R. CRAIG LEFEBVRE

SOCIAL MARKETING AND SOCIAL CHANGE

Strategies and Tools for **Improving Health, Well-Being, and the Environment**

Social Marketing and Social Change

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Strategies and Tools for Health, Well-Being, and the Environment

R. Craig Lefebvre

JOSSEY-BASS
A Wiley Imprint
www.josseybass.com

Published by Jossey-Bass
A Wiley Imprint
One Montgomery Street, Suite 1200, San Francisco, CA 94104-4594—www.josseybass.com

Library of Congress Cataloging-in-Publication Data

Lefebvre, R. Craig, 1959-
Social marketing and social change : strategies and tools for health, well-being, and the environment / R. Craig Lefebvre. – 1st ed.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-0-470-93684-9 (pbk.); ISBN 978-1-118-22150-1 (ebk.);
ISBN 978-1-118-23524-9 (ebk.); ISBN 978-1-118-25996-2 (ebk.)
I. Title.
[DNLM: 1. Marketing of Health Services–methods. 2. Health Promotion–methods. 3. Social Change. 4. Social Marketing. W 74.1]
362.1068'8—dc23

2012038467

Printed in the United States of America

FIRST EDITION
PB Printing 10 9 8 7 6 5 4 3 2 1

Cover design by Michael Rutkowski
Cover photography: © Dmitrii Brighidov / iStockphoto

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Acknowledgments

The scaffolding for the ideas, methods, and themes of this book has grown out of my many experiences across a variety of settings in which I have been able to think about, talk about, and apply marketing to a diversity of health and social issues. My own academic training is the bedrock for this approach. It includes being introduced at an early age to applied behavior analysis by my aunt, Adrienne Lefebvre, as I spent time with her as a teacher's aide in her school for exceptional children in New Jersey. The resulting understanding of stimuli, responses, and consequences—and the power of reinforcement contingencies—set the foundation for my approach, which focuses on behavior as an important outcome for social marketing and all other endeavors for social change. My teachers at Roanoke College, notably Guy Eckman, provided the academic and experimental basis to reinforce this approach—with notable expansions into social psychology and clinical psychology brought by Thomas Coffman, Galdino (Dino) Pranzarone, and George Kish. In graduate studies at North Texas State University, Anita Hughes, Tom (Howie) Hurt, Frank Lawlis, David Rimm, and Rollin (Rollie) Sininger were among my mentors who deepened my knowledge of behavioral and cognitive-behavioral psychology, opened up new ways of thinking about people and change, introduced me to communication research, and sharpened my appreciation of the politics of change.

Since then my theoretical vistas have expanded as the notion of there being "one true way" has faced the crucible of real-life puzzles and circumstances. A number of colleagues have introduced, debated, and collaborated with me on defining what social marketing is and could be. First among these equals is June Flora, with whom I went from being a psychologist exploring how to apply marketing and advertising principles to a community health promotion project to being a self-described social marketer. Our 1988 paper remains a watershed event for

both the field and us. Bill Novelli, then CEO of Porter Novelli, was an early mentor as I began working with national heart disease education campaigns, and he introduced me to the Washington, DC, social marketing community (small as it was then). Other influences on my thinking have included my colleagues at Heartbeat Wales—John Catford, Don Nutbeam, and Gordon Macdonald—with whom I spent several years teaching a World Health Organization international summer school for health promotion that integrated social marketing into a framework for planning and evaluation. Neil Bracht, John Finnegan, David Murray, and Maurice Mittlemark, then at the Minnesota Heart Health Program, were colleagues with whom June and I spent many hours, days, and weeks talking through theory, practice, and research methods for doing behavior change at the community level—at that point we seemed to be among the few people who dared trying things at scale. Throughout the 1990s and the first decade of the 2000s, other colleagues who have brought their knowledge to my mash-up of ideas have included Alan Andreasen, Katya Andresen, George Balch, Carol Bryant, Doug Evans, Paul Florin, Jeff French, Gerard Hastings, Robert Hornik, Philip Kotler, Robert Lusch, Ed Maibach, Jim Mintz, Richard Pollard, Rebekah Russell-Bennett, Leslie Snyder, and Sharyn Sutton.

As important as the people who have thought about social change and marketing along with me have been the people who have *done* it with me. I am grateful they make up such a long list. First are the clients and colleagues, including Terry Bellicha Long, John McGrath, and Judith LaRosa at the National Heart, Lung, and Blood Institute who brought me into the national programs for public education they were responsible for, especially the National Cholesterol Education Program (back when people could not pronounce, let alone spell, the word) and national workplace education efforts. Marshall Kreuter was an early champion and supporter of bringing the social marketing and community-based intervention approach to the Centers for Disease Control and Prevention (CDC). Sharyn Sutton, John Burklow, Ellen Eisner, and Kay Loughrey and their colleagues at the Office of Communication of the National Cancer Institute were among my first clients when I moved to Washington, DC. Their energy and enthusiasm for bringing a marketing perspective to all of their work helped me shift from a community lens to one focused on the government sector. When my group at Prospect Associates was awarded the first health communication and social marketing support contract for the CDC, Fred Kroger was my rock as we began the process of shifting the agency from describing and

analyzing to doing, an outcome that now seems to have been there forever. Galen Cole, Fred Fridinger, Susan Kirby, Judith McDivitt, Susan Robinson, and many other CDC staff listened, tried, adopted, and championed the methods that are currently known as CDCynergy—the CDC brand for applying social marketing principles in its work. There are many other clients I have worked with over the years who have added to my wisdom bank, and I also want to acknowledge Mary Jo Deering and Cynthia Baur, both then at the Office of Disease Prevention and Health Promotion of the US Department of Health and Human Services, who invited me into the Healthy People process many years ago, where I became a founding member of the Health Communication and Health Information Technology Workgroup. That experience has allowed me, I hope, to contribute to improving the health of people, and it has enabled me to introduce social marketing into the Healthy People narrative and objectives. The addition of specific objectives for social marketing education, training, and practice would not have been successful without the help of many social marketing advocates, notably Bob Marshall and Mike Newton-Ward, as well as the support of public health professional associations. Healthy People 2020 includes these health communication and health information technology (HC/HIT) objectives:

HC/HIT 13	Increase social marketing in health promotion and disease prevention.
HC/HIT 13.1	Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs.
HC/HIT 13.2	Increase the proportion of schools of public health and accredited master of public health (MPH) programs that offer one or more courses in social marketing.
HC/HIT 13.3	Increase the proportion of schools of public health and accredited MPH programs that offer workforce development activities in social marketing for public health practitioners.

A number of colleagues from the private sector have also left indelible impressions on me about how to think about and accomplish the work our clients set out for us. Special thanks to Jed Beitler, Neal Flieger, Lynne Doner Lotenberg, Lynne MacArthur, Bee Marks, Dan Snyder, and Charlie Suther for being there and providing their voices of expertise, reassurance, and friendship when I needed them.

The most important thanks and acknowledgments go to my bands of staff who were the ones that had to listen to my lectures (and sometimes rants), create

the protocols, and bring the ideas to life in so many different ways. They are the musicians of the social marketing approach. Some use orchestral metaphors to talk about our work in achieving *big* change; I have always preferred jazz ensemble metaphors. The keys to creating change are executing the chords and phrases, allowing for improvisation, and creating and respecting the silences that allow for new ideas and people to participate with us.

The staff at the Pawtucket Heart Program worked 24/7 for many years to conjure up ways of applying and conducting research with a marketing concept or technique in order to reduce heart disease in the Pawtucket community. I copublished and copresented with many of these staff members, but here I want to remember especially Richard (Dick) Carleton and Tom Lasater who made the fateful decision to hire me to be their intervention director and launched this grand journey of mine. Staff whom I remember often and fondly for their efforts there include Annelouise Assaf, Stephen Banspach, Antonio Cordeiro, Kim Gans, Elizabeth Harden, Mary Lynne Hixson, Mary Kay Hunt, Sarah Levin, Paul Loberti, Helen Longpre, Lynne McClements, Susan McCormack, Sarah McGraw, Deborah Nelson, Gussie Peterson, Bill Rakowski, Tony Rodrigues, Denise Roncarati, and Leslie Sennett, among the many staff and hundreds of volunteers who all desired to make a dent in the universe.

Laura Henderson and John Alciati made the offer that brought me from Rhode Island to Prospect Associates in Rockville, Maryland. I do not believe they dreamed that within a few years the company would be identified as one of the preeminent social marketing agencies in the world. But they gave me free rein anyway. Staff were very involved with me in taking social marketing practice to another order of magnitude with clients such as the US Agency for International Development, CDC, National Cancer Institute, National Eye Institute, US Department of Agriculture, and numerous other federal and state government agencies as well as several private sector clients. These staff members included Lori Agin, Lynda Bardfield, Laura Biesiadecki, Doug Evans, John Garcia, Cecile Johnson, Miriam Kamin, Elyse Levine, Deborah Lurie, Nancy McCormick-Pickett, Danny McGoldrick, Winthrop (Win) Morgan, Gael O'Sullivan, Paula Panissidi, Lisa Rochlin, Gary Saffitz, Victor Sierra, Lynn Sokler, Linda Weinberg, Joan Yonkler, and Anna Zawislanski. Whether the issue was tobacco control, mammography screening, school lunch programs and children's nutrition, HIV/AIDS, children's health insurance, Hepatitis C, public health preparedness, *H. pylori* infection, Y2K readiness in the health care sector, or any other cause in

a diverse set of public health issues, these people and more like them were up to the task. Again, just as in Pawtucket, they turned the theories and ideas into research and practice blended with liberal doses of passion.

When the new CEO of PSI, Karl Hofmann, and the COO, Peter Clancy, offered me the chief technical officer position (aka chief maven) at PSI, the world's largest social marketing organization, the task was to harmonize PSI's social marketing practice across fifty-eight country platforms around the world. That task was made easier by a collection of great thinkers and doers who brought more ideas and practices for social marketing. Among the many talented people I worked with there were Moussa Abbo, James Ayers, Sanjay Chaganti, Steven Chapman, Nikki Charmin, Desmond Chavasse, Jennifer Christian, Sally Cowal, Clayton Davis, Daun Fest, Robert Gray, Richard Harrison, John Hetherington, Dvora Joseph, Brad Lucas, Ricki Orford, Frederick Persoons, Manasseh Piri, David Reene, Amy Thomas, David Walker, Barry Whittle, and Megan Wilson. It is a unique organization, one in which people embody the idea that "marketing + passion = results."

I would like to thank Andre Blackman, Jami Fraze, Susan Gilchrist, Tilly Gurman, Bonnie Halvorsen, Suzy Harrington, Mike Newton-Ward, Florin Oprescu, Gael O'Sullivan, Deborah Ann Porter, Pamela Rollins, Holli Hitt Seitz, Troy Steege, and Ellyson Stout for feedback on the initial plan and approach for this book. Carol Bryant, Mike Newton-Ward, Gael O'Sullivan, and Holli Seitz also contributed thoughtful and constructive comments on the draft manuscript.

Finally, I need to thank the many colleagues who, individually and collectively, have been social marketing champions—the people who tirelessly advocate for and educate on social marketing around the world. Carol Bryant and Jim Lindenberger have been an inspiration through their Social Marketing in Public Health Conference, now in its second decade and a stable home for many social marketers in the United States and abroad, and as the founding editor and publisher (respectively) of the *Social Marketing Quarterly*, the discipline's first journal. Other advocates for the cause with whom I have shared many podiums, meeting rooms, and conference conversations include Kelli Brown, Nancy Lee, Katherine Lyon-Daniel, Bob Marshall, Robert McDermott, Michael Newton-Ward, Sharon Rundle-Thiele, Beverly Schwartz, Bill Smith, and Nedra Weinreich. And of course, many of the individuals mentioned earlier fit into this category as well. Social marketers never stop! That is why, with all of the theory and research

in the world, the one thing that always comes to the forefront in the successful work I have been part of is the passion of the people involved. Practice without it is just going through the motions. My thanks to all the people mentioned here, and also to those inadvertently omitted or yet to come, who demonstrate their desire to do the world one better and choose marketing as the way to do it.

Preface

How can I change the world?

How can we make the world a better place?

Where do we start?

If you often ask yourself questions like these, and keep yourself up at night worrying about the answers, then perhaps you might want to discover how marketing can help you.

"What?!" you might reply. "The marketing that is used to create and sustain the power of multinational machines that the courts now refer to as people? The force behind the rampant consumerism that is ruining our world, people's lives, and even our souls? That crass, over-the-top, never-ending deluge of blah-blah-blah they call advertising that convinces people to buy things they don't need or didn't even know they wanted?"

Or you might say, "Are you referring to the marketing that is the most effective engine of economic development, providing a standard of living for many people that is unsurpassed in human history? The reason why we have so many choices, and at such affordable prices, to satisfy our needs in ways that were unimaginable a generation or two ago? The basis for the development of societies and the interchanges among them?"

Yes, that marketing. As Daniel Pink (2010) has said: "When the profit motive gets unmoored from the purpose motive, bad things are likely to happen." *Social marketers* use marketing to serve the purpose motive.

The first reaction to the idea that marketing can be harnessed for good is often incredulity. Many people have the belief that marketing has a power that intrinsically corrupts and undermines their core philosophy of building a better world. As I will show in this book, that belief is incorrect.

