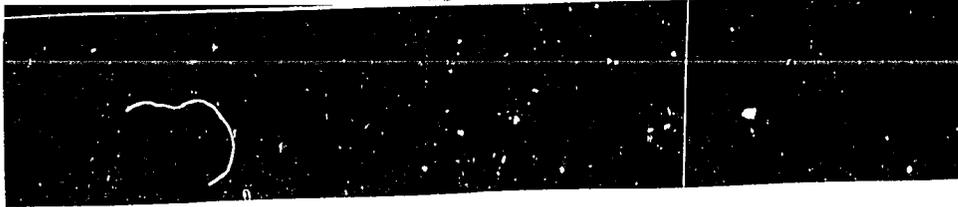


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CHAPTER 23

Integrated Marketing Communications and Promotion Programs

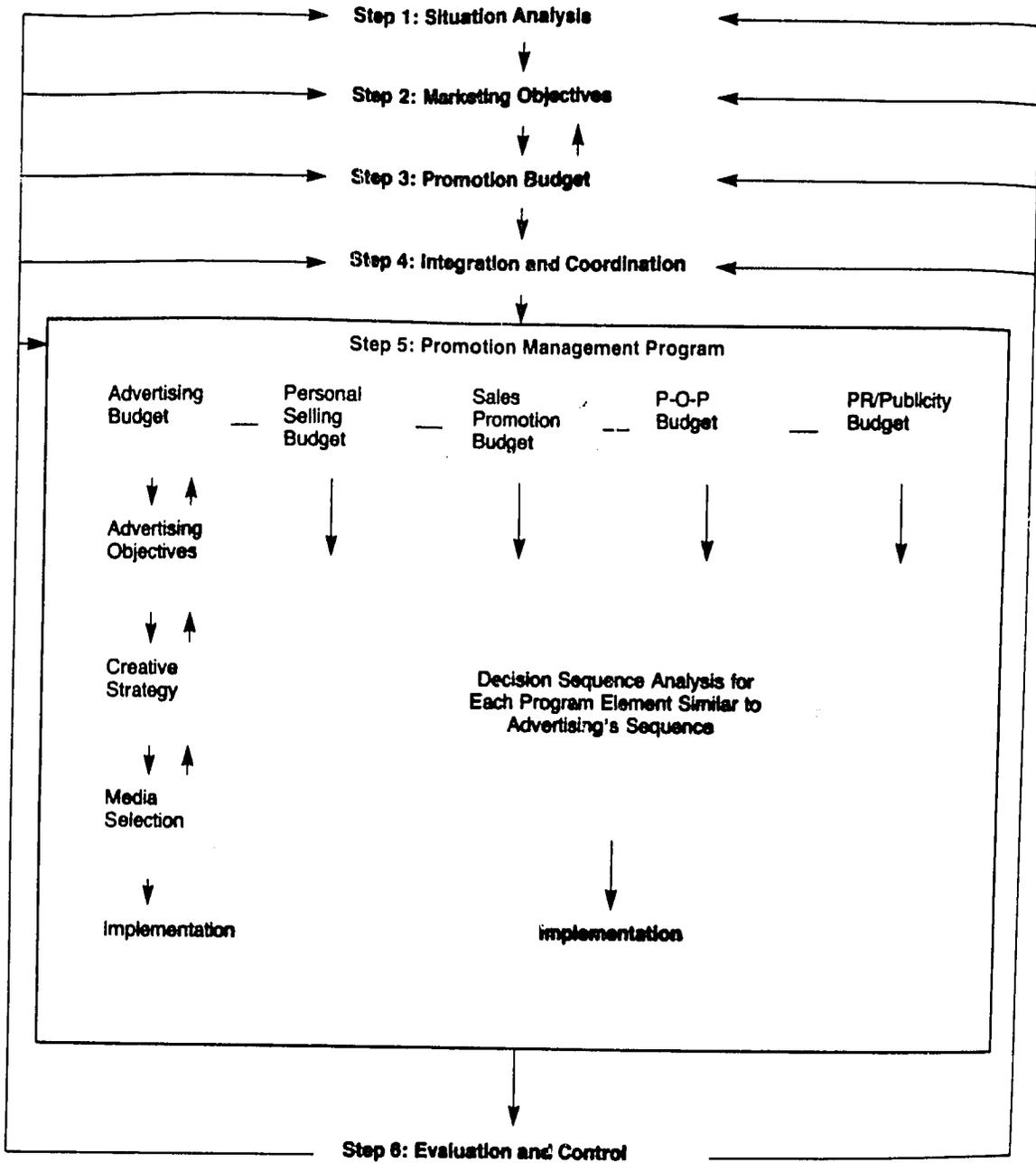
This chapter provides a summary and an integration of the vast variety of marketing communications and promotion topics that have been presented throughout the text. To accomplish this, the chapter presents a detailed case history of an extraordinarily effective communications program that was designed by the U.S. Agency for International Development and was implemented in Honduras and The Gambia to combat diarrheal dehydration—a malady that annually kills 7 out of 20 infants in the developing world!¹

