

## Engaging Parents: A Social Marketing Campaign to Reduce Underage Drinking

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### In Brief

DanversCARES conducted a social marketing campaign in Spring 2010 to decrease underage drinking as one part of a comprehensive youth substance abuse prevention program. The campaign followed the six-step model of the Turning Point Social Marketing National Excellence Collaborative.<sup>1</sup>

The target audience for the campaign was parents of students in grades 8-10 in Danvers, Massachusetts. The primary objective was to activate Danvers parents to talk to their children about underage alcohol use. The secondary objective was to encourage parental monitoring of home access to alcohol. The campaign was conducted for ten weeks in Spring 2010. Campaign message channels included mass media, print and electronic media, social media, and the public school's electronic communication system to parents.

After seeing the campaign, 93% of parents surveyed reported talking to their children about underage drinking and 63% reported monitoring the alcohol supply in their home.

### Background

DanversCARES is a community partnership in Danvers, Massachusetts. Its mission is to assist Danvers youth and families in making informed healthy decisions, to reduce youth substance abuse, and to ensure the future of a safe, healthy community. The mission is achieved by encouraging collaboration, expanding programs and services for youth and families, and by supporting sustainable change.

Danvers is a suburban community in northeast Massachusetts with a population of 25,212 residents. The residential population is racially homogeneous (97% white). The community is mostly middle class, with three percent of the population below poverty level. Education levels are relatively high; 90% of adults are high school graduates and 30% have secondary degrees.

After assessing community priorities and data related to teen substance abuse, DanversCARES developed a three-point plan to reduce underage drinking. The objectives are to: 1) reduce access to alcohol, 2) change social norms so that teen alcohol use is not acceptable, and 3) maintain enforcement of underage drinking laws.



<sup>1</sup> Turning Point. *The Basics of Social Marketing: How to Use Marketing to Change Behavior*. Retrieved on August 5, 2009, from [http://turningpointprogram.org/Pages/pdfs/social\\_market/smc\\_basics.pdf](http://turningpointprogram.org/Pages/pdfs/social_market/smc_basics.pdf).

In its second year of operation, the coalition chose to conduct a social marketing campaign as one strategy to both change social norms and to reduce home access to alcohol, based on research that social marketing is an effective strategy when included as part of a comprehensive prevention plan.<sup>2</sup>

The campaign was funded through federal and local grants from the Substance Abuse and Mental Health Services Administration Drug Free Communities Program and the Massachusetts Department of Public Health, Bureau for Substance Abuse Services. Costs for the campaign averaged around 15% of a \$225,000 operating budget.

To implement this campaign effort, DanversCARES enlisted a team of community members who either 1) were concerned about teen alcohol use, 2) had some marketing expertise, 3) had a local business or commitment in the community or 4) represented the primary (parents) and secondary (youth) target audience. After a brief training by the DanversCARES coordinator, this team guided all phases of the project and identified resources to assist the campaign. They were dubbed the Social Marketing Action Team (SMAT).

### **Phase 1: Define the Problem**

In 2008, DanversCARES conducted an assessment to identify the key issues related to underage drinking in the community. The data demonstrated that underage drinking was common among Danvers youth. Forty-six percent (46%) of high school students reported current alcohol use and 31% reported binge drinking in the past 30 days, while over one quarter (26%) of middle school students reported ever drinking alcohol (Danvers Youth Risk Behavior Survey, 2008).

The community expressed readiness to address underage drinking. In a 2008 coalition assessment survey, sixty percent (60%) of members reported substance abuse as a high priority in the community, and 81% identified as a group of stakeholders committed to this issue.

Results of a community opinion survey conducted with 273 youth and 264 adults revealed perceptions that it is easy for teens to obtain alcohol and that community norms (willingly or not?) support underage drinking. Among student respondents:

- 80% said it is easy or very easy to get alcohol from home without parents knowing it
- 79% reported it was easy or very easy to get alcohol from friends
- 76% reported that parents provide alcohol at parties
- 65% said it was easy or very easy to get alcohol from older siblings
- 40% of respondents reported it is acceptable to get drunk at community fairs/festivals, and over half think it is acceptable to get drunk at a sports event.

Since DanversCARES had previously implemented programs on social host liability and consequences of parents *providing* alcohol to minors, the coalition focused its attention on the primary social source from which youth *access* alcohol: at home without their parents' knowledge. Since parents have the authority to monitor or control home access to alcohol, they became the primary target audience for our campaign.