Social marketing has evolved as well-intentioned people searched for innovative ways to address large-scale health and social issues, a search that began with trying to slow population growth in southern Asia and sub-Saharan Africa through better use of family-planning products and services and reducing the burden of cardiovascular diseases in communities in the United States and other developed countries through reducing risk behaviors. The ways in which marketing can negatively and positively affect society have been a long-running concern in the academic community. Much research has focused on questions about applying marketing to social issues. In contrast to other books you may have read in which social marketing is depicted as a series of steps in a program-planning process and is buttressed by case studies to demonstrate that it works, this book takes a very different approach.

Social marketing is a discipline that has a variety of viewpoints on theoretical models, a multidisciplinary and substantial research base, and applications in many different fields. In this book I outline how these theoretical approaches have developed and are evolving. Psychological, or individual, theories of change must give way to social and community-based ones if we are to cross the micro-macro gap and have scalable impacts on the wicked problems and puzzles we are faced with in all contemporary societies. Previous social marketing textbooks have devoted little, if any, space to describing the research base of the discipline. Indeed, I have had academic colleagues say that social marketing is a practice without evidence. By the conclusion of this book, you may (finally) have a more positive view of the evidence base for social marketing. And as for the topic of practice, I have shifted its scope beyond employing social marketing to change the behavior of groups and segments of people, and I describe in detail how social marketing can change organizations, including your own, and the ways we think about and do innovation and dissemination—areas that receive little notice in the literature of the field or other texts.

This book is fairly exhaustive in its use of the literature but is also based on my experiences as a theoretician, strategist, researcher, reviewer, practitioner, teacher, mentor, and advocate for social marketing across hundreds of programs and settings. What this means for you is that the content of this book has had a reality check.

For academics—if you are in a school of business, environmental sciences, public health, social work, or other discipline and are intent on contributing to positive social change, and preparing your students to be effective at it, this book

presents a marketing perspective on how to approach health and social puzzles. Yes, there are many other ways of looking at such puzzles, and I hope this book will complement other approaches you use in your work. I also hope that as you read this book, some of the questions I raise might inspire you and your students to develop research studies to more thoroughly investigate these questions. Academic involvement in social change and social marketing is vital if we are to bring the theoretical and methodological rigor to creating evidence that leads to more effective, efficient, sustainable, and equitable programs. The number of chapters in this book will complement most academic schedules, and a chapter a week should work in many instances.

For students—there are many books to choose from to learn about social marketing. This book encapsulates how I have taught my students, by preparing them to be "chefs," not "cooks." Most social marketing texts are good at showing you ways to "cook," or prepare, a social marketing program with a basic menu of steps and tactics. My aim is higher—to provide you with frameworks you can use to create menus, new combinations of tastes, and most important, to assist you to learn a variety of ways to understand and work with the people you wish to serve. You will also get a broad exposure to using social marketing research and applications in many different contexts: the developing and developed worlds, public health and environmental sciences, innovative design research, and case study methodologies to name a few. You will also come away from this book thinking quite differently about communication campaigns and the use of social and mobile technologies for change.

For change agents—even if you are not teaching or taking a course in social marketing, you can pick up this text and apply its contents to your program and in your organization tomorrow. Yes, it addresses history, theory, and research, but throughout you will also find checklists and practical advice and ideas. One intention behind this book is to help you reflect on what's missing from your organization's efforts and also what's getting in the way of its doing better at doing good. How can your project or organization create more effective, efficient, sustainable, and equitable solutions to public health and social puzzles? How can it address scaling up programs and diffusing (or better yet, increasing adoption of) evidence-based practices and policies? You should find some new ideas about possible answers here.

For managers—whether you work in the private, public, or nonprofit (NGO) sector, if your mission is to solve social puzzles then you will find in this

book the ideas that are important for designing, implementing, and evaluating your programs from a marketing point of view. I have carried out much of my work side by side with senior managers in each of these sectors; the questions you have are different from the operational ones other textbooks address. Indeed, the importance of strategic social marketing is a guiding principle for this book. I present a marketing-based, strategic framework for addressing social puzzles that is elaborated in each chapter. You may find the discussions of program monitoring, balanced scorecards, and organizational marketing audits particularly useful. I also dedicate a chapter to the concerns that managers, and people who want to become managers, can or should have when it comes to organizing and implementing big change programs. If nothing else, perhaps this book will help you and your staff to spend more time understanding and really knowing the people you serve and the ones important to your success.

This text will be useful for advanced or graduate-level courses in public health, business management, design, environmental resources management, public administration, public policy, social entrepreneurship, social work, and other disciplines where preparing students and enhancing the skills of working professionals is the goal. Each chapter begins with objectives to help you frame your reading; addresses major concepts and practices in social marketing, illustrated with concepts and findings from the research literature and sidebars with additional examples and information drawn from my blog (*On Social Marketing and Social Change*) and from other authors; and concludes with discussion and reflection questions. It is my intent that you will dig deeply into these questions, learning as much from the resulting reflections and conversations as you do from the book itself.

I hope that many of you will decide to read this book because of your interest in and passion for improving the ways in which you approach changing your own corner of the universe. This book is a distillation of what I have learned in twenty-five-plus years of research and practice in co-creating social marketing. In deciding what to include, and what to leave for another time and place, I have tried to select what is currently important in social marketing, what will matter for the next few years, and most of all, what will improve your ability to innovate solutions to wicked problems. When you finish this book, you will find that the scope of social marketing is broader than using concepts such as the 4Ps and having a set of steps to follow. Indeed, one person who reviewed an early draft of this textbook began the commentary with this story: “Two frogs met in the

woods. One very proudly takes the other to its pond, and shows off the pond. The other frog is very courteous and admires the pond. It tells the first frog that it comes from the ocean, and asks if the first frog would like to see it. They hop through the woods and around a corner to the beach. The first frog sees the ocean—and its head explodes!"

Welcome to my ocean.

To David and Doreen,
Who changed the context and made this book possible.

The Author

R. Craig Lefebvre is an architect and designer of public health and social change programs. He is chief maven of socialShift, a social design, marketing, and media consultancy; lead change designer at RTI International; and research professor at the College of Public Health, University of South Florida. His current research focuses on applying design thinking, social media, and mobile technologies in social marketing and public health programs.

An internationally recognized expert in social marketing and health communication, Craig has conducted strategic and empirical work on online, mobile, and social media approaches to health information delivery and health behavior change; the development of marketing approaches for evidence-based public health policies; means of increasing awareness, access, and enrollment among eligible groups in publicly funded nutrition, family-planning, and child health-insurance programs; and over two hundred public health marketing and health communication programs for the Centers for Disease Control and Prevention, the National Institutes of Health, and an array of other federal and state agencies, nonprofit organizations, and corporations. He serves on the editorial boards of the *Journal of Social Marketing* and *Social Marketing Quarterly*, and he is a founding member of the Health Communication and Health Information Technology Focus Area Working Group for the Healthy People initiative, a Fellow in the Society of New Communications Research, and a founding board member of the International Social Marketing Association. He received his PhD degree in clinical psychology from North Texas State University in 1981 and was a postdoctoral Fellow in cardiovascular behavioral medicine at the University of Pittsburgh.

Visit his blog *On Social Marketing and Social Change*, at socialmarketing .blogs.com.

Social Marketing and Social Change

Chapter 1

The History and Domains of Social Marketing

This area in Soweto, South Africa, experiences multiple challenges in housing, health, sanitation, and employment. Picking the right approach to addressing complex problems is part of social marketing practice. (Image courtesy of the author.)

Learning Objectives

- Describe the nature of wicked problems and how they are different from other types of problems.
- Identify five actions that demonstrate an organization may have adopted a marketing orientation or approach.
- Distinguish the ways in which social marketing evolved differently in developing and developed country contexts.
- Discuss influences from the academic marketing discipline that have guided the development of social marketing practice.
- Explain how service-dominant logic can influence how we think about exchanges in social marketing practice.

THE CHANGE WE NEED: NEW WAYS OF THINKING ABOUT SOCIAL ISSUES

One definition of insanity is doing the same thing over and over again but expecting different results. One of the key questions I will continually be asking you to think about in one way or another throughout this book is, can we continue thinking about and trying to solve social and public health issues using traditional paradigms and tools, or will applying a marketing orientation aimed at social innovation lead to original and improved solutions?

Coping with the many challenges confronting our own communities and countries, as well as those that transcend national boundaries, requires the development of new ways of thinking about and acting on them. Economic and policy initiatives are only partial solutions to issues as diverse as safer neighborhoods, childhood obesity, and poverty. Education and information campaigns can go only so far in reducing the use of tobacco products, increasing the use of preventive health services, and engaging parents in their children's education. Laws and regulations improve the safety of our food supply, reduce environmental pollutants, and protect against unintentional injuries involving all types of consumer products—yet they too are only partial solutions.

You may just be learning about these and other types of environmental, health, and social problems. Or you may already be in a position to try to figure

out what to do about one or more of them. Better yet, you may have been working in the social change arena for some time now and you may have a personal appreciation of the definition of *insanity* that makes you feel the need to innovate, to do something differently. Whatever your level of experience, this book is for all of you who are what Bill Easterly calls *searchers*: you want to understand what the reality is for people who experience a particular problem, find out what they demand rather than only what can be supplied, and discover things that work. You see adapting solutions to local conditions as more important than applying global blueprints, and you value people's satisfaction with the offered solution, not how well crafted the plan was and whether it received all the necessary resources (Easterly, 2006, pp. 5–6). Most of all, you have a bottom-line philosophy that you want to experience results that make you feel your life has been well lived. You have a hunger for doing something creative, amazing—something that will make a difference and perhaps change the world—and for being able to enjoy your work and someday look back and say, "Yes, I did that!" (MacLeod, 2011, p. 9). I propose to each of you that by reading this book, studying it, and trying out some of the ideas in your own work, you will become a better searcher and be better able to satisfy some of that hunger.

The use of marketing principles and practices in the private sector has been demonstrated to be among the most important tools for solving the core business problem of achieving organizational success (generating profits) through satisfying consumer wants and needs. Marketing goes beyond advertising and sales. When applied as intended, it becomes a systematic way for management to structure its relationships with consumers and stakeholders, from the products and experiences it offers, the structure of the incentives and costs associated with those products and experiences, and their accessibility, to how they are promoted in the marketplace with an ever-expanding palette of communication tools. This same marketing management approach should be adopted in the analysis, planning, implementation, and sustaining of programs aimed at social problems. We need to consider our particular environmental, public health, or social issue as our core business issue, or passion if you like. To solve it we must consider how people we work with, and serve, will also be satisfied. Thus, unlike other social change approaches—and indeed, unlike the view some people have of social marketing that mischaracterizes it as a top-down (or command-and-control) approach to and philosophy of change—the core of the marketing discipline is achieving social goals by meeting people's needs, helping them in solving problems, and

enabling them to achieve their aspirations for themselves, their families, and their community.

Social marketing, the application of the marketing discipline to social issues and causes, provides a framework for developing innovative solutions to social problems that have long perplexed and frustrated society. It has emerged from business marketing practice as a social change tool uniquely suited to achieve social profits by designing integrated programs that meet individual needs for moving out of poverty, enabling health, improving social conditions, and having a safe and clean environment. Marketing principles are embedded in such success stories as the Positive Partnership Program's work to enable poor people who are HIV positive in developing countries to earn a sustainable income (Melnick, 2007), the reduction in teenage smoking rates resulting from the truth® Campaign (Farrelly, Nonnemaker, Davis & Hussin, 2009), the improvement in children's food choices and what they eat in schools through Team Nutrition (Lefebvre, Olander & Levine, 1999), and the reduction of childhood deaths from malaria through the distribution of insecticide-treated mosquito nets in endemic countries (Schellenberg et al., 2001). Indeed, when we examine some of the better known and successful public health programs over the past three decades, the principles of social marketing are being applied by agencies around the world, including the US Agency for International Development and the Centers for Disease Control and Prevention in the United States, the Department for International Development in the United Kingdom, the Department of Health in England, KfW Entwicklungsbank in Germany, the Public Health Agency of Canada, the Canadian International Development Agency, the Ministry for Foreign Affairs in The Netherlands, the Ministry for Health and Ageing in Australia, and The Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. Social marketing is embedded in national health promotion and disease prevention strategies in Australia (Commonwealth of Australia, 2010), England (Department of Health, 2011), and the United States (US Department of Health and Human Services, 2010).

To begin to understand how marketing applies to any specific environmental, health, or social issue you can think of, consider that individuals in most societies do not live solely in an economic marketplace in which monetary transactions for goods and services reign supreme and rational decision making is believed to be the norm. Instead, people's everyday lives include exposure to all types of ideas and behaviors, whether transacted directly with their family and friends or

vicariously through television and the Internet. The recognition that these marketplaces of ideas and behaviors also exist, and that they are subject to such forces as proximity and access, incentives and costs, role models and social norms, health and digital literacy, and the quality of their communication environment, illuminates how programs that focus on only economic levers or education or laws and their enforcement fail to achieve all the social good that is intended. Similarly, understanding that both individual change and social change are the result of a marketplace of ideas and behaviors that are, in turn, constantly being shaped by the activities of public, private, and civil society actors means also understanding that all of these actors must become part of sustainable, long-term solutions and not merely minor players in short-term campaigns—if they are engaged at all.

