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This paper was written with support from the National Cancer Institute, Public Health Service, and the Center for Nutrition Policy and Promotion, U.S. Department of Agriculture.

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Strategic Questions for Consumer-Based Health Communications

SYNOPSIS

USING THE CONSUMER-oriented approach of social and commercial marketers, this article presents a process for crafting messages designed to improve people's health behaviors. The process, termed consumer-based health communications (CHC), transforms scientific recommendations into message strategies that are relevant to the consumer.

The core of CHC is consumer research conducted to understand the consumer's reality, and thereby allowing six strategic questions to be answered. The immediate result of the CHC process is a strategy statement—a few pages that lay out who the target consumer is, what action should be taken, what to promise and how to make the promise credible, how and when to reach him or her, and what image to convey.

The strategy statement then guides the execution of all communication efforts, be they public relations, mass media, direct marketing, media advocacy, or interpersonal influence. It identifies the most important "levers" for contact with the consumer. Everyone from creative specialists through management and program personnel can use the strategy statement as a touchstone to guide and judge the effectiveness of their efforts. The article provides a step by step illustration of the CHC process using the 5 A Day campaign as an example.

Over the past 10 years, the practice of public health has increasingly turned to communications programs to prevent morbidity and premature mortality. One approach to developing these communications programs is “social marketing,” a term coined by Kotler and Zaltman (1) to define a process (not necessarily a theoretical approach) in which commercial marketing concepts and techniques are applied to social and health issues. From their description of social marketing as “...the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research” has grown an enormous amount of interest and application of marketing strategies and techniques to a variety of public health issues.

In addition, academicians and practitioners have sought to systematize the social marketing process. Novelli introduced a six-step “marketing wheel” for planning a social marketing process (2) that has been used in many national health education campaigns (3). Lefebvre and Flora outlined a social marketing approach to public health interventions that included eight components necessary for a comprehensive and integrated program (4). Others have refined and elaborated these models. Roper described the health communication process practiced at the Centers for Disease Control and Prevention that included a 10-step “wheel” of action (5), and Walsh and colleagues (6) described nine “social marketing process elements” synthesized from the work of Kotler and Zaltman (1), Novelli (2), Lefebvre and Flora (4), Manoff (7), and Fine (8). All of these authors emphasize consumer orientation as the basis of social marketing programs.

Building on these earlier writers who have sought to codify the entire planning process for social marketing programs, this article delves into the specific challenge that confronts health communicators in translating marketing concepts and techniques in creating actual messages aimed at improving people’s health behaviors. We present a consumer-based approach to the crafting of health promotion messages based on the work of commercial advertisers, in particular, the R.O.I. (Relevance, Originality, Impact) process developed by Wells (9-12). In this context, we refer

to any potential receiver of a communications effort as a “consumer”; this would include anyone from a legislator to a business owner to an unemployed person. Just as there are many kinds of “consumers” of commercial products and services, there can be many kinds of “consumers” of social ideas and behaviors.