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<sup>2</sup> Lefebvre, R. Craig; June A. Flora (1988). [Social Marketing and Public Health Intervention](http://socialmarketing.blogs.com/Publications/SocialMarketingandPublicHealthIntervention.pdf) (Portable Document Format). *Health Education Quarterly* (John Wiley & Sons) **15** (3): 300, 301. [http://socialmarketing.blogs.com/Publications/Social Marketing and Public Health Intervention.pdf](http://socialmarketing.blogs.com/Publications/SocialMarketingandPublicHealthIntervention.pdf). Retrieved 2010-10-15.

## Phase 2: Conduct Market Research & Create the Market Strategy

### Market Research

Are parents aware that youth report the primary source of alcohol is from the home, without parental knowledge? What messages effectively create this awareness? What actions should parents take to reduce home access to alcohol? DanversCARES attempted to answer these and other questions by conducting a series of parent focus groups as part of its market research.

First, DanversCARES hired Strategic Opinion Research, Inc. to conduct focus groups with parents of students in grades 8-10. Criteria for focus group selection included a) being a resident of Danvers, b) having a child in the public school system who is in grade 8, 9 or 10. Focus group recruitment was promoted through a variety of channels to get as much diversity as possible. (Do you want to note the variety?) Participants received a \$100 stipend. The first two focus groups provided input on message development. The third group participated in testing a series of potential messages and corresponding graphic designs. Market research involved over 35 parents.

Parents' greatest concerns for their 8-10 graders included making healthy decisions, resisting peer pressure and "staying on the right track." Although most thought teen drinking in Danvers was a problem, they felt it was a commonplace occurrence, and did not believe they had control over the issue. Most participants reported knowing teens access alcohol from their families' homes, with or without their parents' knowledge or consent. They also acknowledged that parents often choose to turn "a blind eye" to teen alcohol use until they are personally confronted with the issue. Even then, they deny that it could be "my kid drinking." Parents' responses vary from ignoring the issue to addressing it directly. None of the participants expressed knowing the "right" way to address the issue. Participants did not believe parents, in general, take any action to prevent access to alcohol in the home, even when they catch their teens drinking.

### Market Strategy

Because teen drinking was not new or surprising to parents, effective messaging *cannot* just be designed to raise awareness. It must have specific strategies to equip parents as well as motivate them to take action. A variety of potential actions were tested, and parents almost unanimously said open communication with their children is the most effective and also the most realistic strategy, followed by limiting or monitoring access.

- Overall Strategy: 1) Talk to your teen about drinking and 2) Monitor alcohol at home. Parents recommended not just an awareness campaign, but providing tips or strategies to take action on these goals.
- Benefits & Barriers: Parents value open communication with their teen. They are fearful of losing their children's trust which allows this communication to happen, so they shy away from any action that might convey "distrust" such as locking up a liquor cabinet. There is much denial that "my kid" could be drinking.
- Motivation: Parents are motivated to action by putting the message in the context of their children's future.
- Credibility/Messenger: Parents suggested use of a local statistic to convey concern. The preferred messengers are a teen, other parent, or trusted source.

- Message Tone: Parents thought the message should be serious, not depicting teens having a good time drinking.
- Personalization: Parents want to hear local data, see the campaign locally, and know it is a community effort to resolve the problem.

### **Audience Segmentation**

At what age are children accessing alcohol from home? What distinguishes parents of younger vs. older children? Which group of parents is most ready to change? And finally, who will benefit most (primary impact) from hearing a campaign? These were the key questions we asked parents to help us understand.

What market research demonstrated is that it is primarily middle school-aged children that sneak or access alcohol from home without their parents' knowledge. High School children report friends or older siblings as a primary source. Parent attitudes differed if they had older teens (15 and up) compared to parents with younger teens (14 and younger). Parents of older teens believe kids should be allowed to drink with their family and that it is allowable to drink when kids are older (seniors in high school or college). Therefore, the audience was segmented to target parents of younger children—those that have not yet decided when it is allowable for a teen to drink. This follows behavioral change theory, namely Prochaska and DiClemente's Stage of Change Model<sup>3</sup>, suggesting that the “fence-sitters,” who have not yet solidified their attitudes about the age when it is “permissible” for youth to drink alcohol, are more likely to be influenced to take action.

### **Phases 3. Plan the Intervention**

A social marketing action team (SMAT) of nine individuals planned, implemented and evaluated the campaign over a nine-month period. The team members included two DanversCARES staff, six community members and a program evaluator. These community members included a high school student and representatives from the local cable access channel, ice cream shop, hospital and an advertising salesman and communications specialist. Seven of the nine team members were parents. The team convened, on average, for 9 meetings (two hours per meeting) contributing an average of 18 hours per person to the process. The team defined the specific target audience, objectives, message and the distribution plan.

