
Prepared for: **Client**
Prevention Fellowship Program
Courseware Updates: Lesson 2

Document: **Analysis Document for Web-Based**
Courseware Development

Version: **1.0**

Introduction

Client Enterprises, Inc. needs to have their current “CSAP Prevention Fellowship Program” eLearning courses updated to be more engaging, interactive, and more instructionally sound overall. To achieve this goal, Company Learning Group has performed a high-level analysis, consistent with the ADDIE instructional technology model, of the “Applying Health Communications and Social Marketing to Substance Abuse Prevention” course within the CSAP Prevention Fellowship Program Blackboard site. We suggest titling this lesson as “*Applying Health Communications and Social Marketing*” to reduce the overall length and references. This document presents the findings of that analysis, suggested resolutions, and an outline of phase 2 of this process.

Project Overview

Company will continue the development of lessons and courses for the Prevention Fellowship Training series, “*Leading Substance Abuse Prevention Initiatives*” with Lesson 2. The first course in the series has been approved to cover this effort, and is now in production development. Client has approved of the level of in-lesson interactivity of the first course, but has nothing specific is retained for Lesson 2 as they are open to suggestions. Lesson 2 should achieve same types of in-lesson interactivity but with additional ‘social’ interactive components.

Target Audience

The target audience for this course will be the fellows that are participating in the Prevention Fellowship Program. The demographics for this audience are skewed toward women by approximately 80% and will have an age range from 20 to 60 with a median age of 35. In general, the fellows must have an Associate’s degree to qualify but amongst the more recent fellows, most have bachelor’s degrees, some are pursuing Masters’ degrees, and some have PhD’s. Most fellows will have a background in public health, psychology, or social work.

Course Description and Purpose

Health communications and social marketing are used by prevention practitioners to deliver messages to the public that encourage people to change behaviors that may put them at risk of substance abuse. The communications and marketing approaches that are used to market commercial products are also used to promote behavioral change. In the *Applying Health Communication and Social Marketing* course, participants will be provided with the knowledge, skills, and practice to plan and implement effective health promotions or campaigns.

The purpose of this course is to apply social marketing techniques to promote substance abuse prevention. In order to better meet that overall purpose, it is recommended that the course be redesigned into a more effective structure. With such a redesign, this course will be better able to help the participants meet the overall goal of the entire program, “Preparing fellows for certification and practice as Prevention Specialists,” and more importantly, to prepare them for careers as prevention

professionals. The Prevention Specialist certification exam [offered through the International Certification and Reciprocity Consortium (IC & RC)] itself is associated with the overall curriculum, but no certificates are specifically associated with this (or any) individual course in this series.

Pre- and post-tests will be created within Blackboard itself by Client. Company may review the pre-test evaluation for suggestions, but focus should be on designing this course content and structure, where they may apply.

The current 'Workshop Duration' indicates the existing course takes about 8.5 hours to complete. With the addition of proposed online forums and down-loadable activities within the Blackboard site, that may be an accurate approximation. Without the use of activities, some of the sections within e-learning portion of the course would appear to be much shorter than 8.5 hours.

As a result of the analysis, the next section makes several recommendations on the overall lesson breakdown, related objectives, and media/interaction ideas for each.

Recommended Course Structure

The goal of the course restructuring is to create self-pace online trainings that can be started at any time and with any group of people. By developing the training as a stand-alone without group facilitation, Client can reach a wider audience. Building the online training where it requires group collaboration and synchronous webinar facilitation will reverse self-pace efforts. Dialogue and sharing amongst peers will be done through Blackboards learning community in an asynchronous manner.

Within the overall introduction, it seems these are the primary objectives of the overall courseware:

- Define the characteristics of a social marketing campaign within the context of health communication
- Conduct a formative research analysis to maximize the impact of a social marketing campaign
- Design goal development initiatives to implement a campaign agenda
- Identify operational support strategies to monitor campaign task management and maintenance procedures

For the current "Applying Health Communications and Social Marketing to Substance Abuse Prevention" course, these objectives are identified ("Upon completion of this workshop, you will be able to"):

- Define key terms and concepts.
- Identify the benefits and challenges of social marketing.
- Recognize and utilize a seven step social marketing approach.
- Identify social media tools that may be used to develop and implement prevention communication and marketing plans.
- Determine how to apply social marketing skills to substance abuse prevention.

Applying Health Communications and Social Marketing: HLDD v1

In order bring a more social feel to the stand alone course it is recommended to utilize some of the collaborative asynchronous social learning features from the Blackboard platform. Learning management features could be used to develop a campaign based on a case study presented in the training piece or could be a place to provide case study options, such as a forum or wiki. Groups could pick a case study and build a campaign around it within a forum or wiki.

After Individuals go through training, they could participate in course forums to discuss their individual exercises or participate in a course wiki to contribute to a living document/campaign.

