include being knowledgeable of the facts surrounding the topic, minimizing the costs of the behavior change for the intended audience, and providing concrete action steps.

The Concerns-Based Adoption Model

The Concerns-Based Adoption Model: Series Paper (Number 2) by Susan F. Loucks (Chapel Hill, NC: Technical Assistance Development System, North Carolina University, 1983)

The Concerns-Based Adoption Model (CBAM) serves as a good reminder that if you want people to support your efforts, you must first understand what will make them want to do so. In this article, CBAM is described as a useful assessment tool for forecasting what may be of concern to an audience and how to effectively address these concerns. It outlines the three dimensions of CBAM: Stages of Concern, Levels of Use, and Innovation Configurations. This resource can be used to measure a specific audience’s level of engagement and to determine how your communications goals are reaching individuals within that larger audience. The resource also helps you prepare to answer the fundamental questions that most or all audiences will have, namely:

- ◆ How will this change affect me?
- ◆ What must I do to adopt change?
- ◆ How much extra effort will it require of me?
- ◆ Who else is doing this, so I do not feel like I am doing this in isolation?

“The Concerns-Based Adoption Model: Teachers’ Participation in Action Research” by B. Khoboli and John M. O’Toole (in *Systemic Practice and Action Research*, vol. 25, issue 2, pp. 137–148, 2011)

This resource provides another snapshot of CBAM in an educational setting, from the teacher’s perspective—specifically, how teachers perceive new programs and how they learn to incorporate them. It discusses the benefits of using CBAM, based on two years’ worth of data.

Introduction to the Concerns-Based Adoption Model (CBAM), developed by the Southwest Educational Development Laboratory

<https://www.youtube.com/playlist?list=PL175633190530CC61&feature=plcp>



This four-video set provides in-depth instruction on the three dimensions of CBAM from the lens of those who contributed to its development.

- ◆ Part 1: Introduction to the Concerns-Based Adoption Model (CBAM)
(<https://www.youtube.com/watch?v=6E3rarcATqU>)
- ◆ Part 2: Stages of Concern, a dimension of the Concerns-Based Adoption Model (CBAM)
(https://www.youtube.com/watch?v=7M6eQC1_8Cg)
- ◆ Part 3: Levels of Use, a dimension of the Concerns-Based Adoption Model (CBAM)
(<https://www.youtube.com/watch?v=Pttblrk2qEw>)
- ◆ Part 4: Innovation Configurations, a dimension of the Concerns-Based Adoption Model (CBAM)
(<https://www.youtube.com/watch?v=hPjp-LPFS6s>)

Incorporating Cultural and Linguistic Competency in Your Messaging

Effective communications must embrace cultural and linguistic competency and include the appropriate tone and a level of language that is tailored to the intended (or primary) audience. For more information on integrating cultural considerations into communications, please visit the Cultural Competence section of MasTAPP's website:

<http://masstapp.edc.org/cultural-competence>

For Tribal Nations, please refer to the **Tribal Home Visiting Dissemination Toolkit, developed by Tribal Evaluation Institute** <http://www.tribaleval.org/dissemination/dissemination-toolkit/>