Marketing Health Behaviors

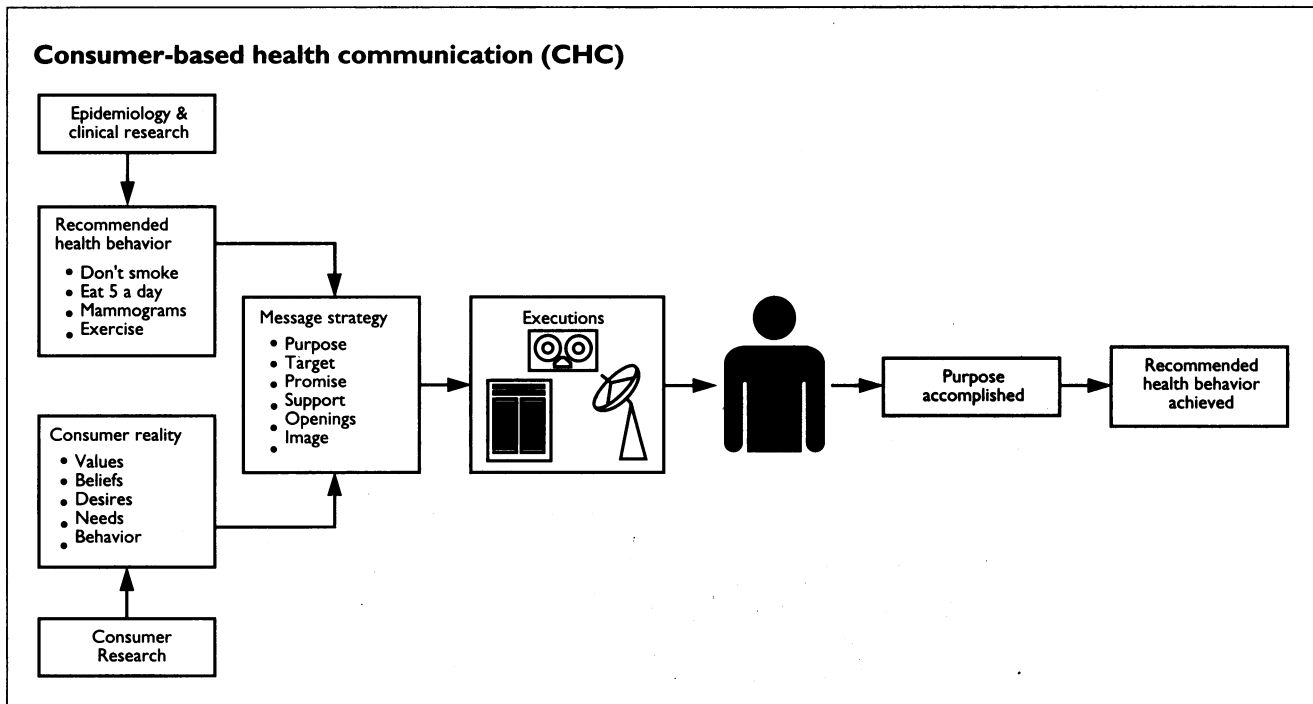
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A common fault of public health programs is to rely solely on clinical and epidemiologic research as the basis for messages. This reliance leads to messages that present “the facts” about a specific health behavior, on the assumption that exposure to these facts will lead to the desired behavior.

However, this approach can yield unanticipated outcomes. For example, a message widely disseminated to women was that women with a family history of breast cancer were at greater risk of having breast cancer themselves. The intent was to increase women’s knowledge about risk factors for breast cancer so that they would seek appropriate screening. However, subsequent consumer research has found that this health message, once processed through the consumer’s reality, was translated as “If I don’t have breast cancer in my family, I don’t need to worry about breast cancer.” Lack of family history of breast cancer is now a primary reason women give for not having a

screening mammogram. Yet, 80 percent of women who are diagnosed with breast cancer have no history of it in their family (13).

The process for developing effective messages for a target audience we term consumer-based health communications (CHC). As shown in the figure, the CHC process is intended to transform scientific recommendations based on clinical, epidemiologic, and other empirical evidence about health promotion, disease prevention, and treatment into message strategies that are relevant to the consumers in a target audience. The core of this approach is research to understand the consumer’s reality. CHC poses a series of strategic questions whose answers, based on research, lead to communications that are relevant, meaningful, and compelling to the audience. The immediate result of the CHC process is a strategy statement—a few pages that lay out who the target consumer is, what he or she is encouraged to do, what to



promise and how to make the promise credible, how and when to reach the consumer, and what image to convey.

This strategy statement then guides the execution of all communication efforts, be they in public relations, mass media, direct marketing, media advocacy, skills building, creating environments supportive of the health behavior, or interpersonal influence. It identifies the most important “levers” for contact with the consumer. Everyone from creative specialists through management and program personnel can use the strategy statement as a touchstone to guide and judge the effectiveness of their efforts.