One significant discussion to have between Client, the SME, and our Instructional Designers is to ensure that all the objectives are accurate and match-up. Since the scope of this initial analysis is to focus specifically on the sample course, an examination of the overall courseware purpose and objectives is still something to consider. Objectives have been consolidated and realigned to follow a more coherent course structure.

Initial analysis of the course content indicated that the course was sharply divided into two distinct learning deliveries. A bulk of the direct instruction was consolidated in the first module, with many of the 'hands on' exercises in the "Seven Step Marketing Process" remaining portion of the course.

Content from the following documents were integrated and restructured to provide learners with a more balanced approach:

1. PPT Storyboard (*HealthCommunication_SocialMarketing slides with narrative 2.ppt*)
2. Participant Guide (*HealthComm_workshts2012.pdf*)
3. Comprehensive Prevention Strategies (*Comprev_worksheets_62012.pdf*)

Moving forward, content will be divided into four distinct modules carrying three lessons each. The seven step marketing process was integrated with the direct instruction. With the new structure, learners will now be introduced to new content in smaller chunks of direct instruction. Opportunities to apply new concepts with engaging and relevant interactive activities follow most lessons.

A detailed overview surrounding the concepts of health communications and social marketing campaigns continue to be identified as appropriate for the first course module. Content restructuring was largely influenced by the ADDIE model in the remaining modules, as the content appeared to fall right in line with that model. The second module integrates the first three steps of the seven step marketing approach as they focus on campaign research analysis. The third module now features steps four and five, teaching learners simple design and development methods incorporating social media concepts. The fourth and last module would bring participants up to speed on best practices surrounding the implementation and evaluation of a social marketing campaign. Focus on partnerships and coalitions are also addressed in the final module.

With the primary objectives identified, we suggest this course breakdown:

Topic	Terminal/Enabling Learning Objectives
	Learners will be able to:
1. Social marketing for health communication (video introduction, images, integration of interactive/animated slides and images)	Define the characteristics of a social marketing campaign within the context of health communication <ul style="list-style-type: none"> • Identify the scope of health communication for the purpose of informing audiences about health issues • Define social marketing as a message delivery method to bring about behavioral change • Distinguish between the benefits and challenges of social marketing
2. Formative research analysis (slides, images and narration for scenario-based settings, wiki responses dedicated to each scenario, links to video examples with forum reactions)	Conduct a formative research analysis to maximize the impact of a social marketing campaign <ul style="list-style-type: none"> • Determine the specific contribution social marketing will make to the overall health program or campaign. • Gather information about the demographic, behavioral, and lifestyle characteristics of the target audience • Determine the implications of the organizational and environmental factors context for a social marketing campaign plan
3. Develop campaign design (reflective journals, links to video examples with forum reactions, down-loadable worksheets, ongoing social media resource wiki, web 2.0 activity)	Design goal development initiatives to implement a campaign agenda <ul style="list-style-type: none"> • Design measurable goals and objectives for a social marketing campaign • Develop an organization-wide action strategy to achieve campaign objectives • Identify social media tools that may be used to implement prevention communication and marketing plans
4. Operational implementation (down loadable activities/ worksheets, journal, forum. Facilitate social media group. Blog upload final project)	Identify operational support strategies to monitor campaign task management and maintenance procedures <ul style="list-style-type: none"> • Develop a plan for creating coalition linkages with partner organizations • Identify program management processes to ensure organizational support • Evaluate social marketing contributions to monitor campaign progress of the target audience’s behavior change

Technical Approach

Client has three primary technical requests for this courseware:

1. SCORM compliance for LMS delivery
2. Delivery to desktop devices (Adobe Captivate preferred)
3. ADA Section 508 compliance

While these technical requests are more relevant to the development phases of this project, they should be taken into consideration in the planning phases referenced here.

The first, SCORM-compliance, is a standard and mature requirement. Company Learning Group can deliver the courseware per either the SCORM 1.2 or SCORM 2004. For now, assuming Blackboard is minimally compliant and the target LMS, SCORM 1.2 will be used in this courseware.

Desktop design and delivery is also a standard and mature request. To ensure ADA Section 508 compliance, a 508-compliant, text-only PDF version of the training will be provided with identical content to the Captivate-based training, per the guidance provided at <http://www.dhhs.gov/web/policies/standardscategory.html#accessibility>.

Production Tasks

Phase 1 will consist of the initial high-level review and subsequent detailed-design strategy for the “Applying Health Communications and Social Marketing to Substance Abuse Prevention Initiatives” lesson.