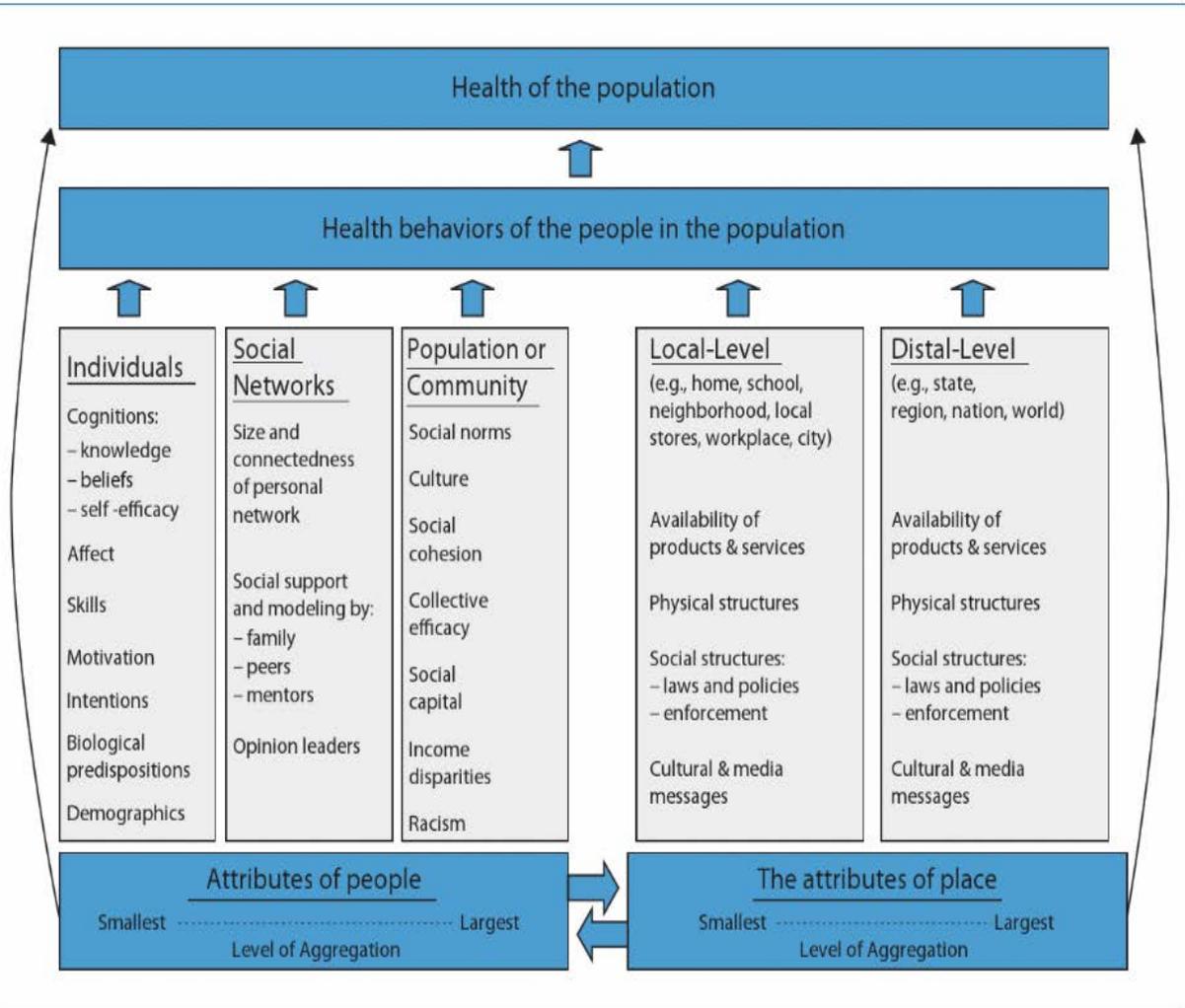
This Toolkit supports Tribal Home Visiting Programs, providing dissemination resources including, program evaluation, success stories, style guides, and talking points.

Creating Empathy Messages

“Chapter 2: Principles of Social Marketing” (pp. 46–47) and “Chapter 5: Moving from Descriptions of People to Understanding, Empathy, and Insight” (pp. 158–203) in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013)



Chapter 2 introduces the People and Places framework shown below,¹ which illustrates the impact of small and large attributes of an audience segment—both as individuals and in the context of their respective environments—on the behavior and health of the overall population.



Source: Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment by R. Craig Lefebvre

Teams can use this framework to help develop an empathetic marketing message.

Chapter 5 of Lefebvre’s book helps readers better understand how marketers think about audiences. The table below² was derived using the Zaltman metaphor elicitation technique—an analytical method of eliciting deeper

¹ From Maibach, E., Abrams, L., & Marosits, M. (2007). Communication and marketing as tools to cultivate the public’s health: A proposed “people and places” framework. *BMC Public Health*, 7(1), 88.

² From Zaltman, G., & Zaltman, L. (2008). *Marketing Metaphoria: What Deep Metaphors Reveal About the Minds of*



insight into the perception of an audience. These “seven metaphors” are commonly used in social marketing to better understand audiences’ perceptions.