Social marketing was developed as a method to achieve broad change among populations and to have a positive impact on people's health and well-being. It is aimed at achieving social impact through the application of marketing concepts and techniques to social issues ranging from the prevention, detection, and treatment of diseases to environmental sustainability and social justice. It is not a theory of behavior change but rather a systematic approach to thinking about and solving the wicked problems our world faces. This chapter considers the question of why organizations might use social marketing. It then traces the development of the discipline as it evolved in developing countries as a practical approach to solving public health issues, and in developed countries as an academic discipline that grew around an interest in the intersection of marketing and society and in a practice aimed at different types of public health concerns. The chapter ends with a discussion of some of the latest developments in the marketing discipline and the new ways they offer to think about how we can use marketing for improving the welfare of people and advancing social good.

WICKED PROBLEMS AND THEIR SOLUTION

In many disciplines the dominant model for defining and solving problems features a scientific-rational approach that assumes every problem is definable, understandable, and consensual (that is, everyone can agree on the causes and proposed solutions). This approach has worked quite well in many cases involving developing mass transportation, preventing infectious diseases, providing clean

water and sanitation, and improving access to health services (though there is clearly a need to further improve access and equity for all people everywhere). Rittell and Webber (1973) distinguished between these *tame* problems, with clear causes and solutions that can be achieved by these deductive approaches, and *wicked* problems, which are diabolical in their ability to resist the usual ways of resolving problems. A wicked problem involves complex issues and defies complete definition, its stakeholders have different ideas about what the real problem is and what the solution is, there is no final solution, and given that any solution will generate further issues, that solution is merely the best that can be done at that time. For example, the Australian Public Service Commission (APSC) (2007) notes in its publication *Tackling Wicked Problems: A Public Policy Perspective*, that issues as diverse as climate change, obesity, indigenous disadvantage (disparities between native populations and majorities), and land degradation are complex, or "wicked," policy problems (see also Batie, 2008; Brown, Harris & Russell, 2010; Kreuter, De Rosa, Howze & Baldwin, 2004): "Usually," the commission says, "part of the solution to wicked problems involves changing the behaviour of groups of citizens or all citizens. Other key ingredients in solving or at least managing complex policy problems include successfully working across both internal and external organizational boundaries and engaging citizens and stakeholders in policy making and implementation. Wicked problems require innovative, comprehensive solutions that can be modified in the light of experience and on-the-ground feedback. All of the above can pose challenges to traditional approaches to policy making and programme implementation" (p. 1).

From my perspective this statement offers a compelling rationale for using social marketing approaches: they are important for improving social welfare, the well-being of people, and the health of our planet. It also propels the idea that social marketing can and should look beyond behavior change because this is not its only contribution to social change (whether achieved through communication, incentives, or policy). This statement also underscores that single solutions will not form foundations for true and lasting solutions (if indeed such solutions are even possible).

The APSC identified three ways to address wicked problems. The first is through *authoritative* (or top-down) strategies in which a group or individual takes on the problem and all other stakeholders agree to abide by its decisions. This group or individual may be an expert, be significantly positioned in a bureaucracy or hierarchy, or have coercive powers (such as a court or regulatory

CHARACTERISTICS OF WICKED PROBLEMS

- Wicked problems are difficult to clearly define.
- They have many interdependencies and are often multi-causal.
- Attempts to address wicked problems often lead to unforeseen consequences.
- Wicked problems are often not stable (they are often continually moving targets).
- They usually have no clear solution (since the problem itself is not definitive or stable).
- They are socially complex.
- Wicked problems hardly ever sit conveniently within the responsibility of any one organization.
- Wicked problems involve changing behavior.
- Some wicked problems seem intractable and are characterized by chronic policy failure (that is, they continue to present themselves despite many attempts to address them, sometimes over decades).

Source: Adapted from the Australian Public Service Commission, 2007.

agency does). While these solutions might be efficient and timely, this group or individual may not bring a broad perspective to the issue and its proposals might alienate stakeholders, who then offer only tepid commitment to implementing the proposed solutions.

The second approach to addressing wicked problems is through *competitive* strategies in which stakeholders follow a *win-lose* search for power, influence, and market share. Though such competition can result in innovative approaches to solving wicked problems, excessive consumption of resources in the struggle and a stalemate if no group emerges a clear winner are significant disadvantages.

The third solution, the one supported and endorsed by the commission in its report, as well as by social change agents around the world, is the *collaborative*

model. This model has been found to be the most effective in dealing with wicked problems. In the collaborative model, power is dispersed among many stakeholders, part of the solution lies in behavior changes made by stakeholders and citizens, and there is a *win-win* view of problem solving (in contrast to the competitive win-lose view). The collaborative approach will increase transaction costs and can sometimes lead to conflict and stalemate as well. But the advantages are that more comprehensive and effective solutions are generated with broader support for their implementation.

These three approaches are not mutually exclusive, nor is the finding that the collaborative approach is often better meant to imply that the collaborative approach is always better. What the ASPC stresses is that the textbook approach of defining a problem and progressing through an orderly and linear process to understand it, gather the evidence and analyze the data, consult with stakeholders and partners, identify objectives, design an intervention, and assess performance targets is an inadequate way to think about wicked problems. The social context and complexity of wicked problems means that linear thinking will be inadequate; it cannot deal with the interactivity and uncertainty of the causal factors, policy objectives, and possible solutions. The linear problem-solving process is more suited to laboratories, where many "extraneous" variables can be removed or controlled for in the analysis and solution. The fact that wicked problems have a social context highlights the need to reach out and engage stakeholders and others in scoping the possible causes of and solutions to problems, and not just to pretest options with these groups and individuals.

You can think about the difference between tame and wicked problems as similar to the difference between mathematical problems and jigsaw puzzles. A mathematical problem has one correct answer, and our job is to learn how to solve the problem using the one approach that leads to the one correct answer. A puzzle, however, starts with a mess of pieces in the middle of the table with no clear end in sight and no clear place to begin. Puzzle solvers have to start somewhere, but any piece might do. As they become more proficient, puzzle solvers learn how to frame the puzzle first (start with the pieces that have straight edges) and put together elements of the puzzle separately as the pieces seem to fit. But the greatest insight into solving a puzzle comes from knowing what it will look like when it is completed (that is, having the picture of the completed puzzle). Having this picture of the future in mind as we start solving a puzzle allows us to use what Martin (2009, p. 65) refers to as our *abductive* reasoning

skills: imagining what could be and then taking the steps to make that picture come to life. Indeed, when one reviews how collaborations succeed or fail, a common ingredient of their success is the ability of all the participants to create a shared vision of what the future will look like under different scenarios. (Imagine several people sitting around a table full of puzzle pieces, and each person has a different picture of what the pieces will ultimately form. How do you think that process will unfold?) As you begin this book, take some time to think about what the future might be like from your point of view or from the perspective of your organization. If you imagine the future, you can begin to change it.

Linear models for solving problems are not relevant to most social issues of our time. Wicked problems require innovative and flexible solutions, yet most programs are locked into highly regimented and prescribed step-by-step processes that might work for people doing experiments or changing a discrete behavior for a while but that have little validity in the messy world we live and work in. Social marketing, as I will demonstrate in this book, provides a framework for and a variety of approaches to solving environmental, health, and social puzzles (and the tame problems too). Yes, we can continue to pick around the edges of issues such as overconsumption, climate change, tobacco use, malaria control, poverty, and obesity with what worked in the past for different types of problems—but only at the risk of becoming inconsequential to real change. Or we can start thinking about using social marketing as a planned approach to social innovation. Another way of thinking about social marketing is as the application of marketing principles to shape markets that are more effective, efficient, sustainable, and just in advancing people's well-being and social welfare.

WHY USE SOCIAL MARKETING?

There are a number of ways this book could address the question of why we should use social marketing. It could refer to a number of review articles documenting social marketing's positive impact on a wide variety of health problems, something I will return to later. But spurring you on to learn why social marketing is so important will, I presume, require something much more relevant than an academic presentation.

Among many professionals who use social marketing in their public health and social change work, the parsimonious answer to *why* is this: *social marketing is*

a systematic management process for the strategic allocation of resources to address large-scale health and social problems.

Indeed, among commercial organizations, nongovernmental organizations (or NGOs, a term I will use to refer to all not-for-profit, civic society, voluntary, and other groups not controlled by either corporate or government interests), and public sector (governmental) organizations, the adoption of a marketing orientation is considered an essential component of modern economies (Shoham, Ruvio, Vigoda-Gadot & Schwabsky, 2006). Shoham et al. (2006) note two broad approaches to defining a *marketing orientation*. The first is the generation of market information that is disseminated and responded to across the organization. An analogue for many social marketers would be the epidemiological and research studies that are widely known and used across their agencies.

The second approach to defining marketing orientation is where many organizations fall short: using an approach that is also customer and competitor focused and is coordinated across the organization's functions. That is, scientific data and various types of community assessments are transformed into programs that are responsive to customers' needs and lives, take into account the activities of other organizations and a variety of competitive forces in the environment that could impede or facilitate progress toward socially beneficial goals, and are coordinated across organizational functions and program areas. To expand on this latter point, a social marketing orientation is not represented by the mere existence of a social marketing officer or department. A social marketing orientation is a systematic and pervasive approach to leveraging an agency's resources to achieve broad-based social change in the service of public health, environmental, and other socially beneficial goals. The tension that a marketing orientation exposes is balancing the scientific evidence and data with the subjective perspectives and insights of people in real-world contexts (cf. Sutton, Balch & Lefebvre, 1995).

The adoption of a marketing orientation has been well researched among private sector organizations, where it has been found to enhance employees' sense of belonging and feelings of making worthwhile contributions to achieving organizational objectives. These effects are subsequently seen in higher levels of teamwork, in organizational commitment, and in a sense of esprit de corps (Shoham et al., 2006). In an analysis of 1,589 NGOs in Australia, New Zealand, Spain, the United Kingdom, Canada, and the United States, Shoham et al. (2006)

found a positive correlation between adoption of a marketing orientation and higher ratings on performance measures. Interestingly, the effects of adopting a marketing orientation on subsequent performance were more pronounced among NGOs than among for-profit firms and were greater in non-US countries where the marketing orientation, even in the private sector, is relatively underdeveloped.

Dearing et al. (1996) provide more specific answers to the question of why use social marketing from a study they did among twenty organizations that conducted HIV prevention programs in San Francisco. Interviews with representatives from each agency found that social marketing concepts and strategies were used in 62 percent of the programs (see table 1.1 for terms and definitions of the key concepts and strategies).

At the time of this research, San Francisco was both an epicenter for HIV infection and one of the most successful cities in sharply reducing new infections. Dearing and his colleagues found that staffs who were more effective in conducting HIV prevention programs developed them with "eyes wide open" with respect to data gathering ahead of time (environmental scanning), segmented their high-risk audiences (rather than lumping them together as one priority population), used marketing principles to develop programs and as a way to allocate agency resources (marketing mix, or 4Ps, approach), and conducted research and evaluation through the life cycle of the project. These are concepts and strategies that will repeat throughout this book.

So why use social marketing in your program or organization? Four reasons form themes that will come through in this book:

1. To facilitate value for individuals, sponsoring organizations, stakeholders, and society in meeting their individual and collective objectives.
2. To integrate evidence-based practice, social-behavioral theory, and insights from people we seek to serve into effective programs and offerings.
3. To design more effective, efficient, sustainable, and equitable approaches in order to enhance public health and social welfare.
4. To facilitate scalable change among individuals, organizations, social networks and social norms, communities, businesses, markets, and public policy.

TABLE 1.1 Selected social marketing concepts and strategies found to result in more effective HIV prevention programs

Descriptive term	Definition	Examples
Environmental scan	A means of understanding the nature and extent of the problem as well as external influences that may affect intervention viability and effectiveness.	Use epidemiological data to identify demographic groups at highest risk for contracting HIV. Develop an understanding of state government funding priorities and targets.
Audience segmentation	A means of identifying subgroups that share specific characteristics useful for designing program offerings. These subgroups are referred to as *priority groups*.	Focus not on all at-risk persons for HIV infection as one group but specifically on young, African American, male injection drug users who are homeless and work in the sex industry, for example; or focus on Native Americans, on acculturated versus recent immigrant Latinos, on gender orientation, or on women: "We only approach kids who are homeless and shoot up." "You cannot just provide AIDS prevention to women. It's absolutely meaningless. . . . I have worked on outreach projects where we really didn't treat the women any differently than the men. We might as well have just stood out in the street and ripped up the money."
Marketing mix	The practice of tailoring offerings to each segment or subgroup, using the 4Ps approach: *Product*—the physical items, services, and behaviors offered by the organization and its partners. *Price*—the financial, psychological, social, opportunity, and other incentives and costs associated with	"We designed our kit to be discrete enough to fit into one's pocket." "We can't ask our clients to do that yet." "Everything is provided free of charge." "We have found bus shelters to be a good place for ads because people,

TABLE 1.1 (*Continued*)

Descriptive term	Definition	Examples
	using the product or service or engaging in the behavior. *Place*—the distribution of products and services so that they are available and accessible to the priority groups. Also ensuring that opportunities and places are available to try and then support new behaviors. *Promotion*—the communication strategies and tactics that are aimed at increasing awareness, attitudes, perceived norms, self-efficacy, and intentions to try program offerings (the products, services, and behaviors that are suggested; cf. Fishbein & Yser, 2003).	while waiting for their bus, have something to read." "We act on the principle that peer relationships are the only things that work." "And the more marginalized you are, the more important it is that people be like you when they approach you for any reason. So the men who work in our outreach program are all gay or bisexual men. Most are in recovery themselves so they understand what those issues are about."
Formative, process, and outcome evaluation	A systematic analysis of program offerings before final development and implementation (formative research), distribution and uptake by priority groups of program offerings (process evaluation), and effects of offerings on targeted behavioral outcomes, disease, or mortality (outcome evaluation).	"We took three designs of the brochure into the streets to see what the kids (priority group) thought of them." "We gave away more than 10,000 brochures last year." "Six months after our program started, we recorded a 15 percent decrease in shared needle use."