The SMAT determined where parents could be reached in the community and through what mediums. On average the goal was to have people receive the message at least six times. They determined a timeline that would coincide with a launch just prior to the junior prom, and end in mid-June, just after senior graduation, while there was still access to student and parents of students to do program evaluation before the school year ended.

The short-term and intermediate objectives of the campaign were to:

1. Activate Danvers parents to talk to their children about underage alcohol use
2. Increase ongoing parent restriction and monitoring of youth access to alcohol in the home
3. Decrease youth and parent perception of easy home access to alcohol for youth
4. Increase awareness of DanversCARES

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<sup>3</sup> Glanz, Rimer and Viswanath, Eds. (2008). Health Behavior and Health Education: Theory, Research, and Practice.

Danvers CARES hired Thomson Communications, LLC. to develop the campaign message and all print materials. (Promotional materials were not used in this campaign because they are cost prohibitive and we felt there were better means to reach parents with a direct message.) The selection criteria for the agency were: 1) familiarity with social marketing, 2) local experience or relationships that the team could leverage to strengthen campaign visibility and 3) the degree to which their sales pitch addressed each of the Turning Point's six phases.

The SMAT was instrumental in suggesting a list of potential local public relations and advertising agencies. Staff also sought out firms that worked with the state Department of Public Health and that had prior social marketing experience directly applied to public health. DanversCARES staff screened agencies with an initial phone inquiry, and then recommended three companies to the team. This included two advertising agencies and one public relations firm. Each of the three companies conducted a formal presentation to the group. The team individually rated each agency according to the selection criteria. The team then discussed merits, including cost benefits, and disadvantages. They selected the public relations firm for multiple reasons, despite the fact that this company did not specialize in graphic design or creative advertising. They felt Thomson Communications had the greatest potential to not only distribute the message through multiple local and regional channels, but to strengthen the coalition's visibility in the community. Given that DanversCARES was only in its second year of formal development, the benefits of market visibility through public relations outweighed the creative advertising approach that could have potentially higher cost and more limited exposure. Ultimately, the public relations firm had more to leverage locally.

Based on the results from the market research, the Thomson Communications developed a number of different campaign messages (6) and graphic designs (12), which were sub-contracted. The SMAT selected their top choice, as did the message testing focus group. This independent selection of the same message and design by both the SMAT and the parent focus group validated the potential appeal to the target audience.

### **The Message**

Both groups selected the message: "Whose Kid Is It?" Subtitle: "Talk to your teen about drinking." The corresponding statistic was: "Over 80% of teens in Danvers report getting alcohol from home." The message is designed to use the known parental denial and have parents pause and ask, "*If it's not my kid, then whose kid is it? The local statistic clearly shows teens are accessing alcohol. Could it be my kid?*" The message breaks through that parent denial to suggest that it might, in fact, be their kid drinking, and that best action is to: 1) talk to them about drinking, and 2) monitor access to alcohol in the home. The creative design using the silhouette of young males and females was thought to be universal in appeal, did not glamorize drinking with individuals that looked to be having too much fun (an issue with several designs), and did not stereotype any group of teens over another by depicting clothing or identifying characteristics. Message recipients were directed to the DanversCARES website for tips on how to talk to teens and how to monitor alcohol. Corresponding news articles provided this supporting information.

### **The Marketing Mix**

The SMAT also helped determine when and where the message should be delivered, and identified the marketing mix.