Metaphor	Context (how the metaphor affects thinking)	Examples
Balance	Justice, equilibrium, and the interplay of elements	<ul style="list-style-type: none"> • Ideas of equilibrium, adjusting, maintaining, or offsetting forces, and having things as they should be. • Includes physical balance, moral balance, social balance, and aesthetic and psychological balance.
Connection	The need to relate to oneself and others	<ul style="list-style-type: none"> • Feelings of belonging or exclusion. • Psychological ownership. • Feeling distant or disconnected.
Container	Inclusion, exclusion, and other boundaries	<ul style="list-style-type: none"> • Keeping things in, and keeping things out. • Involves physical, psychological, and social states. • Ideas such as privacy, protection, open or closed, security, fulfillment, vulnerability, financial, and social capital, and memories.
Control	The sense of mastery, vulnerability, and well-being	<ul style="list-style-type: none"> • Feeling in control of our lives and circumstances (or not). • What our span of control is and our rights to make independent decisions. • Whether we can tame nature or are at its mercy. • How we create and enforce social norms, rules, and customs.
Journey	Meeting of past, present, and future	<ul style="list-style-type: none"> • Life as a journey. • Brief or long, fast or slow, uphill or downhill; many journeys are to the unknown; others have predictable outcomes.

Consumers. Cambridge, MA: Harvard Business School Press.



Metaphor	Context (how the metaphor affects thinking)	Examples
Resource	Acquisitions and their consequences	<ul style="list-style-type: none"> • What is needed to survive. • Found in nature and man-made creations. • Family and friends. • Knowledge and information. • Products and services.
Transformation	Changes in substance and circumstances	<ul style="list-style-type: none"> • Changing states or status. • Surprising or expected experiences. • May be actively sought or avoided.

Source: Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment by R. Craig Lefebvre.

Adapted from Table 5.1 Seven deep metaphors that shape people’s perceptions, understanding, and actions.

Resources for Step 4: Create and Implement a Communications Strategy

According to the Center for Nonprofit Management, “Without exception, effective communications strategies are built on a solid foundation of research and planning.”³

Guide to Effective Program Communications

***Making Health Communication Programs Work* (Bethesda, MD: U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, 2002)**

<https://www.cancer.gov/publications/health-communication/pink-book.pdf>

As mentioned in Step 2, this “how to” guide takes readers through each stage of the communications planning process. The Introduction and Stage 1 go over various communications strategies, providing frameworks, theories, and models of change pertinent to how market research supports communications plans, as well as a guide for planning and implementing a communications campaign. Stages 2 through 4 discuss how to continue developing and improving communications strategies.

³ From Center for Nonprofit Management. (2016). What are the first steps in developing a strategic communications plan? *Nonprofit Answer Guide*. Retrieved from <http://nonprofitanswerguide.org/marketing-communications/>



Identifying and Using Appropriate Communications Channels

“Chapter 12: Social Technologies for Social Marketing and Social Change” in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013, pp. 414–444)

From social media to mobile phones, the increase in the use of new social technologies presents a platform for social marketing programs and campaigns to reach audiences in different ways and promote social change. Writes Lefebvre, “The essence of social media is in their intrinsic capability to facilitate collaborations and interactions among people” (p. 415). In other words, social media is more than just a new method of reaching people individually; it is a means to mobilize groups of people regardless of where they are or if they even know one another. It is also a tool that requires understanding its culture in order to be used most effectively. Chapter 12 outlines specific guidelines for making the most effective use of social media.

“How to Do It?” (May 2016) on the *Gateway to Health Communication & Social Marketing Practice* website, created by the CDC

<http://www.cdc.gov/healthcommunication/healthbasics/howtodo.html>

This section of the CDC website provides guidelines and pertinent resources for effective health communications and social marketing campaigns, using the following steps: (1) describing the problem, (2) performing market research, (3) developing interventions, (4) evaluating your plan, and (5) implementing your plan.

“Channels,” on the *Gateway to Health Communication & Social Marketing Practice* website, created by the CDC

<http://www.cdc.gov/healthcommunication/channels/index.html>

This section of the CDC website outlines various channels of communication delivery through which social marketing programs may be relayed, including CDC (or other government entity)-hosted media outlets. It also provides a guide to maximizing use of these channels.