Source: Dearing et al., 1996.

WHAT IS SOCIAL MARKETING?

In its most elemental form, *social marketing* is the application of marketing principles and techniques to foster social change or improvement. Examples of some of these applications are related to active living communities (Maibach, 2003), disaster preparedness and response (Guion, Scammon & Borders, 2007; Marshall et al., 2007), ecosystem and species conservation (Boss, 2008; Jenks, Vaughan &

Butler, 2010), environmental issues (Geller, 1989; Maibach, 1993), development of volunteer or indigenous workforces (Boehm, 2009; Roncarati, Lefebvre & Carleton, 1989), financial literacy (Lee & Miller, 2012; Lusardi, Keller & Keller, 2008), global threats of antibiotic resistance (Edgar, Boyd & Palamé, 2009), government corruption (Kindra & Stapenhurst, 1998), improving the quality of health care (Chang et al., 2007; Shaller et al., 2003), injury prevention (Smith, 2006), landowner education (Tyson, Broderick & Snyder, 1998), marine conservation and ocean sustainability (Bates, 2010), patient-centered health care (Evans & McCormack, 2008), public health challenges (Grier & Bryant, 2005; Ling, Franklin, Lindsteadt & Gearon, 1992), reducing health disparities (Williams & Kumanyika, 2003), sanitation demand (Jenkins & Scott, 2007), sustainable consumption (Peattie & Peattie, 2009), transportation demand management (McGovern, 2005), water treatment systems (Mintz, Bartram, Lochery & Wegelin, 2001), and youth gambling problems (Messerlian & Derevensky, 2007), among other social needs.

The use of social marketing in public health programs is common. Over fifteen years ago Glanz, Lewis, and Rimer (1997, p. 29) found social marketing to be among the most frequently cited theories or models used among the 497 intervention studies they reviewed. Social marketing is not only a popular framework for many people who work in public health and related fields but also, as I noted earlier, has become part of national strategies aimed at improving public health and social welfare. Canada was among the pioneers in this regard. The Social Marketing Unit was created in 1981 as part of the Health Promotion Directorate of Health Canada. Its chief aim has been to develop multifaceted social marketing campaigns "to inform, educate and encourage Canadians to make proactive changes in their behaviours for the betterment of themselves, those they care for and for their community" (Mintz, n.d.). In the United Kingdom, the National Social Marketing Centre was created in 2006 to support the implementation of social marketing programs in all health promotion activities of the National Health Service. As French (2009) noted with respect to this development: "Social marketing represents an attractive approach to tackling behavioral issues for governments because it sets out a transparent technical approach based on evidence and insight generation, which is subsequently tracked and evaluated and modified as required." In Australia, social marketing approaches were included in that country's National Preventative Health Strategy (Preventative Health Taskforce, 2009), designed to tackle obesity and the use of alcohol, illicit drugs, and tobacco.

In December 2010, the US Department of Health and Human Services released *Healthy People 2020*, a document that set out the national objectives for preventing disease and promoting health for the next decade. For the first time, these objectives included increasing social marketing in health promotion and disease prevention. *Healthy People 2020* sets these specific objectives:

- Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs.
- Increase the proportion of schools of public health and accredited master of public health (MPH) programs that offer one or more courses in social marketing.
- Increase the proportion of schools of public health and accredited MPH programs that offer workforce development activities in social marketing for public health practitioners.

Notable examples of the surge in interest in social marketing outside the field of public health are the recommendation of the Australian Institute of Criminology (Homel & Carroll, 2009) that social marketing principles should be applied to crime prevention, and the identification by the Worldwatch Institute (2010) of the social marketing approach as a way of transforming cultures from consumerism to sustainability. Indeed, as social marketing is coming into its own (even as some people misappropriate the term by using it to describe *social media marketing*, or marketing through web-based social network sites), it is common to find references to social marketing in requests for proposals and other types of procurements from government agencies for both domestic and international projects, social marketing divisions and departments in leading advertising and public relations agencies, and nonprofit and private agencies devoted to applying social marketing to social problems and behavior change programs (cf. Andreasen, 2002).

A HISTORICAL PERSPECTIVE

The history of social marketing is usually told from the marketing, or academic, perspective in developed countries. This tradition overlooks the international contributions to the development of social marketing; it also omits an essential

dynamic of social marketing. That dynamic is the tension between the practitioners who continue to push the practice of social marketing to solve numerous health and social puzzles and the academic marketers who debate whether these applications fit their definitions of social marketing (Lefebvre, 2011a).

The development of social marketing has followed two routes. The first one can be traced through business systems and related academic research beginning in the early 1900s, when economic theory diversified from an exclusive focus on production and the creation of economic value to also include distribution and regulatory systems and the marketing of products (see Wilkie & Moore, 2003, for an extensive review of these developments). Over the next decades, marketing became increasingly concerned with its relevance to managers and managerial functions. By the late 1960s, scholars began exploring the extension of marketing beyond commercial applications in order to address the needs of nonprofit organizations, educational and cultural institutions, and the planning of social change programs (Kotler, 2005). Throughout the evolution of the marketing discipline, the interface of marketing with social issues has been of interest; marketing has also been deeply involved with the consumerism movement (cf. Bloom & Gundlach, 2001a). Since the 1980s, marketing scholars have increasingly specialized according to their interests, levels of analysis, and research methods. Social marketing has evolved into an identified subgroup that focuses on social issues along with public policy, marketing ethics, macromarketing, consumer economics, and international consumer policy (Wilkie & Moore, 2003).

The second route for the evolution of social marketing came out of the challenges confronting public health and social change practitioners around the world. In many cases managers of public health and social change programs were instrumental in searching for innovative answers to age-old problems. They were also among the seekers of more effective and efficient ways to implement large-scale public health and social welfare programs. It is from this perspective that we continue the story.

The Beginnings of Social Marketing Practice

Phil Harvey (1999) provides a rich narrative describing how Peter King and his colleagues responded to the Indian government's desire to reduce population growth in India in the mid-1960s (when there were more than twelve million births each year). It was clear that with too few doctors and with clinics

concentrated in urban areas, any program that could make a dent in persuading over 500 million citizens to use birth control would have to go beyond traditional medical practices. Knowing that the government lacked the expertise to create a demand for family planning and also the distribution system to make family-planning products (such as condoms, intrauterine devices, and birth control pills) widely available, King and his colleagues at the Indian Institute of Management seized on the idea of promoting and distributing family-planning products through commercial rather than medical networks. *Proposals for Family Planning Promotion: A Marketing Plan* (Chandy et al., 1965) laid out the essential ideas for the social marketing of contraceptives, with sections of the proposal titled

Conducting consumer research

Sourcing the products

Branding and packaging

Advertising and promotion

Distribution

Pricing

Cost-benefit analysis

Although both the Indian government and foreign donors responded favorably to the plan, government agencies had to be reorganized to support and manage such an extensive marketing effort. After that reorganization a pilot project was carried out for approximately two years, distribution companies were lined up, advertising agencies were identified and funded, and nearly 400 million identically produced and packaged condoms were made by six manufacturers and delivered to the Indian government. It was not until 1968 that the Nirodh condom marketing program was finally launched. Early evaluations of the project found that the social marketing, community-based distribution model was more cost effective than clinic-based distribution activities in terms of couple-years of protection offered per dollar of investment and that there were higher utilization and less wastage of condoms through free as opposed to paid distribution channels (Black, 1976; Talwar, 1979).

Phil Harvey and Tim Black took the ideas of the Nirodh project and applied them in Kenya. It was at this time that Harvey rejected the idea that *gratitude* was

part of a helping marketing exchange with people who wanted family-planning products, commenting, "I would never be comfortable providing help to people in ways that suggested they should express gratitude. . . . I found such relationships demeaning, and yes, immoral" (Harvey, 1999, p. 18). Rather, Harvey and Black focused on developing commercial transactions for condoms and other family-planning products in which prices were set at nominal levels. Most often the full costs of the program, including advertising, promotion, distribution, and management were subsidized through donor grants and contracts (Harvey, 1999, pp. 1–25). Harvey described his and Black's contraceptive social marketing (CSM) approach as informing people about the advantages of birth control through mass media efforts as well as other communication channels, educating people about specific methods, and offering low-priced contraceptive brands.

A key feature of these early social marketing approaches is the central importance of a product that could be offered in a commercial and tangible exchange with people. The principle of offering tangible products for some payment, however minimal, has been extended to many types of commodities including other family-planning products, oral rehydration solutions, and insecticide-treated bed nets (ITNs). This conceptualization and practice of social marketing has both critics and defenders (see, for example, Curtis et al., 2003; Lengeler, Grabowsky, McGuire & deSavigny, 2007). In response to criticism and the changing realities of the public health marketplace in developing countries, many practitioners of the CSM model have embraced behavior change and service delivery models as necessary to accomplishing their health missions. For example, behavioral interventions and voluntary HIV testing clinics now complement CSM programs, and are also used independently, for HIV/AIDS prevention. Significantly increased funding for and supplies of ITNs and long-lasting insecticide-treated nets (LLINs) through the Global Fund and many donor organizations and countries has made it more feasible to distribute them at no cost to prevent malaria (cf. Brugha, 2001; Curtis et al., 2003).

Beyond Contraceptive Social Marketing

Another pioneer in the application of marketing techniques to social issues in developing countries was Richard Manoff. In his wide-ranging book *Social Marketing: New Imperatives for Public Health* (1985), he stated: "Social marketing is more than research, product design and distribution, diffusion of information,

or the formulation and implementation of a communication strategy. It may include introduction of the new product (e.g., oral rehydration (ORT) salts), the modification of existing ones (e.g., iodized salt), restricted consumption of others (e.g., cigarettes, infant formula), and promotion of structural change in existing institutions (e.g., food stamps, hospital practices). Social marketing may be exclusively educational (e.g., sodium reduction) yet still be obliged to do missionary work with food companies for sodium-reduced products" (pp. 50–51).

In contrast to the social marketing work described by Harvey (1999), which centered on family planning, Manoff's portfolio had a much more diverse set of public health issues, including antidiarrhea campaigns, nutrition programs, immunization campaigns, food supplementation products, and increasing the prevalence of breast feeding. These experiences led him to talk about the social marketing product as an innovation that solves a problem for a consumer or *"requires the adoption of a new behavior"* (Manoff, 1985, p. 108; emphasis added). Indeed, Manoff spent little time focusing on issues of pricing and distribution of products. Rather, his belief was that "*design of messages is the major task of social marketing. When improperly executed, it can constitute social marketing's critical weakness*" (p. 156; emphasis in the original). This focus on messaging, or communication, has continued to be an organizing principle for behavior change communication specialists in developing countries, as well as for many social marketing campaigns in the developed world.

Harvey and Manoff describe two perspectives on social marketing that exist to this day. On the one hand, Harvey represents the social marketing approach that aligns with the commercial sector and in which tangible products, pricing, brands, and distribution are core components. Manoff, on the other hand, presents an approach to social marketing that focuses on government and NGO action, the use of mass media, and the designing and testing of messages as the key task. Yet what is clear in both of their accounts is an unwavering focus on understanding people, responding to their needs, and measuring success in terms of meeting people-focused objectives, not production targets.

The Evolution of Social Marketing in Developed Countries

The practice of social marketing evolved in developed country contexts from a more explicit academic lineage. Shaw and Jones (2005) identify the emergence of the *marketing management school* in the 1950s and 1960s as a milestone event for

the marketing discipline. Many of the concepts social marketers now hold dear—consumer orientation, audience segmentation, the marketing mix—were introduced with the aim of addressing the question, primarily from the seller's perspective, of how an organization should organize and market its products and services. It was in this vein that Kotler and Levy (1969) proposed expanding the marketing concept beyond commercial businesses to include nonprofit organizations. Lazer (1969) was simultaneously proposing the use of marketing management to achieve positive societal impacts in addition to helping to meet business goals. It was with the backdrop of the social upheavals of the late 1960s in the wake of the assassination of Martin Luther King Jr., the nascent interests in environmental issues (Earth Day was first observed in 1970), and rising consumer activism that Philip Kotler and Gerald Zaltman (1971) proposed and defined a marketing approach to planned social change: "Social marketing is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research" (p. 5).

Since this definition first appeared, most authors in the field have neglected both Harvey's and Manoff's work and have attributed the origins of social marketing to this definition (see, for example, Andreasen, 1995; Lefebvre & Flora, 1988; Kotler & Lee, 2008; Donovan & Henley, 2003, 2010; and also table 1.2). One notable exception to this trend is Hastings (2007, p. 9), who favors the definition of social marketing prepared by Lazer and Kelley (1971, p. ix): "Social marketing is concerned with the application of marketing knowledge, concepts and techniques to enhance social as well as economic ends. It is also concerned with analysis of the social consequence of marketing policies, decisions and activities."