Phase 1-A will begin with a high-level review of the lesson. The result of that review will be **High-Level Design Document** (HLDD) with these components:

1. Overview of the lesson’s purpose, objectives, and intended audience.
2. Proposed course outline with associated objectives, proposed ‘interactivity level’, multimedia assets, and/or concepts for the section screens.
3. Questions to be answered by Client and the SME related to the purpose, audience, content, etc. and a list of required additional information.
4. The finalized user-interface designs.
5. Functional lesson prototype

Consultation with the SMEs will be performed as required in this initial review. Two UI concepts will be provided to Client for review and selection, resulting in a final, single user-interface design for prototype integration

Phase 1-B will begin on review, feedback, revision, and approval of the Phase 1-A deliverable (HLDD). In this phase, representative storyboards will be produced illustrating conceptual approaches, engaging designs, and interactivity. Storyboards may or may not be built for each and every screen.

In parallel, a storyboard treatment will be developed which will contain the content, narration script, and image, interaction, and effect references for every screen in the lesson. In conjunction with the representative storyboards, a solid review of the proposed project will be achieved.

Additionally, development of the storyboards and treatment will further identify additional media assets that are recommended or required – such as stock or custom images or video. Whether these additional assets are licensed as ‘stock’ or require custom photography and/or video sessions will be discussed and may impact the overall pricing for the project.

In sum, the result of Phase 1-B will be the **Detailed Design Document (DDD)** with these components:

1. Representative storyboards for various types of screens, engagement, media, and interactivity
2. A full storyboard treatment containing the content, styles, media assets, and interactivity
3. A review cycle for those initial design elements

Multimedia

No additional images identified or available. As part of the design and development process, Company should identify and/or suggest images to use for any applicable sections. Ideally the final piece will have at least a couple images per slide.

Questions and Comments

Here is a list of outstanding questions for the client.

1. This course will include a simple ‘How to navigate the course’ like Lesson 1 unless otherwise requested. It is assumed Fellows will know how to use the Blackboard site and move between SCORM lessons and Blackboard -integrated features like forums and journals.
 - ♦ This is correct.
2. With the asynchronous nature of this curriculum, social features (i.e. forums, wikis, journals) will be suggested in-line with the course and restricted to individual use and contribution. However, if Client would like to integrate a more collaborative feature (i.e. a site-wide forum), let us know the envisioned implementation so we can allow for, and make reference to, such a feature within the lesson content. It appears that the collaborative delivery method, discussed in the last meeting will not work with the stand alone model that was the original intention of the course restructuring.
 - ♦ This is correct.
3. Is it the intention of Client to have learners develop their own social campaign throughout the course or work with fictitious examples? Is Client open to ideas on this? Would the Wiki or the Journal be a better Blackboard feature to use for such participation?
 - ♦ Learners should develop their own campaigns based upon the fictitious community profile data that will be provided with. Social marketing campaigns will be provided, but only as examples, they will not necessarily inform the campaigns that learners develop.

Applying Health Communications and Social Marketing: HLDD v1

4. The course was indicated to be stand alone, without a facilitator, does Client want to have a group start and stop date where groups will lead their own learning or just an 'individual' open enrollment at anytime?
 - ♦ When fellows take the course, we set it up in Blackboard so that the training is available only for a specific amount of time (usually 2 weeks).
5. Were any of the provided social marketing sample examples from the workshops? If not, did you keep any examples of any of the worksheets or activities? Photos? Videos? Links to Social Media Campaign? Links to participant websites?
 - ♦ At this time, we have nothing from our previous workshops (for shame! ☹). However, we will be doing internet searches for relevant examples that we might be able to use.
6. Will individuals be taking the course as organization representatives? Will groups from an organization want to take this course together?
 - ♦ As of now, there are no plans to make this course available to others outside of the Fellowship program. Fellows will take the course as individuals, though all fellows will be taking it at the same time.
7. Was a connection made with _____ who implemented the campaign he developed in this course in Palau? If yes, what was the outcome?
 - ♦ No! ☹ Still trying but don't think we should rely on this.

Additional Content

Documents for integration:

PPT Storyboard (*HealthCommunication_SocialMarketing slides with narrative 2.ppt*) – the base content with speaker notes included. This document will be used as the primary source for the training piece and is in the preferred 'order', though open to restructuring should it improve delivery and instruction.

Participant Guide (*HealthComm_workshts2012.pdf*) – these worksheets are used during the current stand-up training for individual and group activities. These are referenced in the provided PPT storyboard though individual sheets will include more information, and are to be used as an additional resource for content development. This PDF worksheet may be reorganized then republished to PDF as a resource for users to download from the Blackboard site, if applicable...for example, these may be used as 'starting points' for Fellows to jump into a Blackboard (Bb) course forum for group discussion, or to jump to a Bb Wiki to post observations to a group document.