Using Social Marketing as a Model

“Chapter 8: Embedding Marketing in Programs and Organizations” (pp. 270–308) and “Chapter 9: Using Marketing Mix Components for Program Development” (pp. 310–347) in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013)

A number of chapters in Lefebvre’s excellent book can help you better understand the nature of social marketing as you plan to implement, adopt, expand, or sustain your IECMHC efforts. In particular, Lefebvre emphasizes the notion that a successful communications plan is the outcome of its marketing strategy and



involves the four P's of marketing: Product (which can include behavior), Price (actual and perceived benefits, cost, and value), Place (including accessibility and available opportunities), and Promotion (including the communications strategy). For example, for IECMHC:

- ◆ **Product** refers to IECMHC itself.
- ◆ **Price** refers to what you must do in order to take advantage of IECMHC. It could represent any type of obstacle you need to overcome, or something that you must give up in order to adopt, expand, or sustain IECMHC. In this case, it must be very clear to the audience that the “price” they have to pay is worth what they will get in return. This is where your messaging plays a pivotal role. How can you communicate that what may be perceived as obstacles for obtaining IECMHC are manageably overcome and within the reach of those desiring the services?
- ◆ **Place** refers to where you need to communicate about IECMHC in order for it be adopted, expanded, or sustained. Where does your audience get its information? For example, do you need to go to each childcare center director in your area? Could you enlist a state or national organization to help you spread the word?
- ◆ **Promotion** refers to how you will create demand for IECMHC and what communications channels you will use. For IECMHC, this could mean using local media to tell a compelling story about the benefits of IECMHC, or using a conference venue to reach a new audience, or appealing to and enlisting a parent advocacy group to speak to state legislators.

Chapter 8 in Lefebvre's book provides in-depth how-to's for creating a marketing strategy, guiding questions teams can use to design a program strategy, and benchmark criteria to adhere to during the development of a marketing strategy (pp. 274, 300). It lists a number of considerations, including the context in which the intervention will take place, organizational strengths and competencies, partners' capabilities, behavioral determinants, and priority group insights (p. 271). It also outlines the principles for success in social marketing programs, and how teams can develop and use a mixed strategies approach when the intended audience comprises different priority groups who need different methods of appeal (pp. 277–285).

Figure 8.1 (p. 273) outlines the major steps in developing an effective social marketing strategy:

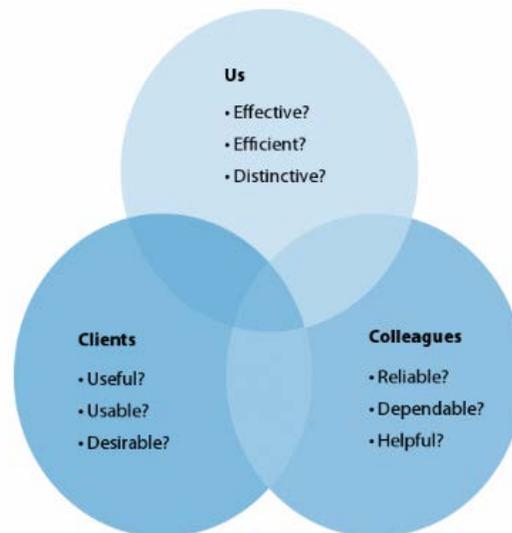


In *Chapter 9*, Lefebvre focuses on the implementation of social marketing programs; he further explores the four P's and how to incorporate them into a communications plan. For each of the four P's, the message must be

framed with a specific priority audience (or segment) in mind. In selecting a channel of communication, teams must consider both the audience and the behavior of concern. Mass media, for example, has been shown to be less effective in enacting change on complex health behavior.⁴

Figure 9.1 (p. 318) depicts nine points to consider when designing a plan to forward the team’s adoption, implementation, expansion, or sustainability goals.

FIGURE 9.1 Nine marketing considerations for designing services



Using Social Marketing as a Tool to Prompt Change

“A Social Marketing Approach to Changing Mental Health Practices Directed at Youth and Adolescents” by Alan R. Andreasen (in *Health Marketing Quarterly*, vol. 21, issue 4, pp. 51–75, 2004)

This article discusses the process of persuading an audience by gaining insight into the audience’s perspective and outlines a method of effective social marketing. The Benefits, Costs, Others, and Self-Efficacy framework can be used to remind program leaders of the pivotal influence of the audience. Andreasen also cautions against being too organization-centered and not listening to the audience. Since this article addresses costs and benefits, it may be especially beneficial for funders, policymakers, and stakeholders.