Target Population	Product	Price	Promotion	Place
Parents of Danvers 8 <sup>th</sup> -10 <sup>th</sup> graders	<p><b>Messages</b></p> <ul style="list-style-type: none"> <li>• Your child could be using alcohol</li> <li>• Talk to your child about underage drinking</li> <li>• Monitor your home alcohol supply</li> </ul>	<p><b>Perceived Barriers</b></p> <ul style="list-style-type: none"> <li>• Loss of trust with child</li> <li>• Acknowledgement of risk/problem for child</li> <li>• Belief that they can't control/impact the behavior</li> <li>• Lack of comfort or knowledge to discuss</li> <li>• Time</li> </ul> <p><b>Perceived Benefits</b></p> <ul style="list-style-type: none"> <li>• Health and safety of child</li> <li>• Healthy future for child</li> </ul>	<ul style="list-style-type: none"> <li>• Press releases</li> <li>• Letters to Editor</li> <li>• Email and voicemail from Superintendent</li> <li>• Advertisements</li> <li>• TV, Radio and Print Interviews</li> <li>• Public Service Announcements</li> <li>• Posters</li> <li>• Postcards</li> <li>• Banners</li> <li>• Discount coupons at local businesses</li> </ul>	<p><b>Home</b></p> <ul style="list-style-type: none"> <li>• Phone, mail, email, Internet</li> </ul> <p><b>Businesses &amp; Community Organizations</b></p> <ul style="list-style-type: none"> <li>• Posters</li> <li>• Discounts</li> </ul> <p><b>Churches</b></p> <ul style="list-style-type: none"> <li>• Posters</li> </ul> <p><b>Mass Media</b></p> <ul style="list-style-type: none"> <li>• Newspapers (Danvers and Boston)</li> <li>• Television (Boston, local cable)</li> <li>• Radio (Boston, Eastern Massachusetts)</li> </ul> <p><b>Social/Web Media</b></p> <ul style="list-style-type: none"> <li>• Facebook</li> <li>• Twitter</li> <li>• Website</li> <li>• Blog</li> </ul> <p><b>Downtown Danvers</b></p> <ul style="list-style-type: none"> <li>• Banner postings</li> </ul>
Other Danvers adults	Underage drinking is an issue of concern in Danvers	<p><b>Perceived Barriers</b></p> <p>Seen as a school/youth problem</p> <p><b>Perceived Benefits</b></p> <p>Danvers cares about its youth</p> <p>A community working together can make a difference</p>	Same as above	<p>Local distribution of posters and banners in Downtown community organizations</p> <p>Local media</p>

## **Phases 5: Plan Monitoring and Evaluation**

Evaluation planning began at the start of the campaign development process with assistance from the coalition evaluator. This project was written into an existing contract for evaluation services as a focus for the year, so the evaluation did not cost extra. The team utilized the results of the Youth Risk Behavior Survey and the Community Norms Survey as baseline data, and developed a logic model (see attached). New evaluation tools were created such as a media tracking sheet and surveys that were based on the implementation and message distribution plan.

### **Mid Term Adjustments**

DanversCares adjusted its target audience to include parents of all middle and high school grades. Simply put, the segmented audience (parents of children in grades 8-10) did not match the available distribution channels that were primarily school-based (access to parent emails, access to parent home phone numbers and mailing addresses by school, etc.) It was determined that 1) parents in Danvers are best reached through the public school cohort groups of middle and high school parents, 2) opportunities existed to promote the campaign through other media platforms related to springtime prom and graduation events which included older teens and their parents 3) Danvers parents of middle and high school teens generally tend to expect messages about the dangers of underage drinking at this time of the year. This adjustment had some impact on our evaluation against original project goals. We measured the impact on an audience broader than the original target.

## **Phase 6: Implement & Evaluate**

### **Implementation**

DanversCARES used an embargoed media approach with this campaign, launching it on April 1, a little more than a week before the junior prom (April 9<sup>th</sup>). Radio PSA's and talk show interviews were scheduled, as well as articles in regional print and news media. Coinciding with the media embargo was a mandatory parent event for over 250 parents of teens attending the prom during which a video PSA, created by the local cable station, and information about the campaign was featured.

The implementation also included partnering with local businesses to offer a discount on products and services throughout the 10-week campaign. A special postcard to redeem the discount was direct mailed to all parents with children in grades 8-12. DanversCARES partnered with local businesses that catered to families, such as an ice cream shop and a bakery, or that offered prom and graduation-related services, such as a dress shop. Posters and street banners were hung down town, and paid newspaper advertisements were repeated in bi-weekly intervals. Materials were distributed at local events, and through participating partner organizations. Electronic communications such as district wide emails from the superintendent (reach of 3000 individuals) and electronic newsletters were also disseminated throughout the campaign duration, repeating and maximizing exposure.

### **Evaluation**

#### **Process Evaluation**

Process evaluation measures included tracking: 1) the number and types of media events and locations; 2) the estimated number of parents and other Danvers adults exposed to the campaign, 3) parent exposure; 4) locations where parents reported seeing or hearing the campaign, 5) the number of community organizations and businesses engaged in the campaign, and 6) social marketing team members' satisfaction and feedback on the process. DanversCARES staff documented the steps taken in the planning and implementation process.

Between April 1 and June 15, 2010, DanversCARES conducted 31 *Whose Kid Is It?* media events through 17 different media channels, including Boston-based television media advisories and broadcasts; articles and letters to the editors in Boston-based and local newspapers; local newspaper advertising; public services announcements (PSAs) on area radio stations and the local cable station; banners hung in the Danvers business district; a teen monologue at a pre-prom parent event; a postcard mailing to 1200 parents of students in grades 8-12, that included discounts at local businesses; and placement of 125 posters at local businesses, community and faith organizations and the public library. Danvers Cares engaged over 20 local community and business partners in this campaign. Based on the population size of Danvers and on estimated exposure and viewing rates of the media events, the typical Danvers resident was exposed to the campaign message an average of six times.