If you look at the Kotler and Zaltman definition more closely, and compare it to the definitions found in table 1.2, it is apparent that an enormous shift in emphasis has occurred from using social marketing as a way of promoting ideas to seeing it as a methodology for changing behavior. One reason for this shift lies in the types of problems social marketing has been applied to in developed countries: the prevention, detection, and treatment of cardiovascular diseases and cancers. Especially in the prevention arena, developing scalable approaches to detecting and controlling high blood pressure, high blood cholesterol levels, and breast cancer; reducing risk behaviors including cigarette smoking and eating high-fat and high-calorie foods; and encouraging healthier behaviors such as

TABLE 1.2 Social marketing definitions, 1985–2010

Manoff, 1985	"Social marketing is the adaptation of marketing to public health imperatives . . . it is a strategy for translating scientific findings about health and nutrition into education and action programs adopted from methodologies of commercial marketing."
Kotler & Roberto, 1989	"A social-change management technology involving the design, implementation, and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters."
Andreasen, 1995	"The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society."
Kotler, Roberto & Lee, 2002	"Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole."
Donovan & Henley, 2003	"The application of the marketing concept, commercial marketing techniques and other social change techniques to achieving individual behaviour changes and social structural changes that are consistent with the UN Declaration of Human Rights."
Smith, 2006	"A program management process designed to influence human behavior through consumer-oriented decision-making leading to increased social benefit."
Serrat, 2010 (Asian Development Bank report)	"Social marketing is the use of marketing principles and techniques to effect behavioral change. It is a concept, process, and application for understanding who people are, what they desire, and then organizing the creation, communication, and delivery of products and services to meet their desires as well as the needs of society, and solve serious social problems."
Dann, 2010	"[T]he adaptation and adoption of commercial marketing activities, institutions and processes as a means to induce behavioral change in a targeted audience on a temporary or permanent basis to achieve a social goal."

leisure time physical activity led to solutions focused on changing behaviors to improve health status.

Fine (1981) has been one of the few writers to acknowledge the importance of ideas and social issues as products that are traded in a marketplace, which he referred to as a "concept industry." He saw the way ideas solve problems as similar to the way that products satisfy needs and desires, and he demonstrated the application of marketing to social issues such as increasing productivity in industry through improvements in the quality of the labor supply, increasing and expanding ideas of what constitutes safe driving, and reforming the education system. However, there has been limited acceptance of the notion that ideas are the province of social marketing (see Andresen, 2006). Instead, what occurred was the introduction and acceptance of behavioral psychology into social marketing, beginning with Lefebvre and Flora (1988): "Social marketing is an invaluable referent from which to design, implement, evaluate, and manage large-scale, broad-based, behavior-change focused programs" (p. 300).

Despite early calls for social marketing to be concerned with social and population-based change, by Kotler and Zaltman (1971), Lefebvre and Flora (1988), and Walsh, Rudd, Moeykens, and Moloney (1993), many definitions of social marketing that emerged over the next two decades promoted a variation of the theme of *individual behavior change for the common good* (see, for example, Andreasen, 1995; Kotler & Lee, 2008; Siegel & Lotenberg, 2007). One outcome of adopting this individualistic approach was the charge that social marketing is another form of "blaming the victim," a criticism leveled against programs that aim for only individual levels of change and neglect social determinants and ecological models of behavior, health, and well-being (Brieger, Ramakrishna & Adeniyi, 1986; Gielen & Sleet, 2003; Wallack, 1989). Another consequence has been the allure of developing mass media campaigns in which persuasive appeals are aimed at individual behavior change. As Wallack (1989) explains, these types of programs share certain characteristics:

- Problems are conceived as primarily individual-level matters, and knowledge, attitudes, and behaviors are analyzed and explored in order to create interventions to change them.
- Planners of these programs share the mass media fantasy that any social or health problem can be addressed adequately so long as the right message is delivered to the right people in the right way and at the right time.

- Approaches focus on individual choice and the responsibility to engage in healthier or more prosocial behaviors, to the exclusion of broader social and political contributions and influences.

A third and related effect of the focus on individual change has been that few social marketing projects have attempted to influence social determinants and social contexts, and projects have paid little attention to the development of public policy approaches to market-based solutions (Lefebvre, 2011a; Marmot, 2004). In response to the restricted scope of social marketing programs, Lefebvre (2009a) called for the recognition of social marketing as a social change tool for achieving social profits. Hastings (2007) embraced the notion of social marketing as a way to realize social goals and also to analyze the social consequences of marketing policies, decisions, and activities. Similarly, Donovan and Henley (2003) took issue with the prevailing individually focused efforts and saw "the primary future goal of social marketing as achieving changes in . . . social determinants of health and well-being" (p. 6). In their subsequent book Donovan and Henley (2010) went further to describe social marketing as seeking to not only "*inform* and *persuade"* people but also to "*legislate*" to achieve social goals when the evidence, resources, nature of the problem, and prevailing norms allow it (p. 20; emphasis in the original). As we move through this book, I will build on these ideas and unfold a broader perspective on social marketing.

Other Marketing Influences on Social Marketing

Shaw and Jones (2005) identified several other marketing concepts that are relevant to the development of social marketing thought, research, and practice and that will form a context for discussions later in this book. These concepts are described in the following paragraphs.

Marketing Systems

The *marketing systems* approach takes a systems-based orientation to marketing issues, as opposed to the more functional approach of marketing management. It had only a small and transitory following in the marketing discipline after it was introduced, being superseded by the marketing management and consumer behavior schools. Yet I believe that in our current environment, in which systems

MAKING CONSUMER RESEARCH RELEVANT TO SOLVING SOCIAL PROBLEMS

Transformative consumer research (TCR) is a movement supported by a task force that was established within the Association of Consumer Research to encourage, support, and publicize research that benefits quality of life for all people engaged in or affected by consumption trends and practices across the world. Unlike many academic groups that are content to accumulate knowledge about problems through research and theoretical contributions, TCR scholars have the aspiration to also apply this knowledge to helping to solve problems. They are also committed to keeping a clear focus on the "life world of consumers," understanding that such a focus is the way to achieve maximal meaningfulness, relevance, and usefulness of their research—or what they term "practical wisdom."

TCR scholars are being encouraged to descend from their ivory towers and engage with social change agents through the adoption of five potential paths to the improvement of consumer and environmental well-being. Pioneers on these different paths might be involved with *revelatory* and *incendiary research* to inspire widespread social interest and involvement, *policy research* that aligns with key political decision makers, *participatory research* that partners with people who are affected by the social problem being investigated, and *coalition research* with organizations committed to alleviating the social problem. TCR may make substantive contributions to the work of social change. In their search to fulfill their mandate to share their insights with all those who can benefit from them, these TCR researchers, as well as others who confront the challenges of disseminating results to priority groups, policymakers, and practitioners, will benefit from applying many of the social marketing principles addressed in this book.

Source: Based on Mick, Pettigrew, Pechmann & Ozanne, 2011.

thinking permeates new approaches to the complexities of addressing public health and social issues (see, for example, Pearce & Merletti, 2006; Trochim, Cabrera, Milstein, Gallagher & Leischow, 2006), social marketing can offer unique and innovative solutions within a framework of marketplaces and market-based systems. In chapter 2, I look at how marketing systems thinking can be applied to the health information marketplace.

Consumer Behavior

In social marketing the influence of *consumer behavior* research is reflected in the selection and use of theories to guide the conceptualization of the problem, determine goals, generate possible solutions, and design an evaluation. Health promotion and social marketing rely heavily on psychological approaches, such as the health belief model, theory of reasoned action, stages of change, and social-cognitive theory (Glanz, Lewis & Rimer, 1997; Lefebvre, 2001). There has been growing recognition of the value of incorporating other types of theories and models into social marketing practice, including community-based models of change (McKenzie-Mohr, 2011; Bryant et al., 2009) and social mobilization (McKee, 1992); theories focused on social determinants, social capital, and social networks (Lefebvre, 2011b); design thinking; and behavioral economics (Lefebvre & Kotler, 2011). I will outline these models of consumer behavior in chapter 3.

Macromarketing

Micromarketing focuses on analyzing transactions at the individual or household level—individual-level approaches in public health and social change can be analogous to this commercial marketing approach. *Macromarketers*, in contrast, ask questions about such things as the ways the marketing system affects society and the ways society affects the marketing system. For example, Cummings, Morley, Horan, Steger, and Leavell (2002), Grier, Mensinger, Huang, Kumanyika, and Stettler (2007), and Hastings, Anderson, Cooke, and Ross (2005) note how corporate marketing practices have significant impacts on smoking initiation among teens, children's consumption of fast foods, and young people's drinking of alcohol. And each of these consumer behaviors has an extraordinary influence on the risk of morbidity and mortality from a variety of diseases that significantly affect not only individuals' and families' lives but also the productivity of businesses, the economic cost of health care, and other costs to society, including the lost opportunities when resources that could have gone elsewhere are directed toward preventing these health behaviors and treating their consequences. Rather than focusing on changing individual behaviors, the *social macromarketer* or *critical marketer* studies how to reduce the influence of these types of corporate marketing on behaviors and social norms and how to restructure marketing

systems to avoid the untoward consequences that society currently experiences from these types of business activities. Indeed, when this discussion looks later at the ideas of critical marketing and demarketing, we will see how these larger questions can help to frame the types of questions and solutions social marketers pose.

The Exchange Concept

The idea of *exchange* has evolved in marketing from the initial notion of two parties exchanging tangible goods or services for money to the idea that a transaction can consist of the exchange of anything of value between two parties—including gossip, wedding vows, or text messages (Fine, 1981; Shaw & Jones, 2005). Ridley (2010) has proposed that exchange is the foundation and driving force of social evolution, as it has allowed specialization of skills and thus fostered interdependence among people that leads to the creation of markets of all kinds.

Some authors have identified the exchange concept as a core element of the social marketing approach (Lefebvre & Flora, 1988; Hastings, 2007; Lee & Kotler, 2011), whereas others have been silent on the question (Andreasen, 1995). Hastings (2007, p. 30) notes that in its essence an exchange relationship must be one that is mutually beneficial to both parties. The exchange process, he argues, does not have to be seen as one in which there is a "winner" and "loser" (also known as a *zero-sum* outcome) but can be described as a situation in which both parties achieve a win-win outcome by meeting consumer needs and organizational objectives (Lefebvre, 1992). Yet Hastings (2007) also acknowledges that the exchange relationships most social marketers are confronted with are not the more tangible economic ones found in the commercial marketing sector but ones in which they are "forever selling unseen benefits such as not getting cancer or avoiding a traffic accident" (p. 20). He avoids the more difficult issue of delineating how an organization that sponsors a social change program immediately benefits from a transaction (exchange) in which it is asking its clients or stakeholders to change their behaviors by, for example, not smoking or not texting while driving.

In contrast, Donovan and Henley (2010) consider the necessity of including the idea of exchange in their definition of social marketing and conclude, like Elliott (1991) before them, that it is not needed. Elliott notes the "intellectual contortions" that are required to create exchanges in most social marketing

programs where adoption of new ideas and practices is the goal, not a reciprocal transaction between two parties. As Lefebvre (1992) framed exchange: "Social marketing involves consumers exchanging resources for new beliefs and behaviours . . . the strategy is to create an awareness among consumers that they have a problem and then offer the solution" (p. 157). Lee and Kotler (2011) simply noted that exchange occurs when members of the target audience perceive that the benefits equal or exceed the costs they associate with performing a behavior (p. 15).

Elliott's point is that when exchange theory is offered as a mechanism for a social marketing approach, it inevitably describes intrapersonal or internal exchanges, such as occur when one gives up unhealthy behaviors in order to achieve either short-term or long-term benefits. He suggests that the term *match*, or *fit*, is more appropriate for social marketers to use for their programs (cf. Kotler & Roberto, 1989, p. 28). That is, social marketing programs seek to match their offerings with the realities of consumers' lives. I agree with Elliott (1991) and Donovan and Henley (2010) that the traditional notion of tangible exchange is not of vital importance to social marketing thought or practice. And as Lefebvre and Rochlin (1997) noted in their review, using exchange theory as an explanatory concept for behavior change has very little empirical support.

Service-Dominant Logic

The *service-dominant logic* (S-D logic) model has created much interest in academic marketing circles as an alternative to the classic exchange concept. It offers an approach to thinking about social marketing that aligns with other shifts in social sciences and social technologies (Lefebvre, 2007). The development of S-D logic stemmed from dissatisfaction with the 4Ps framework (described as "merely a handy framework" of managerial decision-making variables by Day and Montgomery, 1999) and the traditional idea of exchange. Constantinides (2006), for example, summarized over forty papers that have been critical of or presented alternatives to the 4Ps marketing mix framework. The reasons the 4Ps marketing mix and exchange frameworks have been found to be limited include the following:

- The producers of goods, services, and behavioral offerings rarely involve or interact with customers in designing the marketing mix elements. The 4Ps

are decided upon by planners and managers, perhaps "tested" with customer groups, and then "launched" at them.

Marketing activities have shifted from one-off transactions or exchanges to dynamic and tailored interactions aimed at building relationships and engaging with customers over longer periods of time.

The services that are becoming the primary drivers of economic activity have characteristics—for example, *people* or *participants*, *physical evidence* (of their value), and *processes* (of service delivery)—not addressed by the traditional 4Ps.

Consensus is growing among academic and commercial marketers that the 4Ps marketing mix idea of forty years ago is no longer as relevant for current markets, customers, or marketers. Some social marketers have embraced these same concerns and issues (Hastings, 2003; Lefebvre, 2007; Marques & Domegan, 2011; Peattie & Peattie, 2003).