“Chapter 11: Personal and Community Engagement in Change” in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013, pp. 386–410)

⁴ Olson, S. J. (2014). Review of Social marketing and social change: Strategies and tools for health, well-being, and the environment. *Health Promotion Practice*, 15(3), 309-312

Chapter 11 describes the concept of community-based social marketing (CBSM) and the ambassador and advocate roles that individuals within the intended audience can play throughout the establishment of a social marketing program. Among its notable outcomes, this approach builds community capacity and empowers community members. The Table below, adapted from Figure 11.2 (p. 397)⁵ depicts the nine-step CBSM model and the recommended tasks for its promotion.

Steps	Tasks
Step 1: Mobilize the community	<ul style="list-style-type: none"> • Build committee structure to guide CBPM process • Training community members in marketing mind-set
Step 2: Develop community profile	<ul style="list-style-type: none"> • Assemble local data on community problems and assets • Summarize existing data on health foci and target population affected by problem
Step 3: Select target behaviors, audiences, and interventions	<ul style="list-style-type: none"> • Develop criteria for selecting the priority behaviors and audiences • Review community profile, interpret, and prioritize associated health programs and risk factors • Select target behavior and audience segments • Review evidence-based interventions • Decide if interventions can be tailored or a new one must be designed
Step 4: Build community capacity	<ul style="list-style-type: none"> • Teach community members to apply a marketing orientation to problem identification, program planning, and implementation
Step 5: Formative research	<ul style="list-style-type: none"> • Train interested community members in data collection techniques • Conduct participatory consumer research using primary and secondary sources
Step 6: Strategy development for designing or tailoring the intervention	<ul style="list-style-type: none"> • Develop a comprehensive, strategic plan organized around marketing's conceptual framework • Develop detailed implementation plan • Develop logic model and evaluation plan
Step 7: Program development	<ul style="list-style-type: none"> • Develop or adapt/tailor program materials • Use participatory research to pilot test tactics and materials • Mobilize community resources needed to implement and sustain program activities

⁵ From Bryant, C. A., et al. (2007, May). Community-based prevention marketing. *Health Promotion Practice*, 8(2), 154–163.



Steps	Tasks
Step 8: Program implementation	<ul style="list-style-type: none"> • Implement program on limited scale
Step 9: Tracking and evaluation	<ul style="list-style-type: none"> • Monitor program processes and impact • Use results to make mid-course revisions • For new interventions, determine if intervention is worthy of further evaluation • For tailored interventions, determine if success warrants dissemination

Adapted from Figure 11.2 Steps and key tasks in community-based prevention marketing

Branding and Positioning

“Chapter 7: Strategic Positioning and Brands” in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013, pp. 250–266)

Branding is a concept that is driven by human emotion and motivation and addresses the question of why the intended audience would change their behavior. *Positioning* incorporates both your understanding of your audience’s values and perspectives and your assessment of your program’s capacity to efficiently collaborate with the audience in bringing about your desired outcomes (p. 250).

Chapter 7 includes an outline for a brand strategy document (p. 257), examples of successful branding, and how to overcome challenges that are often encountered in branding.

Resources for Step 5: Evaluate Communications Efforts

“Chapter 10: Monitoring and Evaluation” in *Social Marketing and Social Change: Strategies and Tools for Health, Well-Being, and the Environment* by R. Craig Lefebvre (San Francisco, CA: Jossey-Bass, 2013, pp. 350–383)

In *Chapter 10*, Lefebvre highlights the use of monitoring and evaluation as a means of managing the use and appropriate distribution of resources in every phase of a program’s cycle—planning, implementation, monitoring, and evaluating. This increases the likelihood of the successful implementation of the social marketing program by encouraging you to create benchmarks for tracking progress, effectiveness, and achievement gaps. You can use these benchmark criteria to adopt use of assessment tools, such as the community education monitoring system, which Lefebvre describes in detail (pp. 353–354). To ensure the greatest level of efficiency and success, monitoring and evaluation must be employed throughout the entire social marketing campaign.