The core questions around which the CHC process unfolds are best answered with solid consumer research and disciplined creativity, usually in a facilitated work group of people who have diverse knowledge, talents, and skills and who will be responsible for the program. The work group meets after its members have answered the questions individually, based on available research. Then the answers are “juggled in the air” and changed until they fit with each other as a consistent and coherent whole. Over time, consumers change, and answers to the questions should be continually reviewed and updated.

The following sections describe the strategic questions posed by the CHC process. Aspects of the National Cancer Institute’s 5 A Day for Better Health media program, a nutrition education campaign to increase consumption of fruit and vegetables, are used for illustration.

The Consumer-based Communication Process

The CHC process consists of six questions. Although

they are presented sequentially in this paper, in practice each question is answered and then reviewed and revised based on its fit with the answers to the other questions.

Who will be the target consumers and what are they like?

To answer this question one must do empirical research on consumers to describe those who are possible targets and then select the consumer segment likely to achieve the greatest gains toward the public health objective. Target selection is based on several factors: the size of the consumer segment (the number of people the program is trying to reach); the extent to which the consumer segment needs or would benefit from the behavior change (for example, incidence of morbidity and mortality); how reachable they are with available resources (accessibility); and the extent to which they are likely to respond to communications (responsiveness).

A variety of both quantitative and qualitative data sources can help the selection, but quantitative data such as epidemiologic surveillance data, national or local surveys of knowledge, attitudes, and behavior, geodemographic data bases, and data more specific to the area of behavior at issue (for example, food sales data in the case of 5 A Day) is necessary to determine size and need of the segment.

For a public health message to be relevant and effective, however, it must be highly personal; the receiver must be viewed as a person, not as a population statistic. A unique strength of qualitative methods, such as focus groups and in-depth interviews, is that they can help us understand who our target is and provide critical insights into current consumer actions related to specific health behaviors. As we

shall see, a thorough understanding of the target provides the basis for answering the other CHC questions.

The target audience should be specific and vivid. We need to pinpoint this person's demographics (age, sex, race, neighborhood, marital status, household, and so forth) and psychographics (attitudes, interests, opinions, and current behaviors—such as how they go to work, what foods they eat for snacks, how they spend leisure time, what sections of the newspaper they read). What's important to this person? What are his or her feelings, attitudes, and beliefs about the behavior change and its benefits and barriers? What can motivate this person to do something different? Most importantly, we must develop an understanding of the consumer's behavior process, a current "map" of the steps along the way toward or away from the health behavior of interest.

Precise description of the target has another important role; limited resources have more impact when they are concentrated than when they are dispersed. Well described specific targets help to focus efforts where they will be most effective. This maxim is particularly useful for the public health team (or person) with very limited resources. The less we have, the more wisely we must deploy it.

It is not always easy to follow this advice. When we concentrate resources on one target, we miss others. This is a common concern among public officials who believe that the mandate to serve "the public" means the impossible task of reaching and persuading everyone at once. Also, the competing interests of the multiple constituencies to which many health agencies are accountable must be considered (14). However, depending on how any particular public health message is executed and distributed, certain groups will be reached and affected more efficiently than others. The issue is whether this targeting is by design or by default; conscious target selection can maximize impact. When resources permit, a communication program can develop different strategies to meet the different needs of diverse constituencies.

With data from focus groups, mall intercept interviews, a national survey, and two national survey data bases, the 5 A Day media program selected a target audience of people who reported eating two to three servings of fruits and vegetables a day and were also trying to eat more. They represented a large and growing number of consumers predisposed to adopt the new behavior and likely to influence others to change their behavior (15). They also were more

likely than others to have children who were secondary targets of change efforts. One might have targeted people who eat fewer servings of fruits and vegetables, a more needy group. However, the decision was made to work with momentum for impact. The ability to show results also enhances the viability of the program (16). Other audiences can be added later, using different strategies.