A different worldview of marketing is emerging, one that seems well suited to social marketing programs. In a seminal article, Vargo and Lusch (2004) state, "The purpose of marketing is to mutually serve." These authors proposed the concept of service-dominant logic to reflect a change in perspective from one that sees value embedded in an organization's offerings as value-added or functional utility to one that appreciates that value is co-created in collaboration with people formerly known as customers. The fundamental assertion of S-D logic is that all exchanges are service based (see the following list). Because the classic analyses of exchanges had focused on the immediate exchange of money for products (a *goods-dominant logic*), the value the product provided to a person after the transaction was completely ignored. What S-D logic shows us is that a tangible (product) or intangible (service, behavior) offering has value only when a customer "uses" it; that is, it provides a service by improving the condition or well-being of the person in some way. A person does not buy a hammer for its functional characteristics, for example, but for the value it provides in use. Similarly, people are not going to behave differently because of "baked-in" or persuasive benefits such as longer, healthier, or sexier lives. They will behave differently when they find that using the new behavior (or ceasing to use an old one) leads to what they define for themselves as value or a benefit.

THE TEN FOUNDATIONAL PREMISES OF SERVICE-DOMINANT LOGIC

1. Service is the fundamental basis of exchange.
2. Indirect exchange masks the fundamental basis of exchange.
3. Goods are a distribution mechanism for service provision.
4. Operant resources (knowledge and skills) are the fundamental source of competitive advantage.
5. All economies are service economies.
6. The customer is always a co-creator of value.
7. The enterprise cannot deliver value, but only offer value propositions.
8. A service-centered view is inherently customer oriented and relational.
9. All social and economic actors are resource integrators.
10. Value is always uniquely and phenomenologically determined by the beneficiary (experienced in use) (Vargo & Lusch, 2008, p. 7, table 1).

S-D logic has at least five implications for social marketing in the future:

1. Instead of seeing exchanges as the giving of something for the receipt of something else (value-in-exchange), as is understood in the application of the goods-dominant logic model, we should view exchanges as a mutual sharing of knowledge and resources among the social change agency, the priority group of customers, and other actors or stakeholders. This process is referred to as the co-creation of *value-in-use*.

2. S-D logic shifts us from a production or top-down orientation of trying to create what we believe will be of value to people (that is, benefits) to a customer perspective in which these people bring skills and competencies and become co-creators of value. Each customer uniquely discovers and experiences value when he or she uses our offering, whether it be a new behavior, product, or service—value is not achieved through how creatively we "package" that offering or how persuasively we "sell" it.

3. S-D marketing logic moves us away from a *marketing-to* approach to a *marketing-with* perspective (Lusch, 2007). Using a marketing-with approach, social change agents and organizations can continually learn about their customers and markets and collaborate with them to create and sustain value for them and for society. To facilitate long-term adoption of healthier and more sustainable behaviors, we need to focus on value-in-use, rather than one-off attempts at change.

4. Because we social marketers cannot create or produce value, we can only suggest what the value might be; that is, we can offer value propositions: "We think you may like this because it satisfies a need you are experiencing now . . . solves a problem for you . . . facilitates your getting a job done . . . helps you reach a goal." Customers must then validate the proposition through their experience of behaving differently, using the product, and engaging with the service in their daily lives.

5. Our role as change agents is to facilitate value creation; our clients or customers are the value creators who must integrate what we are giving them (Grönroos, 2011). This perspective on how value is created by users means we must design interactions (or service touchpoints) to facilitate value-in-use and feedback. This feedback, or exchange, can suggest how we might refine, augment, or change our initial offering. And whether we are working with clients, customers, or stakeholders, value is not intrinsic to participating; it must be continually created and recreated in a collaborative and balanced fashion (Frow & Payne, 2011).

SUMMARY

Today's many complex or wicked problems present opportunities for social marketing to contribute to improving people's health and well-being around the world. Social marketing has developed along winding and intertwining paths in marketing scholarship and public health practice, the fields where it has been most extensively applied and studied. This has more often than not led to tensions between the academic ideals and the practical applications and lessons derived from them. It has also driven the different ways in which people think about and practice social marketing in different parts of the world, as well as around the corner from each other. For example, a classic 4Ps marketing mix has often been translated into practice in developed countries as behavior change through mass communication campaigns (or 1P marketing efforts); social marketing in developing countries has been more focused on classic marketing ideas

(or goods-dominant logic) centered on product development, distribution, sales, and branding. With these differences has come confusion over the definition and domains of social marketing. We will explore the integration of these differences in the next chapter. A variety of disciplines have also contributed to the development of social marketing, and the domains where social marketing is practiced have evolved from a primary base in public health to environmental concerns, injury prevention and safety, financial literacy, health literacy, poverty alleviation, and many other areas in which practitioners strive to improve the human condition.

In subsequent chapters, the historical perspective on how social marketing is practiced will be balanced with new influences on social marketing thought and practice. Key drivers of innovation in social marketing include shifting from an individualistic to a social context for change efforts, adopting systems-level and macromarketing perspectives, and reconceptualizing the role of exchange and value creation in social marketing activities.

KEY TERMS

abductive reasoning
consumer behavior
contraceptive social marketing
environmental scanning
exchange concept
macromarketing
marketing
marketing management
marketing orientation
puzzle
searcher
segmentation
service-dominant logic
social marketing
transformative consumer research
value creation
value proposition
value-in-use
wicked problem

DISCUSSION QUESTIONS

1. Social marketing programs evolved in developing countries in part due to underdeveloped, weak, or nonexistent commercial markets for family-planning

products. In developing countries, commercial markets work more efficiently and effectively in making these products widely available at affordable prices. How might the characteristics of commercial markets explain the social marketing approach taken in developing countries? What challenges would progress (that is, greater effectiveness and efficiency) in these markets pose to existing social marketing programs—for example, as countries begin to transition from least-developed to middle-income countries?

2. Many ideas about the causes of and solutions for a variety of social problems are discussed and debated in the media, among politicians, in communities, and on campuses. How might an idea that is currently being debated be better marketed? How would concepts such as segmentation and the marketing mix lead to strategies to have more people adopt the idea? *Suggestion: break into two or more groups and have each group take one side or one of the multiple perspectives of the problem and develop a social marketing campaign plan*.

3. The practice of social marketing has been on a trajectory that started with promoting tangible products and is now confronted with the challenge of practicing service-dominant logic. How would an S-D perspective be disruptive to social marketing programs that focus on family planning, malaria control, or HIV prevention? What changes would a social marketing organization need to make to become more S-D logic oriented?

4. Similarly, for organizations that have relied on communication and mass media approaches to social change, how would adoption of an S-D perspective disrupt their current practices? What would be the relative advantages and disadvantages for their constituencies, stakeholders, and staff of becoming more S-D logic oriented?

Chapter 2

Principles of Social Marketing

This fresh fruit and juice vendor in Cartagena, Columbia, has a thriving business through offering healthy choices to residents. (Image courtesy of the author.)

Learning Objectives

- Identify the essential components of social marketing programs.
- Describe organizational barriers to adopting social marketing principles, and techniques and approaches for overcoming these barriers.
- Discuss the major ideas of three models for social marketing.
- Summarize how markets can be approached and influenced with social marketing.
- Identify five examples of asymmetries in health marketplaces.

In this chapter I review theories and models that are being used in social marketing. Many of the concepts in social marketing come from a managerial perspective of marketing; that is, they help program developers to understand a social puzzle and to design possible solutions to that puzzle using ideas such as environmental scanning, segmentation, and the marketing mix, which were described in the first chapter. Several social marketing models that can guide the development of strategies and programs are highlighted, with particular attention to an integrative model that begins with understanding and insight into the value or benefits people perceive in our offerings—whether those offerings are behaviors to engage in or discontinue, products to use, or services to access. This chapter then extends the scope of social marketing to consider the marketplaces in which our offerings are made, and ways to look at and influence various types of market asymmetries that influence the larger context in which people live.

THE CHARACTERISTICS OF SOCIAL MARKETING

As we saw in the first chapter, social marketing has been variously defined. Another important discussion in the literature has arisen as practitioners and researchers have worked to compile the characteristics of the social marketing approach, especially those that distinguish it from other methods to achieve behavior and social change. Table 2.1 illustrates some of the sets of characteristics identified over the last four decades.

Several common features of a social marketing approach emerge from this comparison. The most consistently described characteristics of social marketing draw from managerial frameworks and approaches identified by Wilkie and

TABLE 2.1 Characteristics of a social marketing approach

Kotler & Zaltman (1971)	Lefebvre & Flora (1988)	Walsh, Rudd, Moeykens & Moloney (1993)	Donovan & Henley (2010)	French & Blair-Stevens (2010)
Environmental scanning	Consumer orientation	Planning	Consumer orientation	Customer orientation
Define the change sought	Voluntary exchange	Consumer analysis	Exchange	Behavioral goals
Segment the market	Audience analysis and segmentation	Market analysis	Customer value	Theory-based
Marketing research	Formative research	Channel analysis	Selectivity and concentration	Insight
Product planning	Channel analysis	Marketing mix strategy	Differential advantage	Exchange
Pricing or costs	Marketing mix	Communication	Use of market research	Competition
Promotion or communication	Process tracking	Implementation	Integrated approach to implementation	Segmentation
Place or distribution and response channels	Marketing management	Process evaluation	Monitoring and influencing environments	Methods or marketing mix
Continuous effectiveness monitoring		Outcome evaluation		

Moore (2003, p. 129) and include a consumer orientation, exchange and customer value, market analysis and segmentation (also referred to as selectivity and concentration), the use of a marketing mix to develop and implement programs (this mix includes products, pricing, place or distribution, and promotion or communication—collectively referred to as the 4Ps), various types of market or consumer research to test and refine offerings, and monitoring and effectiveness evaluations. Other features often found in programs in which product and service offerings, and not just behaviors, are important elements of the marketing mix include

- A product life cycle
- New product development processes

- Physical distribution management
- Marketing information systems
- Product positioning
- Marketing audit
- Demand generation strategies
- Creative approaches and styles
- Brand development and management

HEALTH COMMUNICATION, SOCIAL MARKETING, AND COCA-COLA

Students in health communication and public health programs want to understand the differences between health communication and social marketing. One day a student in my class carefully pointed out that social marketing is the "backbone" of health communication because it leads communicators to segment their audience members, understand them, and then focus on behavior change. "All of those things are true," I said, "for any good health communications program."

What this student and others who are having these debates in classrooms and staff meetings overlook is the marketing mix. As I described my take on the differences between health communication and social marketing with a Coca-Cola analogy, those differences became clear to her (or so she said). Here it is for you to try on.

Health communicators are like the advertising agencies for Coke. Their job is to understand the audience, create engaging and persuasive communication, and deliver it in ways that raise awareness of the brand and lead to an increase in product purchase behaviors. If a person sees a Coca-Cola ad and is thirsty but can't get to a store to buy a Coke, finds no Coke on the shelves when he or she gets there, or sees that Pepsi is cheaper, or really prefers Diet Dr. Pepper, no amount of advertising is going to fix the problem and stimulate purchase of a Coke. And no advertising agency would dream of trying to do that (yes, it could try to switch Pepsi or Diet Dr. Pepper drinkers to Coke drinkers, but that is an expensive course of action).

In certain respects social marketers should be more like the staff in the marketing department for Coca-Cola. The Coca-Cola marketers need to be sure that the product line (behavioral choices for social marketers) has in it something for everyone—not *one thing* for everyone (even diet brands have to use different artificial sweeteners to suit different people's tastes). They then focus on the distribution system so that anytime, anywhere, someone is thirsty a Coke is within an arm's reach of desire. Next they focus on the pricing side of the equation, not only deciding what price a thirsty consumer will pay for a Coke but also how much to charge for it relative to the offerings of other beverage marketers (the competition) and when to have sales, send coupons to people, run contests, and in other ways create incentives and promotions that encourage people to buy Cokes. And only then do they worry about jingles, furry polar bears in ads, and public relations activities.

A big difference in responsibilities and approaches manifests itself in too many social marketers' planning meetings—as soon as the brainstorming begins, it's all about the 4Ps of posters, pamphlets, public service announcements, and publicity for communication, and not the 4Ps of marketing.

Ever since Lefebvre and Flora (1988) first opened up the idea that behaviors are an essential component of social marketing offerings, the view that behavior change is a requisite activity of social marketing has been repeated by many other commentators (Andreasen, 1995; French & Blair-Stevens, 2010; Kotler & Lee, 2008). Yet behavior change is far from being a distinguishing feature of social marketing anymore. In an era in which many health burdens are directly linked to behaviors that people engage in, many other change agents also claim behavior change as their ultimate criterion of success (Crosby, Kegler & DiClemente, 2009; Institute of Medicine, 2001; Schiavo, 2007, p. 9; The Editors, 2008).

Table 2.1 also reveals that some social marketing ideas surface less frequently than others, such as incorporating behavioral theory and audience insight into the design of social marketing programs; coming to an understanding of the competition—the personal, environmental, and corporate factors that act against the desired behavioral choices and goals (cf. Andreasen, 1995)—and then using this understanding of competition to create differential advantages for social

marketing offerings; monitoring and influencing the physical and social environments; and developing a marketing management system in which all elements are resourced and coordinated (cf. Lefebvre & Flora, 1988).

Some people simplify the idea of social marketing to the use of principles and practices of commercial marketing for behavior change to achieve noncommercial (social) goals. Yet when we look more closely at how social marketing is used in many countries, we find that it is focused on seemingly intractable behaviors and wicked problems in complex economic, social, political, and technological circumstances with usually very limited resources. And the goal for governments, NGOs, and other groups who strive to change these problems and conditions goes beyond individual behavior change. If we assume that a primary responsibility of marketers is to satisfy stakeholders who invest in these programs, the bottom line for social marketers is to also meet society's desire to improve people's quality of life (Serrat, 2010).