Although the text has focused thus far on commercial applications of marketing communications, it is appropriate to demonstrate how communications and promotional techniques can also be used to combat serious societal problems. Indeed, during the past two decades dozens of campaigns involving such topics as smoking, alcoholism, energy conservation, forest fires, venereal disease, and seat belts have attempted to inform, motivate, and change the behavior of millions of Americans.

Figure 23.1 provides the framework for the remaining discussion. This same framework, it may be recalled, was presented previously in Chapter 1. It now provides a very appropriate “bookend” to demonstrate how various marketing

¹*After Twelve Months of Broadcasting: A Status Report on the Project in Honduras and The Gambia* (Washington, DC: Academy for Educational Development, Inc., January 1984).

FIGURE 23.1 The Promotion Management Process Revisited



Source: Adapted from Michael C. Ray, "A Decision Sequence Analysis of Developments in Marketing Communication," *Journal of Marketing*, Vol. 37, January 1973, p. 31; and James F. Engel, Martin R. Warshaw, and Thomas C. Kinnear, *Promotional Strategy*, 5th. Ed. (Homewood, IL: Richard D. Irwin, Inc. 1983), p. 34.

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communication and promotional tools can be coordinated to accomplish important social objectives.

Figure 23.1 represents the promotion management process in terms of six major steps: situation analysis, marketing objectives, promotion budget, integration and coordination, promotion management program, and evaluation and control. Each of these steps will be discussed as they apply to the oral rehydration programs implemented in Honduras and The Gambia. The chapter then concludes with a description of the procedure for designing a formal marketing communications plan.

Teaching Mothers Oral Rehydration Therapy

Diarrhea is one of the world's leading killers. Every year, 5 million children under the age of five die due to diarrheal dehydration.² Children in developing countries normally have diarrhea several times a year. Local practice often leads a mother to purge the child and to withhold food or stop breast-feeding when she realizes that the diarrhea bout is more severe than usual. The mother does not realize that dehydration, caused by the diarrhea, is the problem. Dehydration advances rapidly, and the child loses his or her appetite and the capacity to absorb vital liquids. Death can follow within hours.

Working with the Ministries of Health in Honduras and The Gambia, the U.S. Agency for International Development (AID), Bureau for Science and Technology, Offices of Education and Health, and its contractors (experts in health, communications, anthropology, evaluation and behavioral psychology) developed a public health education program to deliver oral rehydration therapy (ORT) to large numbers of rural and isolated people threatened by diarrheal dehydration. Using mass media, simple printed materials, and health worker training, rural women were taught what ORT is, how to use it in the home, and how to monitor their child's progress during the diarrheal episode.³ The programs in Honduras and in The Gambia began in January 1980 and May 1981, respectively. Both programs extended for three full years.