According to national consumer surveys, the 5 A Day target consumer was more likely, among other things, to

- *be between the ages of 25 and 55*
- *have a busy, hectic lifestyle*
- *"cut corners" in meal preparation*
- *value convenience in selecting and preparing foods*
- *have health oriented knowledge and attitudes about diet*
- *be concerned about losing weight*
- *see cancer as the health problem to be most concerned about*
- *watch local news, news interview shows, and prime time movies*
- *listen to soft rock, classic rock, easy listening, and country and western radio.*

Effective communication requires an understanding of the target's behavior process, a "map" of the steps along the way to or from the healthy behavior.

It is helpful to personify the target consumer, giving him or her a name and a biography. The characteristics listed were used to construct a portrait of the target audience—including an illustrator's rendering of them—that the entire planning team discussed and understood (16).

This basis of understanding helps to immerse the team in the consumer's reality.

What action should the target person take as a direct result of the communication? This question aims at choosing the consumer's action after the communication. This action may differ from the public health objective, the recommended behavior that is based on clinical and epidemiologic research. The "science" may say people should stop smoking or get a mammogram or eat five or more daily servings of fruits and vegetables. But just telling people to do something ignores where they are coming from or how they can get to the recommended behavior. Effective communication requires an understanding of the target's behavior process, a "map" of the steps along the way to or from the healthy behavior.

For any behavior, people go through a process or series of steps which lead toward or away from that behavior. Various models of such processes exist (15,17-19). Since

behaviors differ, the model—or map—must be adapted to each situation. Consumer research must be used to hone the best fit between the current behavior and a model of it. The resulting model or map will tell us where the target “is” on this map, as well as the mental processes, competitors, benefits, and barriers that comprise its terrain. Then we can identify the specific action that the message will prompt.

A consumer map can help to identify those points in the process where consumers pull away from the recommended health behavior and toward another behavior. For example, some consumers cannot find the vegetables in the refrigerator, so they munch from a bowl of potato chips on a counter top. What are they doing now, instead of the desired behavior? That action is the competition—the behavior we want to replace. Answers help formulate the intermediate steps that stand between where the consumer currently is and where the science recommends him or her to be. These intermediate steps are the potential candidates for a communication “action.”

Different competitive behaviors may suggest different types of communications even if the communication action is identical. For example, the communication action might be

Stock a bowl of fruits and vegetables on the kitchen counter, *instead* of storing them in the refrigerator.

An example of the same communication with a different competitive behavior is

Stock a bowl of fruits and vegetables on the kitchen counter, *instead* of a bowl of chips.

These two statements would generate very different communication strategies.

Mapping the process of the consumer’s behavior and identifying points where barriers or competing behaviors occur can suggest a variety of opportunities where communication can and cannot lead to the “health” behavior. Often other types of efforts are needed. For example, if people do not eat fruits and vegetables with lunch because they are not readily available (as in some areas), communication about “eating more for lunch” is not appropriate. We must be realistic about who our target is, what they can do, and what a

communication effort alone can achieve. Mapping behavior may also identify multiple points for multiple messages. For example, there may be good opportunities in the supermarket to encourage the consumer to try the new precut carrot sticks (instead of peeling, cutting, and often giving up on carrots) as well as put a reminder on the refrigerator door to snack on the precut carrot sticks inside.

By examining experience, theoretical considerations, consumer research, resources available for the project, and answers to the other five questions, the work group will start to focus on the action in the process that appears most important to the consumer’s current reality and susceptible to influence by communications. Based on such considerations, the 5 A Day team mapped scenarios in which people might buy, serve, or eat fruits and vegetables. It became apparent that top-of-mind awareness, physical invisibility,

and perceived amount of effort and time posed obstacles to the target’s very positive intentions and preferences for fruits and vegetables over faster, less nutritious foods. The target audience was very much driven by a perceived scarcity of time. The team set the following action:

Add two servings of fruits and vegetables “the easy way” instead of “the hard way.”