Two surveys assessed parental exposure and response to the campaign. The first was an online survey sent to all parents of Danvers High School students in grades 9-12 (target). The second, a survey conducted at a community event in Danvers. The results are summarized in the table below.

	<b>Parent Survey</b>	<b>Community Survey</b>
Number of survey participants	59	32
Saw or heard campaign message	61%	59%
Location where message was seen/heard:		
Superintendent email	46%	5%
Banner	42%	68%
Superintendent voice mail	40%	5%
Local newspaper	33%	16%
Poster in local business or community organization		32%
Reported good understanding of the message	83%	60%
Talked to their child about the campaign	93%	21%
Monitored their home alcohol supply	63%	na
Talked to another parent about the campaign	37%	16%
Increased knowledge of DanversCARES	60%	na

SMAT members expressed satisfaction with campaign development and implementation and felt the campaign was successful. Members reported good communication between the DanversCARES staff and the team, a good level of expertise, and a variety of perspectives in the group. Members varied slightly in their opinions about the length of time for developing the campaign. Some felt it that it was a very short timeline, whereas others stated it was just the right amount time.

The top reasons members gave for participating were: 1) they were asked directly by DanversCARES 2) they had worked with DanversCARES previously, and 3) the topic matched with the goals of their organization or was of interest to them personally. To strengthen future campaigns, members suggested involving the liquor stores, real estate agents, police department and more students. One

member recommended having a slightly larger group so that they would have a greater ability to share the campaign message at more community events. Many of the parent members had not been part of developing a project or marketing campaign before and felt they learned a great deal about messaging and about statistics on youth alcohol use.

### Outcome Evaluation

The primary outcome measures evaluated were the action steps taken by parents as a result of exposure to this campaign, particularly talking with their children about underage alcohol use and limiting children’s access to alcohol in the home. Data for these measures were also collected through the surveys mentioned. The intermediate and long-term objectives will be measured through a community norms survey and the Youth Risk Behavior Survey, both of which are conducted every two years.

Parents reported taking a variety of actions after exposure to the campaign message. The most common steps parents took are shown in the table below.

Action Taken by Parent	Parent Survey	Community Survey
Number of survey participants	59	32
Talked to their child about the campaign	93%	21%
Monitored their home alcohol supply	63%	na
Talked to another parent about the campaign	37%	16%

Fewer parents (less than 25%) reported using the postcard discount coupon, locking up their alcohol supply, talking to a friend about the campaign or talking to their child’s friends about the campaign. No parents reported talking to a participating business about the campaign.

A secondary short-term objective of this campaign was to increase parents’ knowledge of Danvers CARES. Eighty-one percent (81%) of parents reported that they had heard of DanversCARES prior to this campaign. Sixty percent (60%) of them stated that they learned more about DanversCARES as a result of the campaign.

### Conclusion

The process and outcome results provide strong evidence that DanversCARES met its goals of reaching parents, motivating them to talk to their child about underage drinking, encouraging them to monitor home access to alcohol, and increasing market visibility of the coalition. The second Community Norms Survey will be conducted in Spring 2011. The results will be useful in determining how much social norms have changed regarding: 1) the perception of how easy it is for youth to obtain alcohol, and 2) adult acceptance of underage drinking and providing of alcohol to minors.

### Lessons Learned

1. Utilizing a model: Applying the Turning Point model for social marketing was critical to ensuring that the *Whose Kid Is It?* Campaign remained on track at each phase of the process.

2. Engaging the community in campaign planning: The key to recruiting people for the social marketing team is to personally ask individuals. Also, it is critical to include people on the team who are part of the audience to be reached.
3. Knowing your audience: Conducting market research and pre-testing the message are essential to creating a successful campaign.
4. Successful teamwork: The social marketing team was successful because: 1) the members were interested and committed to the goals, 2) members felt valued, 3) DanversCARES staff followed a clear planning process, and 4) staff maintained good communication with the members between meetings.
5. Implementation timeline: Ending the campaign close to the end of the school year made it more difficult to engage a sufficient number of people to participate in a variety of post-campaign evaluations.
6. Distribution channels: The partnership with the Danvers Public Schools was essential. Their support and commitment created the opportunity to promote the campaign through their electronic communication and mailing database.
7. Media channels: The team could have capitalized more on social media, since this is a common communication outlet for the generation of parents being targeted.