The Situation Analysis

Oral rehydration therapy (ORT) is an established medical treatment for combating an infant's loss of body fluid and electrolytes during a diarrheal episode. The therapy involves having mothers administer an oral rehydration solution to their children. The solution is either prepackaged or can be made simply at home by mixing appropriate portions of sugar, salt, and water. The solution is administered to a dehydrated child at the rate of approximately one liter per day.

²Anthony J. Meyer, Clifford H. Block, and Donald C.E. Ferguson, "Teaching Mothers Oral Rehydration," *Horizons*, Vol. 2, April 1983, pp. 14-20. The remaining discussion borrows liberally from this source.

³*After Twelve Months*, p. 1.

The key to effective ORT is the correct preparation and administration of the oral rehydration solution (ORS). Mothers must know how to mix the ingredients in exact proportions to avoid ineffective or potentially dangerous concentrations of sodium. They must also know how to give the solution correctly, i.e., slowly and continuously over a 24-hour period even if a child vomits or refuses the liquid.

The job confronting the AID was how to design a communications and promotional program that would teach mothers a new form of behavior. The Academy for Educational Development, the chief consultant to AID, characterized the task this way: "Our task is to alter the likelihood of people doing things [i.e., mixing and administering an oral rehydration solution] which are well within their capacities, but currently unlikely. The emphasis is on behavior. Attitudes, even those which may contribute to what people do, are of secondary importance."⁴

A number of important questions had to be answered: (1) Who in the total population should be selected as the principal audience? (2) What communication channels are most appropriate for these people? (3) What behaviors should be advocated? (4) What resources are needed to conduct the program? Preprogram research was conducted in both Honduras and The Gambia to assist planners in thoroughly understanding the problem that the subsequent communication and promotion programs would address.⁵

A combination of research methods (focus groups, surveys, in-depth interviews, product preference trials, etc.) were designed to provide answers to the preceding questions. Among the many findings, the research uncovered some traditional health beliefs with which the communication programs would have to deal. Rural Gambian mothers most often attributed diarrhea to some natural cause, such as dirt or wind, or to some supernatural cause. In Honduras, there was a widespread belief that diarrhea is caused by "*la bolsa*," a sack believed to exist in everyone and to contain worms, which leave the sack after becoming agitated.

Another important research finding offered insight regarding how to promote ORS—whether as a fancy new medicine, as a traditional tea, or as a new local remedy. It had been assumed prior to the research that mothers would prefer a "product" that was similar to their existing method for treating diarrhea, namely, an herbal tea solution. This assumption was shown by the research evidence to be incorrect—mothers seemed to prefer a modern medicine for treating diarrhea rather than the herbal tea.

The research further revealed that mothers, contrary to preresearch fears, were able to mix the ORS solution in the correct proportions. They learned the mixing instructions very quickly, after only one or two explanations, even when the instructions were delivered via a tape recorder.

⁴Ibid., p. 7.

⁵The following description of the preprogram research is from Elizabeth M. Booth and Mark Rasmuson. "Traditional and Empirical Inputs in Program Design: The Role of Formative Evaluation in the Mass Media and Health Practice Project," Washington, DC: Academy for Educational Development, Inc. May 1984.

Overall, the preprogram research resulted in a detailed communications program consisting of (1) behavioral objectives, (2) target audience selection, (3) specific instructional messages, (4) culturally appropriate message formats, (5) plans for media use and integration, and (6) complete plan of action.

Objectives

Several local practices and beliefs that contribute to dehydration were singled out for modification. These included the practice of mothers' purging and withholding food from infants and the belief that breast milk causes diarrhea. Most important of all, however, was the goal to get mothers to administer the proper oral rehydration solution and thereby reduce the number of infant deaths caused by diarrhea.

