SOCIAL NORMS MARKETING:
THE LOGIC AND NECESSARY DATA
TO DEMONSTRATE EFFECTIVENESS

<http://www.socialnorms.org>

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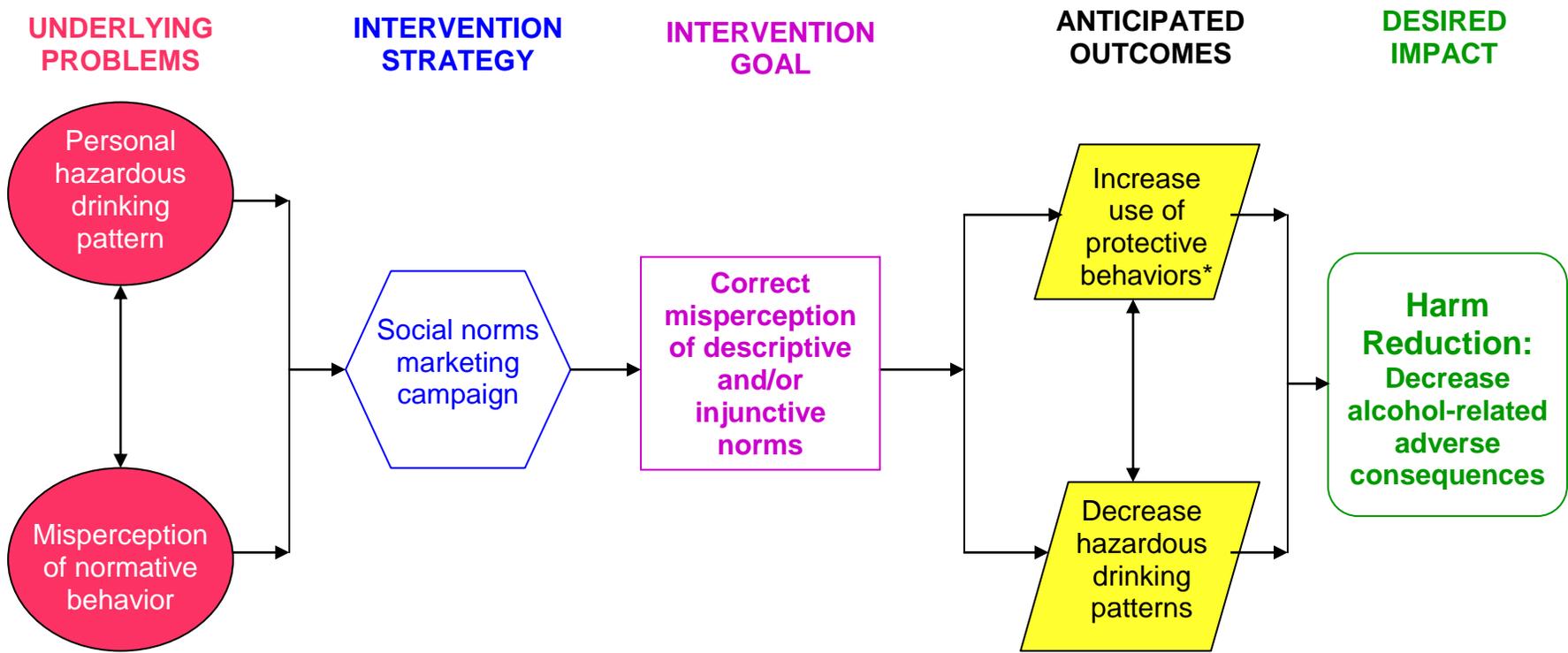**JAMES TURNER, M.D., EXECUTIVE DIRECTOR**

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Introduction

The materials that follow were developed at NSNI as a working tool primarily to assist colleges and universities who are conducting social norms marketing interventions to reduce the adverse consequences associated with high risk alcohol consumption. Since many colleges and universities participate in the National College Health Assessment (NCHA), this document uses questions in the NCHA-II as examples of available relevant information.

The model and the assessment tool, although both written in terms of social norms marketing campaigns directed towards alcohol consumption, can be adapted for other issues. Please contact us at NSNI if you would like assistance in adapting this material for other social norms marketing interventions.

A *social norms marketing intervention* aims to correct the misperception of peers' behavior in order to influence personal choices. The messages typically focus on the reality of peers' drinking but may also include the use of protective behaviors by peers.