Finally, the action sets the objectives against which to measure success. If we are trying to get consumers to add two servings daily in “easier ways,” then we can measure a variety of steps along the way to this

objective, as well as its achievement over time. We can measure changes in awareness and perceptions of “easy” and “hard” ways to add fruits and vegetables and reported willingness and efforts to do so. However, we would not expect direct short-term changes in the number of people eating five fruits and vegetables a day or in the incidence of diet-related cancers.

What reward should the message promise the consumer?

This question focuses the team on which rewards the target consumer might find most appealing and motivating. A consumer reward is a future gain resulting from the action. It is not limited to scientific facts or other objective realities, but it exists in the mind of the consumer, and often, the consumer dispenses the reward to himself or herself (20).

Since the reward connects the consumer to the action, we

Based on such data, the target consumer for the 5 A Day program saw people who eat five fruits and vegetables a day as more sensible, disciplined, healthy, wholesome, and fit than they saw themselves—all positive traits.

look at both the target and the action to identify aspects of each that match. What motivates the consumer's behavior? For 5 A Day, research showed several pertinent motives—controlling one's weight, looking good, feeling healthy, feeling virtuous, and feeling in control of one's time. What attributes of the new behavior might satisfy those motivations better than the current behavior? Research also suggested several advantages of eating fruits and vegetables, such as fiber, no cholesterol, low fat, low calories, broad disease protective properties, appetite appeal, and wholesomeness.

The 5 A Day campaign planning team concluded that the most promising match of consumer motives and product advantages for the target consumer were not those that emphasized disease prevention. The great taste of fruit or vegetable dishes, the convenience of consuming them, or being able to eat nutritiously while "on the run," seemed more motivating than appeals based on reducing the risk of disease.

The creative exercise of linking consumer needs with attributes of the action may suggest several possible rewards. Choosing one reward will provide greater impact for the campaign. It increases repetition of the message and reduces potential confusion. Once the reward is identified, it needs to be connected with the action in the consumer's mind. The consumer, not the message, must make the connection between the action and the reward; the message need never mention the connection explicitly.

The chosen reward must be strong enough to overcome the barriers or costs of changing the behavior. Even if the situation calls for a primary emphasis on showing people how to surmount barriers and minimize costs, these communication efforts must bear in mind the rewards that are lost due to these barriers and costs.

In the 5 A Day media program, research showed that most members of the target group knew they needed more fruits and vegetables, but not how many. They also thought that consuming more fruits and vegetables required too much time to acquire and prepare them. And their sense of being pressed for time seemed to drive their lives. Hence, the communication opportunity was to make them aware that (a) they needed to add only two servings a day to their routine—a specific, manageable goal—and (b) they could do so in a way that gained them some control over their time, which was their greatest perceived need. The overall promise thus became

The key question is
 "When and where can the
 consumer receive it best?"
 and not "When and where
 can we send it best?"

If I (target) add two servings of fruits and vegetables the easy way instead of making it hard (action), then I will feel relieved and more in control of my life (reward).

This illustrates a useful format for promise statements: If I (action) then I will (reward). Here the "I" is the consumer; the promise is seen from his or her perspective.

Creating and maintaining "fair exchanges" is the heart of marketing. It may not always be easy, however, to identify a reward that consumers feel will repay the cost of changing their behavior (21), and it may be impossible in some circumstances. People with low incomes, for example, may have more urgent needs such as food and shelter. Pressing on with a message that is not in tune with these peoples' realities may be seen as insensitive to their needs and under-

mines the credibility of the source. There the wise marketer and public health team may choose to invest in developing the market (or community) for the long term. In poor communities, helping the consumers to identify and satisfy their most immediate needs before the needs for preventive health practices can be motivating. In this respect, community development and empowerment strategies must be among the social marketer's tools.