In the final analysis, the success of the program depended on providing a large number of people with information they would find important and practical. To be successful, the program had to "make an impact on the consciousness of the intended audience by rising above the everyday clutter of advice and suggestions to become an important new priority in their lives. It must change what people do as well as what they think and believe. . . . It requires: a sensitive understanding of how people are affected by specific health problems, articulate crafting of useful and practical educational messages, and a coordinated distribution network that reaches each individual through various channels simultaneously."⁶

The Budget

The communication programs in Honduras and The Gambia were, as will be seen shortly, remarkably successful. Yet, the results were accomplished with very small budgets. Figure 23.2 illustrates the total costs and specific cost categories for each country. Costs exclude technical assistance from the U.S. Agency for International Development but include local salaries, benefits, travel, transportation, research, printing, production, and broadcast. Costs were significantly lower in The Gambia because (1) air time was provided free, (2) commercial printing costs were much lower, and (3) preprogram research costs were lower because the prior experience in Honduras permitted significant savings.

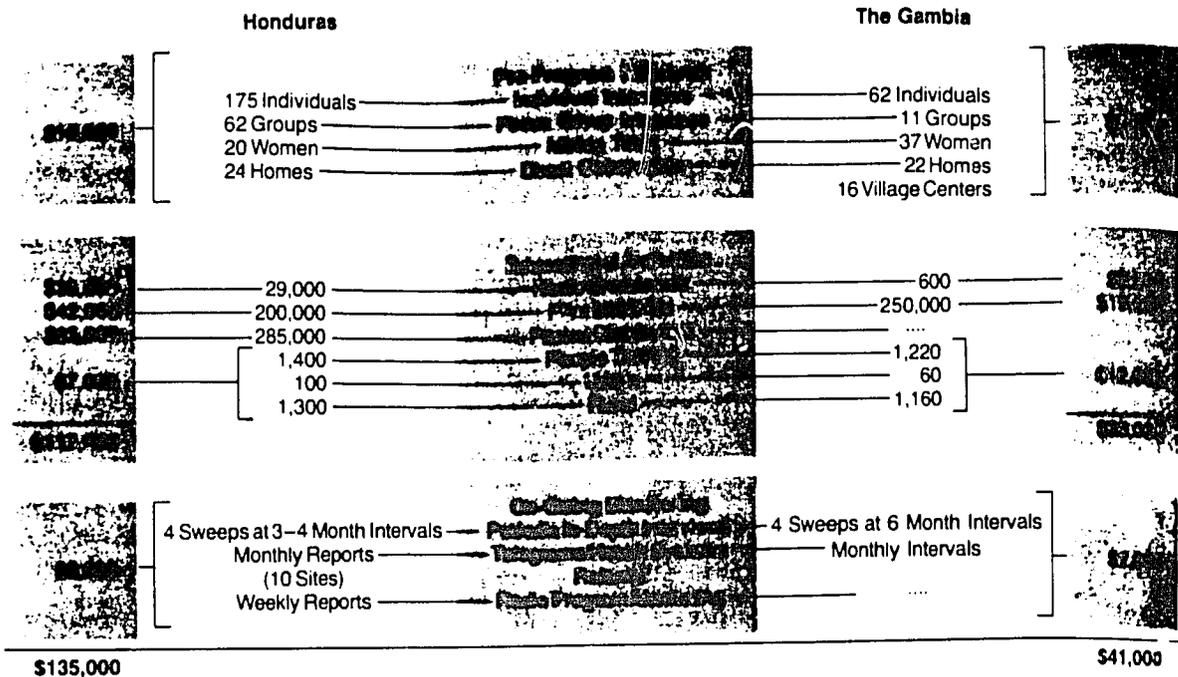
The first-year expenditures in Honduras amounted to \$135,000, of which \$18,000 (approximately 13%) involved the combination of expenses for preprogram research and ongoing monitoring. The remaining \$117,000 was spent on various communication media that were used to educate Honduran mothers about oral rehydration therapy. There were, for example, 29,000 radio broadcasts aired at a cost of \$33,000 during the first year in Honduras.

⁶*After Twelve Months*, p. 8.

⁷*Ibid.*, p. 25.

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FIGURE 23.2 First-Year Budgets for Honduras and The Gambia



Source: *After Twelve Months of Broadcasting: A Status Report on the Project in Honduras and The Gambia*. (Washington, DC: Academy for Educational Development, January 1984).