LOGIC OF SOCIAL NORMS INTERVENTIONS

UNDERLYING PROBLEMS	INTERVENTION STRATEGY	INTERVENTION GOAL	ANTICIPATED OUTCOMES	DESIRED IMPACT

Personal hazardous drinking pattern

Misperception of normative behavior

Social norms marketing campaign

Correct misperception of descriptive and/or injunctive norms

Increase use of protective behaviors*

Decrease hazardous drinking patterns

Harm Reduction: Decrease alcohol-related adverse consequences

EVIDENCE NEEDED

Prevalence of hazardous drinking patterns; prevalence of misperceptions**; association between the two****

Campaign conformed to social norms principles & reached intended audience

Prevalence and/or degree of misperception decreased**

Prevalence & number of protective behaviors used increased** and hazardous drinking decreased**

Prevalence and/or number of adverse consequences decreased**

*If norms for protective behaviors were included in the marketing campaign
**Baseline assessment needed before intervention & follow-up assessment after intervention

Necessary Evidence to Demonstrate Effectiveness with (*What's Included in the NCHA-II*)

Sample Description (*NCHA-II questions 46 through 65*)

Evidence related to underlying problems

- Perception of norms related to drinking (*NCHA-II questions 9e, 12, 17b*)
- Drinking patterns (*NCHA-II question s 8e, 10, 11, 13, and calculated eBAC*)

Evidence related to intervention strategy (*not included in NCHA-II*)

- Fidelity: Marketing materials conform to social norms principles
  - Materials address correcting a significant misperception related to peers' behaviors
  - Conforms to PIE principles: Positive, Inclusive, Empowering
- Reach: Marketing reaches intended audience
  - "Exposure": evidence that a majority of the intended audience was exposed to the campaign
  - "Saturation": evidence that information was seen a sufficient number of times by intended audience
  - Suggested question to measure exposure: *In the past [time frame], how many times have you seen [or heard] the [campaign logo/brand or message or specific campaign material]?*

Evidence related to intervention goal

- There is a significant improvement from pre-intervention to post-intervention in measure(s) of normative perceptions:
  - Descriptive (*NCHA-II questions 9e, 12, 17b*)
  - Injunctive (*not included in NCHA-II*)
  - Example of injunctive norm: Most AnywhereU students approve of drinking to get drunk.

Evidence related to anticipated outcomes

- There is a significant improvement from pre-intervention to post-intervention in measure(s) of protective behaviors *(may not happen if campaign did not focus on protective behaviors):*
  - Personal protective behaviors (*NCHA-II question 15a through 15k*)
    - Prevalence
    - Frequency of use
  - Protective behaviors for others (*not included in NCHA-II*)
    - Prevalence
    - Frequency of use
- There is a significant improvement from pre-intervention to post-intervention in measure(s) of patterns of drinking; for example:
  - Number of drinks consumed last time partied or socialized (*NCHA-ii question 10*)
  - Hours over which the drinks were consumed (*NCHA-II question 11*)
  - eBAC: Above two are used, with sex, weight and gender constant, in equation to compute estimated blood alcohol content (eBAC)
  - Number of days in previous 30 DAYS drank alcohol (*NCHA-II question 8e*)
  - Times drank 5 or more drinks (*NCHA-II question 13*)

Evidence related to desired impact

- There is a significant improvement from pre-intervention to post-intervention in measure(s) of adverse consequences associated with drinking (*NCHA-II question 16a through 16i: 9 adverse consequences; NCHA-II questions 14a and 14b: driving after drinking at all and after 5+ drinks; NCHA-II 45a: alcohol affected academic performance*)

Optional additional helpful evidence

- Level of drinking and negative consequences did NOT increase from pre-intervention t post-intervention among low risk drinkers
- Perceptions, drinking and negative consequences all changed in the desired direction from pre-intervention to post-intervention among high risk drinkers

Overview of Methodology

- Conduct a (stratified) random sample survey of intended population
  - Ensure sufficient sample size for sufficient power to examine subgroups (e.g., by sex or class level) taking into account likely response rate
  - Clean the data (eliminate incomplete essential data, artifactual data)
  - Balance sample demographic characteristics to match population characteristics, for example:
    - Sex
    - Academic class level (in school populations)
    - Race/ethnicity

- Establish the baseline rate of behaviors and attitudes of interest:
  - Quantity/frequency of drinking: a variety of possible variables including drinks per week, drinks per weekend, drinks last time partied/socialized, eBAC
  - Perception of drinking of others: perception questions *must* correspond exactly to quantity/frequency questions
  - Use of protective behaviors (may be omitted)
  - Adverse consequences associated with drinking

- Test if there is a *mis*perception of the true drinking norm: are the perceived quantity/frequency measures significantly greater than the actual quantity/frequency measures?