Although rewards are in the consumer's mind, they must be reinforced by experiences that reward the behavior change. For rein-

forcement, marketers typically turn to such strategies as developing social support networks, modifying environments to provide positive feedback, and teaching people self-reinforcement techniques. Such activities help the target confirm for him or herself that the behavior change is positive and sustainable (15).

How can the promise be made credible? It is one task to promise the consumer a competitive reward; it is another to make the promise credible. Support can come from relevant information about the behavior and from how the message is presented—its execution. Scientific facts about the recommended behavior change can supply the informational support if the facts are important, understandable, and believable to the consumer, as well as unique to the behavior compared with its competitors. A thoroughly research-based description of the consumer will prove its value again by providing information on the relevance and believability of such facts. Information relevant and believable to the 5 A

Day target includes the many specific fast and easy ways to serve and eat fruits and vegetables, fiber as a cancer preventative, fruits and vegetables as cancer preventatives, the National Cancer Institute and the Federal Government as authorities who certify the preventive properties of fruits and vegetables, and the low calorie, no fat, no cholesterol, and weight-control-relevant properties of fruits and vegetables. Not all of these are equally relevant to the reward being promised; hence, not all can support that reward. The astute reader will note that attributes of the health behavior (for example, low fat, no cholesterol) are used to help identify both benefits and supports.

Although scientific findings are often the first place public health professionals look for support, they may not be the best prop. Emotional support is often extremely persuasive because food is an emotion-laden area. Rather than supporting the 5 A Day promise with information about how increasing daily fruit and vegetable consumption can reduce one's risk of cancer, appetite appeal demonstrations may be the crucial element either to reinforce the "great taste" message or to overcome a strong barrier to trial behavior for some target persons. When demonstrations also include opportunities for the consumer to see or experience the rewards, they can be powerful tools for behavior change (21).

In practice, supports are often not stated but are inferred from the message's execution. Graphic illustrations, stories, testimonials, slice-of-life dramas, and comical presentations can bring the facts or feelings to life. Models and spokespersons can demonstrate the behavior and help the consumer master the new behavior and feel capable of making the change (22). How models look, dress, talk, and behave while delivering the message influences credibility. Models who resemble the target are more influential than those unlike the target; this observation underscores the value of nonverbal cues (15). The music, colors, background, design, typeface, and paper stock—all the visual and auditory cues evident to the target—are opportunities to provide support. If the execution is done haphazardly or poorly they can detract from the promise.

In the 5 A Day campaign, support for the promised reward of "feeling relieved and more in control of my life" occurs in what is said and shown, as well as how it is said and shown. In consumer terms, the support fills in a "because" in the promise statement.

If I (target) add two servings of fruits and vegetables the easy way instead of making it hard (action), then I will feel relieved and more in control of my life (reward) because

- *People I respect (models and spokespersons) who lead busy lives like me can do it*
- *I have seen lots of easy and quick ways to add fruits and vegetables to my diet*
- *I have seen and tasted easy and quick preparations of fruits and vegetables*
- *Adding two more is something I can do*

What communication openings and vehicles should be used? Consumers' minds are closed to the message by selective inattention and selective perception. Yet in the right frame of mind, they are more apt to notice, attend to, and act favorably on messages that meet their needs. So, consumer-based health communication seeks the openings in the person's life and the vehicles that best fit through those openings.

The openings are the times, places, and circumstances in which the consumer is most receptive to the message. The times may be parts of the day, week, or year or they may be the consumer's wake up time, exercise time, breakfast time, commuting time, lunch break, grocery shopping time, family regrouping time, or bed time. The places may be where the consumer is thinking about or desiring the reward, such as the physician's office, the supermarket cereal aisle, the refrigerator door, and the kitchen table. The circumstances are situations that open the consumer to messages about the behavior, such as being-hungry, planning lunch, or cleaning up after a non-nutritious dinner. For 5 A Day, we learned that our consumer is more likely to think about preparing meals in "transitions" such as on the way home from work. Research also indicated that the 5 A Day target consumer often made food choices at the store, not by following a grocery list.