Total first-year expenditures in The Gambia amounted to \$41,000. Approximately 20 percent (\$8,000) was invested in preprogram research and ongoing monitoring, with the remaining \$33,000 spent on educational activities.

Integration and Coordination

All successful marketing communication programs require that the various promotion mix elements work together to accomplish overall marketing objectives. To achieve optimal effectiveness, advertising campaigns, sales promotion techniques, and publicity releases must be integrated with one another and coordinated with personal selling efforts.

The success of the programs in Honduras and The Gambia depended on the combination of three communication media: radio broadcasts, print materials, and person-to-person communications using health workers and community volunteers. The careful integration of broadcast, print, and face-to-face support was essential. Radio alerted hundreds of thousands of Hondurans and Gambians about ORT. In Honduras, radio taught mothers how to measure a liter using local bottles. In The Gambia, radio taught mothers to understand the printed mixing instructions. Printed materials and graphics (posters and flags) helped mothers recall what

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to do at the actual time of using ORT. Health workers, who contacted mothers individually or in small groups, provided the needed credibility for key messages delivered by radio and in print.

Implementation and Program Management⁸

The Program in Honduras The communications program in Honduras was directed to two target groups: (1) a primary audience of rural mothers/grandmothers with children under the age of five and to community volunteer health care workers called *guardianes* and (2) a secondary audience of physicians, nurses, fathers of children under five, rural schoolteachers and schoolchildren, and regional health promoters. The program was designed to teach the primary audience the proper preparation and administration of a prepackaged oral rehydration solution, called Litrosol, to children and to teach the secondary audience to support the primary audience by encouraging the use of ORT.

Litrosol, the prepackaged oral rehydration formula, was widely publicized through posters, pamphlets, and radio programs. A central campaign theme was developed around the concept of a loving image—a red heart was chosen as the central visual symbol to signify the love that mothers have for their children. Thousands of spot radio broadcasts and dozens of weekly programs were broadcast on carefully selected local stations. The programs built upon the loving theme that was used in print materials. Local health workers and health professionals were trained to use and promote Litrosol. A simple flag with the red heart symbol was given to each trained health worker. Radio programs announced that Litrosol was available at houses that displayed the red heart flag.

The integration of radio, graphics, and health workers proved to be a powerful combination.⁹ Several dramatic results occurred within a year: (1) nearly half of the entire sample of mothers had tried Litrosol at least once; (2) recognition of Litrosol as a diarrheal remedy went from 0 percent to 93 percent; (3) knowledge levels concerning the procedure for mixing Litrosol received over 90 percent correct responses; (4) nearly 90 percent of mothers knew to continue breast-feeding during diarrheal bouts; and (5) a 40 percent drop in the percentage of deaths involving diarrhea was achieved.

The Program in The Gambia The primary audience for the program in The Gambia was rural mothers, grandmothers, and older female siblings of children under five. The secondary market consisted of various health care workers (health inspectors, nurses, etc.). The communication program was designed (1) to teach the primary audience to mix a simple sugar and salt (S/S) rehydration solution properly and to administer the solution along with breastmilk and soft foods during

⁸The following discussion summarizes the presentation found in two sources: *After Twelve Months*, pp. 10–32 and Meyer, Block, and Ferguson, "Teaching Mothers Oral Rehydration," pp. 16–20.

⁹Summative evaluation was conducted under a AID contract to Stanford University Institute for Communication Research. This data is from their extensive evaluation activities and not the AEP formative research.

episodes of diarrhea and (2) to teach the secondary audience to mix and administer the S/S solution properly and to take care of moderate and severe diarrhea in the health centers.