HOW CAN WE USE SOCIAL MARKETING?

As I noted before, when Kotler and Zaltman (1971) first introduced the term *social marketing* into the literature, they defined it as using marketing to influence the acceptability of social ideas. When Lefebvre and Flora (1988) later wrote about it for public health programs, they focused on the uniqueness of social marketing as a way to formulate and implement "programs that are developed to satisfy consumer needs, strategized to reach as broad an audience as is in need of the program, and thereby enhance the organization's ability *to affect population-wide changes in targeted risk behaviors*" (p. 302; emphasis added).

Since then, social marketing has also been suggested as a model for scaling up effective programs (Lefebvre, 2011b), replicating and disseminating evidence-based interventions (Dearing, Maibach & Buller, 2006; Harris et al., 2012), developing innovative solutions to social problems (Lefebvre, 2011a), and informing and supporting policy development (French, 2011; Marshall, Bryant, Keller & Fridinger, 2006).

While social marketing promises to address many social problems in the ways outlined in the last paragraph, a number of barriers typically stand between an organization's current operational procedures and adopting a marketing or consumer-centered approach. The barriers that must be confronted and overcome before an organization can apply social marketing include

- A lack of organizational consensus on the mission
- An inadequate understanding of people's needs and perspectives on problems
- Pressures to place professional, policy, and scientific priorities above people's needs, wants, and aspirations
- Organizational and professional biases that favor expert- or evidence-driven efforts
- Intermediaries and partners who may impose their own agendas on solutions or modify and dilute consumer-based ones
- A lack of appreciation of marketing at top-management levels
- Perceptions that social marketing is manipulative or that marketing is immoral
- An insufficient awareness of research evidence and case studies showing successes for social marketing
- A perception that social marketing lacks academic and professional stature
- A perception that social marketing is too expensive for organizations without deep resources and technical capacities (to conduct research and evaluation and develop products, for example)
- Organizational structures and other barriers that impede integrated marketing approaches
- A belief that social marketing is incompatible with other approaches, such as community mobilization, policy development, and media advocacy
- A reluctance to tamper with existing programs (Andreasen, 2002; Lefebvre & Flora, 1988; Marshall et al., 2006; National Social Marketing Centre, 2009)

Andreasen (2002) and Marshall et al. (2006) have argued that in many instances social marketing must be marketed before it can be practiced. We can debate why after forty years such activities should still be warranted, or more profitably, we can scan our internal marketplace and designate priority groups in order to create an approach that uses social marketing strategies and tools to facilitate the adoption of new behaviors. Marshall et al. (2006) present a framework for thinking about how to market social marketing to three priority groups: (1) senior management and boards of health, (2) community leaders, and (3) advocates and elected officials and funders. As shown in table 2.2, these authors then specify the desired behaviors

TABLE 2.2 Priority audiences for the marketing of social marketing

Logic model component	Resistance scenarios		
	"Big dogs"	"Hard to reach"	Not policy friendly
Target audience(s)	Health officer, senior management, boards of health	Community advocates, community leaders, coalition members	Legislators, political leaders, decision makers at major funding agencies
Desired behavior	Permission to use social marketing approach Agreement to use resources for formative research and audience segmentation	Approve use of social marketing approach for developing community interventions Agree to use audience segmentation instead of hard-to-reach paradigm	Accept use of social marketing approach for policy development and implementation Accept use of social marketing approach in applied research and demonstration grants
Determinants of audience behaviors	Evidence of programs that work, efficient use of resources, political acceptability, makes agency look good	Existing services come first, experience with previous research projects, don't leave anyone out, programs that work	Focus on policy, avoiding service programs and information campaigns, successful policy advocacy, analyzing policy strengths and weaknesses
Strategies and/or intervention for behavior change	Brief and orient leaders, cite the literature, use outside experts, address consumer wants, evaluate components, professional growth opportunities	Step-wise approach to segmented audiences, asking people what they want, respecting people's needs, involve community leaders, give people a "say"	Show how marketing applies to policy advocacy, compare social marketing to systematic political analysis, cite literature, segment legislators, public and media

Source: Marshall et al., 2006.

we will want to increase among members of each group, the determinants of their current behaviors, and suggested strategies to increase the acceptability of social marketing to each group.

In arguing for a shift in how public sector organizations function, French (2011) makes a cogent case for moving from an approach dominated by policy analysts and

content experts to one that is also influenced by a deep understanding of priority groups and their beliefs, values, and willingness to participate with others in generating solutions. This perspective echoes an earlier call by Sutton, Balch, and Lefebvre (1995) to integrate scientific findings with an understanding of consumer realities, rather than developing programs based solely on scientific evidence. Having this blend of expert and citizen involvement in defining the scope of a puzzle and generating solutions to it can lead us to collaborative and democratic approaches that balance individual rights and responsibilities with broader social needs. Providing the means to move in that direction is the heart of this book.

STRATEGIC SOCIAL MARKETING

French and Blair-Stevens (2010) made a useful distinction between the *operational social marketing* that is used to develop a specific campaign or program and the *strategic social marketing* that is used to shape and craft policy options, define desired outcomes, and design intervention strategies. Many texts, workbooks, and online resources are available to help people develop an operational social marketing campaign (see table 2.3 for examples). In this book I am going to focus mostly on the strategic side of social marketing. The preparation and delivery of a social marketing program aimed at a specific social or public health problem among certain priority groups is a practice improvement for many groups. And it is clear that no well-crafted strategy will accomplish its desired objectives without qualified and talented people to design and implement program elements. However, unless these individual programs result in changes in organizations' operational procedures, approaches to policy development, and allocation of resources for improving public health and welfare, and unless they create equitable and sustainable changes not just in behaviors but also in the social context, environment, and markets that determine them and support them, they are serving only as Band-Aids. As you progress through the book, you will be discovering a broad perspective of social marketing that moves beyond behavior change to include changes in organizations, communities, public engagement, and well-being. The following sections of this chapter look at three models of social marketing that provide a strategic framework around the concepts and techniques we can begin to employ.

TABLE 2.3 Online resources for developing social marketing programs and campaigns

Title	Service Description	URL
CDC: Gateway to Health Communication & Social Marketing	This website contains resources for building health communication or social marketing campaigns and programs. Includes tips for analyzing and segmenting an audience, choosing appropriate channels and tools, and evaluating the success of messages and campaigns.	http://www.cdc.gov/healthcommunication
CDC: Social Marketing for Nutrition and Physical Activity	This web course provides training for public health professionals in how to use social marketing to plan nutrition, physical activity, and obesity prevention programs.	http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/index.htm
CDCynergy—Social Marketing Edition Version 2.0	This resource provides users with step-by-step guidance for developing and documenting a successful social marketing program. The CD-ROM contains case studies, commentary from experts in the field of social marketing, tutorials for each stage of effective program development, an extensive resource library, and tips for managers who oversee social marketing programs.	http://tangibledata.com/CDCynergy-SOC/Drive-thru/index.cfm
National Social Marketing Centre: Social Marketing Award Course	This e-learning course provides an introduction to social marketing, from basic principles and terminology through more detailed guidance on how to plan, manage, and evaluate a behavior change program.	http://thensmc.com/content/e-learning
The Open University: Social Marketing	This web course examines the nature of social marketing, and how marketing concepts, frameworks, and techniques developed for commercial marketers can solve social marketing problems for organizations seeking to effect social change or address specific social issues, such as travel planning and health initiatives.	http://www3.open.ac.uk/study/professional-skills/course/gb017.htm
Tools of Change	This website offers specific social marketing tools, case studies, and a planning guide for helping people to take actions and adopt habits that promote health, safety, or sustainability.	http://www.toolsofchange.com/en/home

TABLE 2.3 (*Continued*)

Title	Service Description	URL
Unite for Sight: Social Marketing and Social Mobilization in Global Health Online Course	This course examines social marketing and social mobilization strategies in developed and developing countries. Through the evaluation of past successes and failures, learners can discover how to effectively motivate, involve, and empower communities to improve their health.	http://www.uniteforsight.org/social-marketing

Carrots, Sticks, and Promises

Rothschild (1999) views marketing as one of three sets of strategic tools, along with education and the law, for the management of behaviors related to public health and social issues. According to Rothschild, education involves efforts in which information and persuasion are offered to influence behavior. Law involves coercive practices to change behaviors in a nonvoluntary way, to threaten punishment for noncompliance or inappropriate behaviors, or to alter the marketplace for using healthy or unhealthy products and services or for engaging in certain behaviors through price subsidies (to encourage more of them) or taxes (to reduce them). He views marketing as attempting to manage behavior by offering incentives and consequences in a context in which a person can voluntarily choose to participate in the exchange, as opposed to being forced to comply with it. In thinking about how people act in these three different scenarios—education, marketing, and law—Rothschild stresses the importance of people perceiving a self-interest (that is, a personal motivation or personal benefit) for engaging in certain behaviors. He also notes that the environment in which social marketing occurs is challenged by the presence of free choice, consumer apathy, inertia, and competition—all of which serve to make a marketer's job more difficult. That is, people have many choices they can make: they may not be interested in our offerings, they may have no intrinsic desire to change, or they may be under assault by a variety of other people and organizations vying for their attention and energy.

Against this backdrop, Rothschild (1999) proposes a strategic model for public health and social issues management based on an information-processing

TABLE 2.4 A conceptual framework for using education, marketing, and law to change social and health behaviors

MOTIVATION	Yes		No	
OPPORTUNITY	Yes	No	Yes	No
ABILITY				
Yes	1 Prone to behave *education*	2 Unable to behave *marketing*	3 Resistant to behave *law*	4 Resistant to behave *marketing, law*
No	5 Unable to behave *education, marketing*	6 Unable to behave *education, marketing*	7 Resistant to behave *education, marketing, law*	8 Resistant to behave *education, marketing, law*

Source: Rothschild, 1999, p. 31.

model of advertising in which motivation, opportunity, and ability (MOA) are the core constructs (cf. MacInnis, Moorman & Jaworski, 1991). As shown in table 2.4, he uses the MOA approach to create eight strategies for behavior change that are dependent on whether people do or do not have the motivation to change or adopt new behaviors, whether they have opportunities available to engage in the behaviors, and whether they have the requisite abilities to perform the behaviors.

Once the problem is identified as, for example, having the motivation to engage in new behaviors but lacking the opportunity to do so and also lacking the required abilities (cell 6 in table 2.4)—the problem that might be faced by a poor, urban-dwelling, middle-aged woman who would like to become more physically active but has never done so—then education and marketing are proposed as the desired behavior change strategies. This model makes three key assumptions:

1. Motivation will be increased slightly by education and moderately through marketing. Law must be used when people cannot be motivated to act voluntarily.
2. Opportunity can be created only through marketing and indirectly through law.

3. Ability is developed through education and can be reinforced with marketing. Legal approaches will frustrate people who do not have the abilities or opportunities to conform to desired behaviors.

Rothschild (1999) also recognizes that other factors may influence which strategic options to invoke—education, marketing, or law. One of the more important of these factors is the perception of power. He states: "If managers perceive that they have power, they *will* use either force of law or education. If power is balanced between the society and the individual, or resides with the individual, the manager will need to offer an exchange and will call on the use of marketing" (p. 33, emphasis in the original). This position stands in marked contrast to the criticism often leveled at social marketing of being "manipulative." What Rothschild makes clear here is that it is when people resort to persuasive appeals and policy solutions that power dynamics are most in play. The marketing exchange is, at its essence, one of equality.

The neat separation of education, marketing, and legal strategies is not so apparent in real life; Rothschild (1999) is also clear that there are situations in which all three approaches may be indicated. Another social marketer, Rob Donovan (2011), holds a contrary point of view and states that the *mythunderstanding* that law and education are distinct and separate from marketing does a disservice to the marketing discipline. He points to practices in the commercial sector, where marketers of a new product, for instance a new pharmaceutical, are very interested in educating potential prescribers about the value of the new medication (and I would add, equally concerned that regulators and payors approve the use of the drug and will pay for it). In the earlier example of a poor, urban, middle-aged woman who wants to become physically active—perhaps for the first time in her life—most experts would argue that skills training—not messages—is what is needed to help her learn appropriate ways to exercise. As marketers, we should be keenly aware that instituting policies that allow her access to school recreational facilities after classroom hours or to other safe and convenient venues in which to exercise is going to be critical for her success. Then we might be able to market physical activity to women like her. Are these distinct approaches to behavior change, or should we develop a marketing approach that is sensitive and responsive to the realities of her life that need to be addressed? I agree with Donovan that a comprehensive marketing approach to the issue

could address all of these issues and perhaps others, such as incentives for setting and meeting physical activity goals and for creating social support systems for physical activity.