- Test if this misperception is associated with hazardous drinking
  - Those who drink more are more likely to perceive the drinking norm to be greater than the true drinking norm, [and close to or greater than what they themselves drink, per Berkowitz]
  - Establish the percent of the population that have normative misperceptions *and* hazardous drinking

- Design a social norms marketing campaign
  - Use representatives from intended population to design message and marketing strategies
  - Use a variety of messages and/or message delivery strategies

- Test if the marketing campaign *reached* the intended audience
  - Exposure: What percentage of the population saw the messages?
  - Saturation: How frequently did members of the intended population see the message?

- Conduct a follow-up (stratified) random sample survey of the intended population:
  - Same questions about drinking behaviors and attitudes, protective behaviors and adverse consequences as in the first step
  - Closely following conclusion of campaign
  - Clean and balance sample data as in the first step

- Test if observed changes conformed to theory:
  - Is there a decrease in perception of drinking norms?
  - Is there a decrease in actual drinking?
  - Is there an increase in protective behaviors (if included as focus of campaign)?
  - Is there a decrease in adverse consequences?

Evaluation Tool Assessing the Strength of Necessary Evidence and Inferences:

This tool is designed to help you assess the strengths of the six essential components of the model. Remember that the the logic connecting your intervention to observed changes is only as strong as your *weakest* component. Ideally, each area should score at least 8; if any area scores less than 6 that is cause for concern. The overall score should be at least 36; scores in each area at least 5; overall scores less that 26 indicate that your evidence is probably not strong enough to demonstrate effectiveness convincingly.

1. The **data** are valid and reliable:	Completely	Mostly	Somewhat	Not at all or information not available
a. The sampling strategy was unbiased.	3	2	1	0
b. The resultant sample matched the population in key descriptive variables	3	2	1	0
c. All variables of interest were assessed using standardized measures with demonstrated validity and reliability in the population of interest	3	2	1	0
Total Score for Data Quality:				

2. Hazardous drinking and misperceptions of norms are **underlying problems**:	Agreement among all measures	Agreement among most measures	Agreement among some but not most measures	Not at all or information not available
a. Hazardous drinking patterns are prevalent:	3	2	1	0
b. Misperceptions of drinking norms are prevalent:	3	2	1	0
c. Positive correlation between hazardous drinking patterns and misperceptions:	3	2	1	0
Total Score for Evidence of Underlying Problems:				

3. The **intervention** was well implemented:	Completely	Mostly	Somewhat	Not at all or information not available
a. The social norms campaign conformed to social norms marketing principles	3	2	1	0
b. The intended audience was exposed to the campaign:	3	2	1	0
c. Most members of the intended audience had at least 5-10 exposures	3	2	1	0
Total Score for Evidence of Well-Implemented Intervention:				

4. **Intervention Goal***: Following the campaign, accuracy of perceptions increased:	Change is statistically significant and clearly meaningful	Change is small but statistically significant	Change occurred but is not statistically significant	No evidence, no change, or change in wrong direction
a. The perceptions of norms that were a focus of the campaign were more accurate:	3	2	1	0
b. The perception of norms that were **not** a focus of the campaign did **not** improve in accuracy	3	2	1	0
c. High-risk populations (e.g., binge drinkers) increased accuracy of perceptions	3	2	1	0
Total Score for Evidence that Intervention Goal was Achieved:				

5. **Anticipated Outcomes***: Following the campaign, decreased *risk* for harm was observed:	Change is statistically significant and clearly meaningful	Change is small but statistically significant	Change occurred but is not statistically significant	No evidence, no change, or change in wrong direction
a. Hazardous drinking behaviors decreased overall	3	2	1	0
b. eBAC decreased overall	3	2	1	0
c. High-risk populations (e.g., binge drinkers) experienced decreased risk for harm	3	2	1	0
Total Score for Evidence that Intervention Outcomes were Achieved:				

6. **Desired Impact***: Following the campaign, significant harm reduction was observed:	Change is statistically significant and clearly meaningful	Change is small but statistically significant	Change occurred but is not statistically significant	No evidence, no change, or change in wrong direction
a. There is a decrease in adverse consequences associated with drinking:	3	2	1	0
b. There is an increase in percent experiencing no adverse consequences	3	2	1	0
c. High-risk populations (e.g., binge drinkers) experienced fewer adverse consequences	3	2	1	0
Total Score for Evidence that the Desired Impact was Achieved:				
Overall Total Score for Necessary Evidence & Inferences:				

*For multi-year projects, the measures of perceptions, behaviors and consequences following each year of intervention become the baseline measures for the next year.

Some Key References

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