Accomplishing these objectives required some creative thinking, because most people in The Gambia are unfamiliar with print materials of any kind. The creative solution involved a national contest, which began with the distribution of 200,000 copies of a color-coded flyer that provided instructions for the correct mixing and administering of the S/S solution. In conjunction with the flyers, radio announcements literally led listeners through each panel of the color-coded flyer. Mothers were repeatedly told how to mix the formula, how to administer it, what to do in the case of vomiting, and when to know they were getting results. Radio announcers also told them about other mothers with "happy baby" flags flying over their homes. These flags served as a symbol to people of the village that the "happy baby" home was a source of information on the diarrhea medicine.

Another element in the program was a prize giveaway contest. Any mother could win a prize—a plastic liter container or a bar of soap wrapped in a label with the "happy baby" symbol printed on it—by demonstrating to a health care worker that she could mix the S/S solution correctly. Winning mothers' names were included in a drawing for 15 radios. Follow-up radio programs used the testimonials of "happy baby" winners to continually reinforce the value and importance of the sugar, salt, and water solution. There was also a community prize each week for the village turning out the most mothers for the contest. The contest was concluded with a one-hour radio broadcast when The Gambian president's wife announced the names of grand prize winners.

The integrated communication program in The Gambia yielded some dramatic results, just as it had in Honduras. After eight months of the program, 66 percent of mothers knew the correct home mix solution, and 47 percent reported having used the solution to treat their children's diarrhea (Stanford data).

Evaluation and Control

Sophisticated promotion management requires that all programs be measured for effectiveness and that corrective action be taken when necessary. At six-month intervals, evaluation research was conducted to determine the amount of learning to date among target audiences and to identify strengths and weaknesses in the promotional campaign. Program monitoring in Honduras, for example, detected that mothers did not understand the concept of dehydration nor did they associate it with diarrhea and Litrosol. Therefore, subsequent promotional activity deemphasized the abstract concept of dehydration and focused instead on the physical manifestations of dehydration. This change in emphasis resulted in an increase from 20 percent to 77 percent of mothers who understood the signs of dehydration.¹⁰

¹⁰Booth and Rasmuson, "Traditional and Empirical Inputs."

A Wrap-up

The ORT programs in Honduras and The Gambia illustrate the use of some very sophisticated communication efforts. There are, in fact, four features of the oral rehydration program that could serve as models for any marketing communication endeavor.

Communication Grounded in Research Marketing communicators sometimes jump immediately to the tasks of creating messages and selecting media before they have a thorough understanding of the marketplace. Such an approach stands a good chance of failure unless the intended audience is one with which the marketing communicator has had extensive prior experience. Many communication programs are doomed to failure because companies have not done their homework in adequately understanding the marketplace in terms of its culture, values, beliefs, stereotypes, and behavioral habits.

The project directors for the ORT program did not commit such a mistake. They conducted extensive preprogram research in both Honduras and The Gambia prior to designing communication programs for these countries. The information acquired from this research enabled the project directors to develop communication programs that were compatible with the beliefs, attitudes, and health care practices of both mothers and health care workers.

Use of Unifying Creative Message Themes Another mistake committed by many marketing communicators is the failure to design communication programs around a central creative theme. In the absence of a unifying theme, programs tend to flounder and lack direction and meaning.

Such a mistake was not made in Honduras or The Gambia. The loving theme with the red heart symbol in Honduras and the happy baby theme in The Gambia provided unifying forces for the communication programs in these countries. By directing communication efforts around these themes, the chances were increased substantially that mothers would gain awareness of the ORT programs and become sufficiently motivated to learn how to mix the oral rehydration solution properly and administer it when necessary.

Coordination of Communication Efforts Three communication channels—radio, print, and interpersonal—were carefully coordinated to accomplish communication objectives. Through radio, mothers learned about the oral rehydration solution, pamphlets and flyers provided instructions for its proper mixing and administration, and the availability of trained health care workers—with red heart and happy baby flags flying over their homes—enhanced the credibility of the ORT program and provided another source of information for mothers who required additional assistance.