Vehicles convey messages along established channels like network TV or newspapers or through other consumer openings such as promotions (point-of-choice materials or handbills), direct mail ("quick tips" for 5 A Day to Federal nutrition program mailing lists), public relations (video news releases to local stations, 5 A Day Week special event), packaging (raisins on the cereal box), and nontraditional media (menus, refrigerator magnets, place mats). What message vehicles the consumer chooses during a day, week, or month should be apparent from the description of the target. The key question is "When and where can the consumer receive it best?" and not "When and where can we send it best?"

Media programs of public health campaigns tend to rely on the same vehicles regardless of their ability to deliver the message to the audience. For example, health brochures are an integral part of most campaigns whether or not the audience can read them or even get them. Similarly, public health media programs have relied heavily on public service announcements (PSAs). Media channels donate time and space as they see fit for exposing PSAs, but the times and spaces rarely are the most effective openings for large and likely target audiences. Serious consideration should be given to foregoing the investment in developing and distributing PSAs if their effective exposure to target audiences cannot be assured; free media time and space may be too costly for what they deliver.

Using paid advertising time and space is another way to penetrate consumer openings. Often, a media campaign is intended to remind or reinforce; this function may require frequent repetition to be effective. It need not be channeled

through big media, such as television; it can be through small media that are closer to pertinent consumer openings, such as radio, billboards, posters, shelf labels, stickers on snack vending machines, place mats at home or in restaurants, and refrigerator magnets. Paid advertising, especially in broadcast media, may also be helpful in reaching the so-called hard-to-reach audiences, such as nonwhites and low-income people. These audiences are much heavier users of broadcast media than the general public; they also have distinctive program preferences. They are not hard for commercial advertisers to reach.

A combination of communication vehicles, along with systematic and carefully crafted interpersonal support, is usually more effective than any single tactic. A consistent and synergistic communications program that is carefully planned to exploit the consumer openings is more likely to break through the clutter of competing messages and create a single, compelling image. In the 5 A Day program, openings and vehicles include the following:

- *Live announcer copy for "drive time" radio,*
- *Advertisements at transit stops and buses, and*
- *Point-of-purchase programs at grocery stores*

What image should distinguish the action? All but the newest behaviors already have an image—a set of expectations and associated feelings among consumers. The image of the action may be positive, neutral, or negative, it may be more or less crystallized, and it may be simple or complicated. The action's image is like a personality: its elements or traits are mutually consistent, it endures over time, it is unique, it heightens perceptions that are consistent with it, and it encourages people to ignore or discount perceptions that are inconsistent with it. Images allow consumers to economize their processing of information. They provide reassurance in a changing environment (23). Overall, the image answers the consumer's implicit question: "Is this action something that I can see myself doing" (24)?

The image comes mainly from the physical properties or functional consequences of the action and communications about it—such as what peers, role models, authorities, or other influencers say, do, and show. Any communication will project a particular image. The combined message, execution, openings, and vehicles will signal who is being addressed (as well as the sender's identity).

Developing or changing an action's image involves creating a look and feel for the action that makes it accessible, inviting, distinctive, and compelling to the consumer. The image guides the style and tone of the communication program. The U.S. Government Printing Office failed to recognize this when they rejected "slick" materials to convey safety messages developed by the National Highway Traffic Safety Administration (NHTSA) to young drivers because they lacked the "government look." NHTSA understood their young audience; the "government look" was exactly the image they were trying to avoid (25).

Failure to manage the image squanders a valuable opportunity. Any planned image will give a consistent look and feel to all the communications, for both the team and the target. A truly compelling image will reinforce the other components of the strategy through execution: music, persons, or characters shown, tempo, colors, background, design, typeface, paper stock, spokespersons, logo, slogan, and the like. The nonrational associations that these elements convey to the consumer can bypass logical processing and can be very difficult to dislodge (23).

