



Fidelity Rubric for Social Marketing

Core Activity	Missing	Weak Fidelity	Moderate Fidelity	Strong Fidelity
	0	1	2	3
Assessment	No	<ul style="list-style-type: none"> Target audience selected based on data Message focus only 	<ul style="list-style-type: none"> Both qualitative and quantitative data was utilized / analyzed. Segmented target audience Audience focused orientation 	<ul style="list-style-type: none"> Utilized a mix of qualitative and quantitative research Experts analysis Segmented target audience Audience focused orientation
Capacity	No	<ul style="list-style-type: none"> Orientation to Social Marketing Methods. A logic model was developed 	<ul style="list-style-type: none"> Training on Social Marketing and key experts are consulted on the plan. A logic model Creation and continuation of partnerships Meetings and workshops with key coalition members. 	<ul style="list-style-type: none"> Training on Social marketing and key experts are involved in the planning Creation and continuation of partnerships A logic model Introduction of training and education to promote readiness, cultural competence, leadership, and evaluation capacity Creation and continuation of partnerships Meetings and workshops with key stakeholders, coalitions, and service providers
Planning	No	<ul style="list-style-type: none"> Message development was based on eye balling the data and a consensus of coalition members 	<ul style="list-style-type: none"> Message development through an analysis of the data The 4 Ps were utilized Real and perceived barriers assessed Pre-testing Target group participation in the design 	<ul style="list-style-type: none"> Message development through an analysis of the data Consultation and collaboration with an evaluation team The 4 P s were utilized Real and perceived barriers assessed Pre-testing utilizing recognized methods and experts. Pre-testing Target group participation in the design Long term commitment
Implementation	No	<ul style="list-style-type: none"> No monitoring of during the implementation 	<ul style="list-style-type: none"> Collection of process data and additional pre-implementation data. Using a variety of means to reach the target audience Implementation of an Evaluation Plan 	<ul style="list-style-type: none"> Collection of process data and additional pre-implementation data. Using a variety of means to reach the target audience Success indicators were monitored incrementally Implementation of an Evaluation Plan Creating synergy with complementary strategies
Evaluation	No	<ul style="list-style-type: none"> Process data was collected and analyzed 	<ul style="list-style-type: none"> Process and outcome measures Expert evaluators were consulted 	<ul style="list-style-type: none"> Process and outcome measures Multiple methods utilized (e.g. interviews or phone surveys) Archival data utilized. Consultation and collaboration with an evaluation team



Fundamental Components

Over the past few years, academics and practitioners have tried to identify the fundamental components of social marketing (Lefebvre and Rochlin, 1997; Maibach et al., 1997; Middlestadt et al., 1996; Smith, 1998). This following list is a summary:

1. Developing an audience-centered orientation, rather than one that focuses on the message to be conveyed. This orientation is achieved by holding formative research activities to better understand the audience profile (needs, wants, perceptions, lifestyles, living environment and media habits).
2. Segmenting the audience or clientele. For example, it would be wrong to say that all adolescents between the ages of 14 and 18 think and behave the same way. Segmentation based on predisposition, motives, values and lifestyle is essential when designing and targeting social marketing activities.
3. Taking into account real and perceived barriers (which prevent people from adopting a new behaviour) combined with a willingness to modify programs, products, services or ideas accordingly. Of course, this involves acting on the systems or structures which create the barriers.
4. Illustrating the benefits for individuals in the target group based on their needs and interests, which are not necessarily the same as those of public health professionals and experts.
5. Using a variety of means to reach target audiences through the media, face-to-face communication and events. The methods selected should be based on an analysis of the target groups' profiles.
6. Pre-testing, as well as ongoing monitoring and evaluation to modify and improve the program. This includes documenting the impact or outcomes.
7. Seeking participation by representatives from target groups at the design stage through research and mobilization activities.
8. Forming partnerships to enhance credibility and facilitate access to target groups. Partnerships also help mobilize the human, financial and material resources required to implement social marketing activities.
9. Creating synergy and complementarily with all other types of approaches to social change, which may have a sustainable effect on the modification of behaviors and health determinants.
10. Making a substantial and long-term financial commitment is equally vital to the success of these types of programs. The extent and duration of financial commitments must be in keeping with the level of change expected. You also need to remember that social change does not take months, but rather years or decades.

References

11. Andreasen, A.R. (1995). *Marketing social change: Changing behavior to promote health, social development, and the environment*. San Francisco: Jossey-Bass.
12. Barrington, G.V. and Kneeshaw, R. (1996). *The HIV/AIDS initiative for young adults: Phase 2, themes*. Gail V. Barrington & Associates Inc. for Alberta Health.
13. Edwards, P. (1997). Social marketing savvy: ParticipACTION celebrates its silver anniversary. *Health Promotion in Canada*, Volume 34, Number 2, 7-9.
14. Goldsmith, M. (1998). Global communications and community of choice. In F. Hesselbein, M. Goldsmith, R. Beckhard and R.F. Schubert (Eds), *The community of the future* (pp. 101-114). San Francisco: Jossey-Bass.
15. Health Canada (1993). *Still making a difference: The Impact of the Health Promotion Directorate's social marketing campaign 1992-1993*.
16. Kneeshaw, R. (1996). *The HIV/AIDS initiative for young adults: Phase 2, literature review*. Gail V. Barrington & Associates Inc. for Alberta Health.
17. Kotler, P. & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing*, 35, 3-12.
18. Lefebvre, R.C. (1997). 25 years of social marketing: Looking back to the future. *Social Marketing Quarterly*, Volume III, Number 3 & 4, 51-58.
19. Lefebvre, R.C. and Rochlin, L. (1997). Social marketing. In K. Glanz, F.M. Lewis, and B.K. Rimer (Eds), *Health Behavior and Health Education: Theory, Research, and Practice* (pp. 384-402). San Francisco: Jossey-Bass.
20. Maibach, E. and Holtgrave, D.R. (1995). Advances in public health communication. *Annu. Rev. Public Health*, 16, 219-238.
21. Maibach, E., Shenker, A. & Singer, S. (1997). Results of the Delphi survey. *Journal of Health Communication*, 2, 304-307.
22. Middlestadt, S., Hoffman, C., D'Andrea, E.M. (1996). *What intervention studies say about effectiveness: A resource for HIV prevention community planning groups*. Washington, D.C.: Academy for Educational Development.
23. Renaud, L., Caron-Bouchard, M. et Sacks-Silver, G. (1990/1). Oui, j'arrête : un instrument scripto-visuel sur l'anti-tabagisme pour les femmes analphabètes fonctionnelles. *Hygie (Revue internationale de promotion de la santé et d'éducation pour la santé)*, Vol. IX, 16-21.
24. Rothschild, M. (1997). An historic perspective of social marketing. *Journal of Health Communication*, 2, 308-309.
25. Smith, W. (1998). Social marketing: What's the big idea? *Social Marketing Quarterly*, Vol. IV, Number 2, 5-17.