Monitoring Program Performance Another mistake marketing communicators commit is to fail to monitor communication programs to determine whether they are working as originally intended. Project directors in Honduras and The Gambia avoided this mistake by performing ongoing research to assure that the programs

were, in fact, accomplishing objectives. This periodic monitoring identified several problems that were quickly corrected. The ultimate results were, as a result of the midcourse corrections, much more effective than they otherwise would have been.

Preparing a Marketing Communications Plan

It is fitting to conclude the text with a description of the process for preparing a marketing communications plan. A formal marketing communications plan is the first step toward an effective promotional program. The plan represents a written guideline for a company's overall communications program and provides at least three benefits: (1) it is tangible evidence that the marketing communications program is professionally organized, (2) it demonstrates that the marketing communications program is tied directly to overall marketing objectives, and (3) it provides a mechanism for both monitoring and documenting performance during the year.¹¹

The process that one company, BF Goodrich, employs in developing its marketing communications plan will be described. This process, which is similar to that used by a number of other companies, entails five steps: the input phase, rough draft, final draft, approval phase, and follow-up activities.¹²

The Input Phase

The planning process begins at BF Goodrich—a manufacturer of a diversified line of industrial, transportation, and polymer products whose annual sales exceed \$650 million—about five months before the company's budget is finalized. The first step is to have each product manager complete a *marketing communications questionnaire*. This ensures that the product managers have thoroughly considered their marketing communications needs prior to step two, which involves a *series of personal meetings* between each product manager and the marketing communications manager. The product manager discusses his or her specific advertising and promotional needs, informs the marketing communications manager about market trends, details the sales performance for the present year, and assesses the product's sales potential for the coming year.

These meetings serve two important functions. First, they ensure that the marketing communications plan is tied to the overall marketing strategy for each product line. Second, because product managers are involved in the formulation of marketing communications plans, this increases the chances that they will adhere to and pursue the finalized plan during the coming year.

¹¹Douglas B. Limberg, "How To Develop a Marketing Communications Plan," *Marketing Communications*, May 1981, p. 62.

¹²This discussion is a summary of the presentation by Limberg, "Marketing Communications Plan," pp. 56-62.

The Rough Draft

In its final form, the written plan will contain three major sections: an introduction, a description of programs for each product line, and a budget statement. However, the rough draft is restricted to the program description section; the other sections are written later.

The *program description section* provides exact descriptions of the proposed programs for each product line and consists of three parts:

1. A *marketing analysis section* provides background information for each product. This includes information on market trends, analysis of competitive forces, and projected sales and market share for the coming year.
2. A *marketing communications strategy section* (1) states how the marketing communications projects will tie directly into overall marketing and sales objectives and (2) presents detailed plans for each major communication vehicle—advertising, sales promotion, trade shows, etc. The advertising strategy section, for example, describes the current ads that will be continued next year and explains the objectives and themes that will guide the development of new ads.
3. The marketing communications strategy is then summarized into a *budget statement and action plan*. A total budget is established for each communication vehicle. The plan of action then ranks each vehicle in terms of its importance in accomplishing overall marketing strategies and indicates the general completion date for each project.

The Final Draft

The rough draft is sent to the company's advertising agency, which has approximately one month to review the draft and make its creative input. The agency returns the draft with a proposed media advertising plan plus any additional recommendations it chooses to contribute. Minor changes are made in the rough draft to reflect the agency's inputs. Then an introduction and overall budget statement are added to the plan.

The *introduction* (1) addresses industrywide trends for marketing communications in terms of how the program compares with competitors, (2) evaluates past sales performance against the communication activities, and (3) assesses the future requirements for an effective communications program. In addition to its basic informational role, the introductory section to the final marketing communications plan performs an invaluable role in selling the plan to senior management.

The *overall budget statement* is the final section to be written. It summarizes the total marketing communications budget requirements for all product lines. The proposed budget for each product line is broken down in terms of how much is to be spent for advertising, sales promotion, trade shows, and other marketing communications activities. For each activity the statement shows both the proposed budget and the budget for the previous year.