Comprehensive Prevention Strategies (*Comprev_worksheets_62012.pdf*) - provides the Community Profiles A-D (on pages 3.3-3.10). These 4 profiles are used within the face-to-face "Comprehensive Prevention Strategies" training as sample data for participants to use in during in-class exercises. They have not been previously used in the Health Communications and Social Marketing course (in this previous face-to-face training, groups made up their own fictional community and data as they went through the course).

Documents for possible reference

Pre-Skills Assessment (*Y2 july 2012 pre.pdf*) – This course will have a pre-, and possibly post-, evaluation based upon this document; however, those evaluations will be setup by Client within the Bb

environment. For our consideration to assess general objectives, but more important to focus on SME-defined, storyboard PPT objectives.

Social Marketing Resource Booklet (*3rdManagers Guide to Social Marketing.pdf*) – is another way at looking at social marketing process. May be used as a reference or inspiration but there is no requirement to include this document or content in the course.

2ndBringing Play to Life.pdf – another possible resource but no requirement to use this in the course.

IC&RC domains for Prevention Specialist Certification (*icrc prev spec domains.pdf*) – shows overall 'learning domains' for the entire curriculum; may be helpful for overall review but may be ignored – more important to focus on SME-defined, storyboard PPT objectives.

Below is a list of possible additional content for consideration. The suggestions below will not be used to add content to the current course. The list will be carried over to the Detailed Design Document as suggestions for a possible 'Resources' section.

Resources

Ratzan, SC. ed. Health communications, challenges for the 21st century. Special issue. *American Behavioral Scientist*, 38(2), 1994.

U.S. Department of Health and Human Services. *Health People 2010: Health Communication* (Chapter 11); 2000.

Available at: http://www.hhs.gov/opa/pubs/hp2010/hp2010rh_sec2_healthcomm.pdf.

North Carolina Department of Health and Human Services, *NC Division of Public Health Web site. Social Marketing*. Available at <http://publichealth.nc.gov/employees/socialmarketing.htm>.

Social Marketing Institute. *Social Marketing*. Available at <http://www.social-marketing.org/sm.html>.

Weininger, MA. *The Challenge of Social Marketing: Can Public Health Promotional Efforts Compete in the Market*. Houston: University of Texas; 2003. Available at <http://homepages.wmich.edu/~jbrusk/2003-Paper1.pdf>.

Schmitt, BH. *Experiential Marketing: How to get customers to sense, feel, think, act, relate to your company and brands*. New York: New York Free Press; 1999.

Lagarde, F. *Seven Steps to a Marketing Plan Tutorial Guide*. Montreal: University of Montreal; 2005-2007.

Wikipedia Free Encyclopedia Web Site. Social Media. Available at http://en.wikipedia.org/wiki/Social_media.

Austin, JE. *The Collaboration Challenge: How Nonprofits and Businesses Succeed through Strategic Alliances*. San Francisco, CA: Jossey-Bass; 2000.

Robinson, L. *The 7 Doors Model for Designing and Evaluating Behaviour Change Programs*; 2004. Available at http://www.media.socialchange.net.au/strategy/7_Doors_Model.html.

Health Canada Quebec Region; 2007.

http://www.hc-sc.gc.ca/ahc-asc/alt_formats/pacrb-dgapcr/pdf/pubs/qc/chcs-ssc-eng.pdf

Supplemental resources

Heitzler, CD, Ashbury, LD., & Kusner, SL. Bringing "Play" to Life: The Use of Experiential Marketing in the VERB Campaign. *American Journal of Preventive Medicine*; March 2008.

The Manager's Guide to Social Marketing: Using Marketing to Improve Health Outcomes. *Turning Point Social Marketing Excellence Collaborative*. Seattle: University of Washington; 2004.

http://www.turningpointprogram.org/toolkit/pdf/Managers_guide.pdf.

L. Robinson: *The 7 Doors Model for Designing and Evaluating Behavior Change Programs*

Sample social marketing web sites*

The White Office of National Drug Control Policy's National Youth Antidrug Media Campaign:

www.mediacampaign.org

HRSA's Insure Kids Now!: www.insurekidsnow.gov

The American Legacy Foundation Anti-Tobacco Campaigns: www.americanlegacy.org

CSAP's Be the Hero Campaign: (link TBD)

The Army's That Guy Campaign: <http://www.thatguy.com/>

<http://acsap.army.mil/sso/pages/public/facts/that-guy.jsp>

Georgia's Up and Away Campaign: <http://www.upandaway.org/>

Parents - Take a Second Look Campaign: (link TBD)

Drugs + Your Body: It Isn't Pretty:

<http://www.drugabuse.gov/publications/drugs-your-body-it-isnt-pretty-teaching-guide-poster>

<http://www.scholastic.com/nida/nida/HeadsUp-BodyParts-Front.pdf>

<http://www.scholastic.com/nida/nida/HeadsUp-BodyParts-Sheets.pdf>

* Any other examples should all relate to substance abuse prevention