In the private sector, consumer research aims to understand and guide the image of particular behaviors or product purchases (9,11,23,24). Focus groups and surveys ask people to characterize a product (or behavior) in personal terms: what would this brand or behavior wear to a party, what car would the brand or behavior drive to the party, who else is with this brand or behavior at the party, what personal adjectives characterize this brand or behavior and its competitors? Target consumers are often asked to rate the brand or behavior and its competitors, as well as themselves, on a list of personality adjectives. The resulting image profiles are then compared to determine a credible, accessible, appealing image—in a few adjectives—that works well with the target, reward, supports, openings, and vehicles selected.

Based on such data (16), the target consumer for the 5 A Day program saw people who eat five fruits and vegetables a day as more sensible, disciplined, healthy, wholesome, and fit than they saw themselves—all positive traits. However, they also saw the 5 A Day eater as less capable, dependable, gentle, and friendly than themselves. This suggested that the target consumers may think they would have to become more self-absorbed to fit in 5 A Day. To avoid reinforcing that less than positive image, the planning team combined the target's positive self-perceptions with their positive perceptions of people who eat five fruits and vegetables a day. The desired image became

Responsible (dependable, capable); balanced (healthy and smart, but not compulsive); and warm (friendly, gentle).

All 5 A Day communications are constructed with a tone and style that fit this image. The 5 A Day target audience takes in messages at a quick, barely controlled pace, as they move through a hectic day. So, every piece of communication must look and feel quick but manageable—and warm. Long recipes are out. So, too, are long or complicated phrases. Color and musical implications are similar: bright, warm colors and upbeat, but not frenzied, tempos. Anything that smacks of leisure, discipline, or egotism does not belong.

Every execution of the message strategy is an opportunity to reinforce or change the image. Ideally, each execution will project the same image. Then each communication can reinforce the others, especially important for projects with a small budget. Once an image for the message is crafted, it should be used consistently and maintained over

time. Executions, of course, can change to maintain interest, as a person changes clothes but remains the same person. The health behavior with a strong, accessible, appealing image can look different from—and better than—competing behaviors. For some messages, image can become the most durable, persuasive element.

Looking at the Whole Strategy

While CHC questions are presented in a stepped approach in this article, the process is an iterative one to permit the strategists to attain consistency among the various answers. At times it may be necessary to go back and change one of the answers because it does not fit the others. Indeed, the questions need not be answered in the order they are presented in this article. Any further consideration of one aspect of the strategy has implications for all of the others.

The result of the CHC process is a strategy statement or creative brief that underpins all communications. Because the strategy statement is based on the realities of the consumer, it guides communication efforts to be relevant to the target audience. Since it focuses all of the team's creative efforts on finding ways to craft and deliver the same message, it inspires and guides originality. And because each strategic question reinforces the others it maximizes impact.

Two practical notes: first, health communicators rarely start from scratch. They often have preconceptions, past campaigns, commitments, previously developed materials, and mandates. The process of addressing the strategic questions can still provide a better basis to understand and evaluate the results of the communication effort. And it can prepare the team to make needed adjustments in the program as opportunities arise. It can even confirm the wisdom of the current approach!

Second, often the research resources available for public health are directed toward activities that do not answer the questions we have about our consumers and programs. Public health educators and social marketers need to work together to redirect research dollars into marketing research that guides effective communication efforts and other interventions. The process of raising the strategic questions and addressing them with the best information available is essential. It allows the team to confront its assumptions and to consider different ones as it hypothesizes alternative visions of the consumer. It also allows the team to identify research needs and update the strategy over time as better information becomes available.

In real life, we always lack all the information, and we are always learning, especially since the world of consumers is always changing. As public health continues to turn to communications programs and as consumer-based health communication efforts become more common in public health practice, more research dollars should be directed at understanding the realities of the priority consumers of health promotion efforts.

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