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TABLE 23.1 The Marketing Communications Planning Process**Step 1: Input Phase**

1. Have product managers complete a marketing communications questionnaire.
2. Hold individual meetings between marketing communications manager and each product manager.

Step 2: Rough Draft

1. Perform marketing analysis.
2. Design marketing communications strategies.
3. Prepare budget statement and action plan.

Step 3: Final Draft

1. Send rough draft to advertising agency for its creative inputs.
2. Revise program descriptions on basis of ad agency inputs.
3. Write introduction to plan.
4. Construct overall budget statement.

Step 4: Approval Phase

1. Distribute plan to senior management for approval.
2. Ready approved plan for implementation.

Step 5: Follow-up

1. Track program performance throughout year.
2. Take corrective action when necessary.

Source: Adapted from Douglas B. Limberg, "How To Develop a Marketing Communications Plan," *Marketing Communications*, May 1981, p. 62.

The Approval Phase

Copies of the plan are forwarded to all managers in the company who influence the final budgeting decisions. A meeting between the marketing communications manager and senior managers who have received the plan is held shortly thereafter. The written and approved marketing communications plan is ready for implementation following this meeting.

The Follow-up

Because the marketing communications plan establishes specific objectives and details all program activities, it is possible to track the program's performance throughout the year and to take corrective action when necessary. In the final analysis, the written plan provides the opportunity for a marketing communications department to gain and maintain senior management support for marketing communications programs at the time of the annual budget review and during the course of the business year.

Table 23.1 summarizes the marketing communications planning process.

Summary

This chapter integrates the variety of marketing communication topics that have been covered throughout the text. The framework for accomplishing this is a detailed case history of a program developed by the U.S. Agency for International

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Development to combat diarrheal dehydration in developing countries. Discussion focuses on experimental applications of the program in Honduras and The Gambia. The presentation centers on the six major steps of the promotion management process in their application to this major world problem: situation analysis, marketing objectives, promotion budget, integration and coordination of program elements, promotion management program, and evaluation and control.

The chapter concludes with a description of the process for preparing a formal marketing communications plan. The planning process at one company, BF Goodrich, provides a model for the discussion. The presentation covers five major steps in the process: gathering information, preparing the rough draft, writing the final report, gaining approval from senior management, and following up on the program to assure that it is achieving program objectives.

Discussion Questions

1. Why does the situation analysis represent a critical first step in the process of developing a marketing communications program?
2. What was the importance of using the "red heart" theme in Honduras and the "happy baby" theme in The Gambia as symbols of the ORT programs in these countries?
3. The Academy for Educational Development, the chief consultant to AID in the ORT program, characterized their task as one of changing mothers' behavior rather than attitudes. (See text for specific quote.) On the other hand, marketers of conventional products frequently place their promotional emphasis on creating favorable images for their brands. How can you account for this apparent contrast in communication objectives?
4. It can be argued that the communications task in, say, The Gambia was simpler than the promotional task faced by marketers of conventional products such as video cassette recorders and personal computers. Take a position on this point and thoroughly support your position.
5. The communications program in The Gambia included a giveaway contest in which mothers could receive a prize by demonstrating an ability to mix the salt, sugar, and water solution correctly. Winners then became eligible to win a bigger prize in a drawing. Moreover, there was a community prize each week for the village turning out the most mothers for the contest. With reference to material presented in Part II of the text (especially Chapters 3, 4, and 5), what are the social-psychological principles that would justify the use of these promotional techniques?
6. A formal marketing communications plan performs a selling role as well as an informational role. Explain.

Exercises

1. Interview the marketing communications manager (or someone with a comparable position) in a manufacturing business and determine whether the company has a formal marketing communications plan and, if so, what it is.

Even if the company does not have a formal plan, still have the marketing communications manager describe the informal process that he or she uses. In either event, develop a flowchart of the planning process.

2. Select one of the social campaigns mentioned in the beginning of the chapter (antismoking, seat belt usage, forest fire prevention, etc.) and then perform a library search to acquaint yourself with the communication techniques that were used in promoting the program. Critique the techniques.