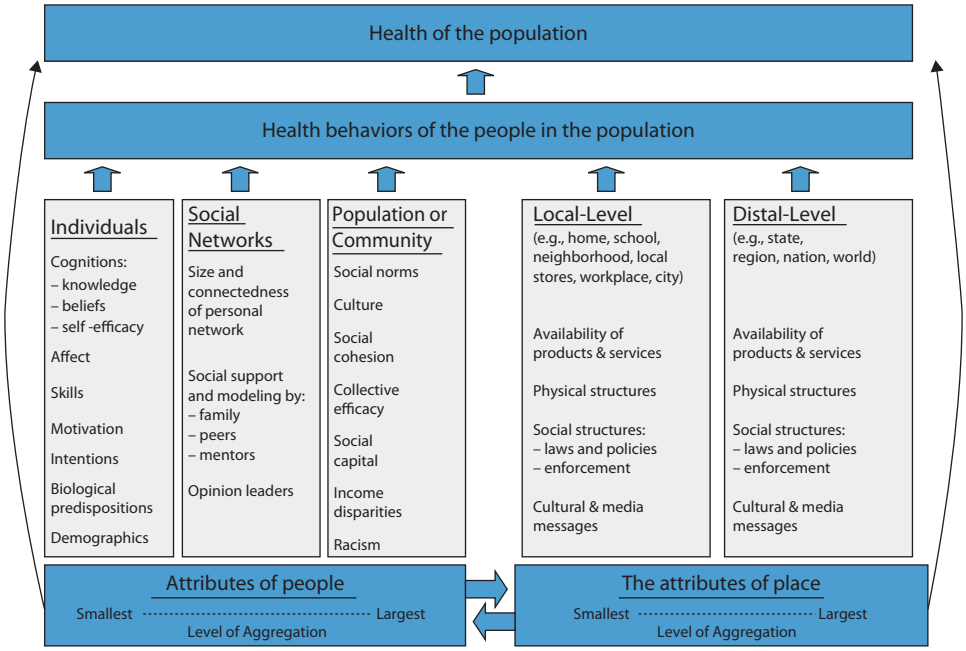
This point also goes to the individual change bias in Rothschild's analysis—his point of view is of a manager attempting to change people's behavior to help them fit into the world they live in. I would argue that many times it is the environment that is to "blame"—not the person. And indeed, there are many instances in which managers and policymakers need to attend to shaping and influencing the marketplace or environment (that is, creating opportunities), a process that is critical to tobacco control efforts, ensuring adequate supplies of condoms and bed nets, preventing childhood obesity or drug and alcohol abuse, and countering the sexualization of children.

Although education and law may be separate disciplines from marketing, this should not naturally lead to their exclusion from a marketing strategy (we should never say: "Oh, we can't do that in our social marketing program; that's an environmental change [or a policy change]"). To maximize their potential effectiveness, marketers should strive to have as large a toolbox as possible for understanding and influencing the many determinants of human behavior—a point I will return to in the next chapter.

People and Places Framework

Building on ecological models of health, in which interactions between the attributes of people and the environments in which they live are critical determinants of health and well-being, Maibach, Abroms, and Marosits (2007) presented a *people and places* framework for health communication and social marketing in public health. This framework posits three levels of analysis for people (individual, social network, and community or population) and two levels (local and distal) for four types of places (see figure 2.1). At the individual level of analysis, Maibach et al. highlight the importance of such attributes as self-efficacy in outcome expectancies, affect, skills, motivation, intentions, biological predispositions (such as sensation seeking), and demographic variables. At the social network level, the size and connectedness of a person's social network, the diversity of his or her ties in the network, the degree of social support and positive modeling provided within the network, and the presence of positive health opinion leaders are relevant factors. These authors note that community

FIGURE 2.1 The people and places framework



Source: Maibach et al., 2007.

factors are least understood by researchers, but culture, social norms, social capital, social cohesion, collective efficacy, and social and economic disparities are among the better documented determinants of a population's health.

Maibach et al. (2007) incorporate four types of place-based influences on behavior, originally proposed by Cohen, Scribner, and Farley (2000):

The *availability of products and services* that either enhance (primary care, oral rehydration solution) or detract (liquor stores, high-calorie beverages) from population health

The *physical structures* in the environment that can encourage healthier behaviors (walking paths, parks), discourage unhealthy ones (automatic car safety belts, prepackaged portion sizes), encourage unhealthy ones (television, super-sized meals), and discourage healthy ones (food deserts, no broadband Internet access)

The *laws and policies* that either encourage or discourage healthier actions in the community and the extent to which they are enforced (requirements for infant car seats, taxes on certain products or services) or enable unhealthy ones (permissive regulations on alcohol sales or tobacco advertising and promotions)

The *media and cultural messages* in the environment that model and recommend behaviors that promote or undermine the health of a community (whether sex practices in television programs and movies are safe or not; whether models used in fashion and entertainment media, especially when the audience includes teenage girls, are of a healthy weight or not)

The local and distal levels of analysis come into play in identifying where and how these influences originate: for example, analyzing whether restrictions on alcohol sales are mandated at the national, state, or local level or whether violent and misogynistic speech and behaviors are found in globally released music CDs and videos or in performances by local bands.

The strategic implication of these five levels of analysis (individual, social network, and community, and also local or distal) is that social marketers should focus communication and marketing programs on creating change across as many levels as possible in order to achieve the largest impact on behavior and health. To help guide the selection of levels to focus on, Maibach et al. (2007) suggest that managers assess

- The organization's current and potential resources
- The relative importance of each field of influence in creating or sustaining the problem being addressed
- The likely impact (and other potential benefits) associated with various program options
- The organization's capabilities to effectively implement programs aimed at that level of influence
- The likely costs of implementing the various program options under consideration

This framework has the strength of incorporating an interactional, or ecological, perspective into social marketing strategy (cf. Green & Kreuter, 1999;

Sallis, Owen & Fisher, 2008). That it focuses not just on people but also on places also helps to make it a framework for social change that positions the context, not just the person, as a potential target for change. However, Maibach et al. (2007) describe social marketing in very narrow terms and limit its use to influencing people, not places. They call strategies to influence place attributes *organizational marketing* (business-to-business marketing) and policy advocacy. Following what Donovan (2011) and I have said earlier about the inclusiveness of marketing practice, it is surprising that Maibach et al. (2007) do not include organizational marketing as part of social marketing. This omission seems to reflect the pervasiveness of the individual behavior change dogma in the social marketing community and the limits that dogma places on people who should be looking for more inspiration and ideas from marketing thought and practice—not just from theory and research on individual behavior change. Thus, even though organizational marketing can be extremely valuable for influencing environments and creating place-based change, especially in the dissemination and adoption of evidence-based prevention programs (see the discussion in chapter 13), it is not what Maibach et al. term "traditional social marketing." However, to paraphrase Donovan (2011), social marketing is not something we use to achieve individual behavior change; we use marketing to achieve social goals, and these goals can include changes in organizational practices, social norms, and physical environments. Perhaps the greatest barrier to the broader acceptance and use of social marketing to improve people and conditions around the world is the propensity of some of its advocates to squash it into such a small box. The remainder of this chapter reveals how we can start to climb out of that box.

An Integrative Model for Social Marketing

The desired outcomes of public health and social change programs are usually ambitious and extend beyond individual behavior change; the people we focus on extend beyond "consumers" or "at-risk" groups to policymakers, health care and service providers, NGOs and nonprofit leaders, and even corporate marketers; the products and services are often complicated to access and use; the behaviors that we seek to alter are among the most personal; demand is diverse; the groups we attempt to serve are often unaware of the risk in which their current behaviors

place them; we usually work with and through intermediary organizations; political, cultural, and structural factors shape the ways problems are defined and the types of solutions that are feasible to pursue; and competition for attention and the choices people make is varied (Serrat, 2010; Manoff, 1985). Given the many contours of the wicked problems we most often confront and the solutions we need to design to address them, social marketing and social change require a framework that considers the total context in which we do our work, not just a psychological, sociological, or economic theory (chapter 3 addresses this issue in greater detail). However, it is notable that most social marketing texts continue a tradition of incorporating one or more theories of individual behavior change to guide practitioners' work (Andreasen, 1995; Donovan & Henley, 2003, 2010; French, Blair-Stevens, McVey & Merritt, 2010; Hastings, 2007; Lee & Kotler, 2011; Lefebvre, 2001; Siegel & Lotenberg, 2007; Weinreich, 2011).

I suggest that a comprehensive framework for using marketing to address social improvement goals—that is, an integrated social marketing approach—will have two distinguishing elements: one that expresses the notion of a consumer (person or citizen) orientation and a second that embodies the idea that social marketing is designed for large-scale change efforts—not individual or clinically focused education and behavior change activities (cf. Lefebvre, 2011a). In such education and behavior change activities, intrapersonal and interpersonal factors, the amount of information to be conveyed, and the complexity of the skills to be learned necessitate more individually tailored offerings than social marketing programs are typically resourced for or capable of delivering (though the emergence of new technologies is making these activities much more efficient and likely in the future). However, this is not to suggest that such individual behavior change activities cannot be integrated into a comprehensive social marketing program as the needs of priority groups unfold and program resources allow.

1. *Social marketing is focused on people—their wants and needs, aspirations, and lifestyles—and honors their freedom of choice*. All marketing activities begin with a focus on understanding people—their wants and needs, aspirations, lifestyles, and choices. A focus on people is not the exclusive province of social marketing, and may in fact provide common ground where social marketers can share and adopt the ideas and approaches of other professionals who also start from this premise that it's the people first (design thinking is but one recent

addition to this tableau; Brown, 2008, 2009; Brown & Wyatt, 2010). Indeed being people focused is becoming a defining and attractive feature for other professionals. For example, Ling, Franklin, Lindsteadt, and Gearon (1992) noted that conducting research that seeks to understand people on their terms, develops insights into how social benefits and individual needs and realities can be mutually accommodated, and fashions programs that blend an objective or social perspective with a consumer-centric approach resonates with public health philosophies and approaches. These overlapping values and approaches are likely one reason why social marketing has been so readily embraced by some of these professionals. Social marketers also must recognize that people have freedom to make choices and engage in behaviors; marketing is not a method for creating conformity among unsuspecting or reluctant citizens (though there are no doubt people who suspect—or wish—that it could).

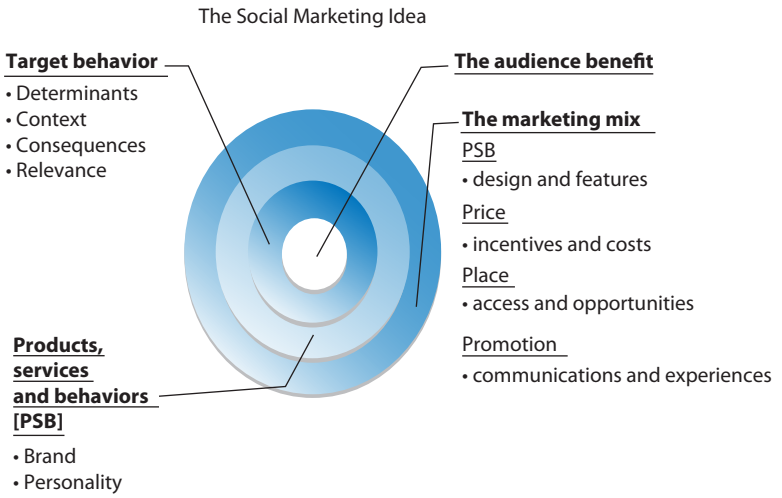
2. *Social marketing aims for aggregated behavior change—priority segments of the population or markets, not individuals, are the focus of programs*. Social marketing is one of the few intervention strategies that explicitly reject the clinical model, or education approach, for public health or population-level adoption of new behaviors and ideas (Lefebvre & Flora, 1988; Lefebvre, Lurie, Saunders Goodman, Weinberg & Loughrey, 1995; Walsh et al., 1993). As a population or social change methodology, social marketing must be based on theoretical models that guide the selection of the most relevant determinants, priority groups, objectives, interventions, and evaluations for scalable behavior change, such as theories of diffusion of innovations, social networks, community assets, political economics, and social capital (Lefebvre, 2011b). Unfortunately, the vast majority of programs continue to be developed from individual models of change that are tested among small numbers of people in laboratory or controlled experimental settings (Lefebvre, 2001). The question is whether such programs can be readily transferred to real-world settings (or have ecological validity), or whether they are so rigidly designed for testing hypotheses that they then constrain our ability to take interventions to scale. For example, the Global HIV Prevention Working Group (2007) report on the failure to scale proven HIV prevention interventions notes that most people at risk for HIV infection have limited or no access to prevention resources such as condoms, HIV testing, treatment of sexually transmitted diseases, prevention of mother-to-child transmission, services for vulnerable and marginalized populations, and safe blood supplies and injections in health

care settings. Aiming for aggregated change requires more than applying individual theories of behavior change more broadly (for example, through mass media campaigns), a point also made by Walls, Peeters, Proietto, and McNeil (2011) in their critique of community-based and social marketing campaigns to prevent obesity.

Designing Integrated Social Marketing Programs

Building on these two core concepts, an integrated social marketing approach has four interrelated tasks that revolve around an identified benefit or value proposition for a priority segment of the population. The first task is to clearly identify and understand the priority group we desire to serve with our resources. The second task, shown in the center of figure 2.2, is to identify the essence of what people want, that benefit or value they can experience. We then turn to understanding the determinants, context, consequences, and relevance for the current behaviors they engage in (or products or services they use), and more important, how these can be altered to facilitate desired changes. And equipped with this knowledge, we can then turn to the fourth task (the two outer rings of the figure) of

FIGURE 2.2 An integrative model of social marketing



Source: Lefebvre, 2011a, p. 59.

tailoring a program offering to this specific group that is responsive to their unique characteristics and offers alternative behaviors, products, or services that can be of value or benefit to them.

The Priority Group

Unlike other social marketing authors and practitioners, I choose to talk about *priority groups* or *segments* rather than *target audiences*, for two reasons. First, *target* has military and power connotations that have no useful purpose in social marketing and social change programs that avow a customer focus, respect and honor people, and view the relationship between marketer and consumer as an equitable one. One might choose to target behaviors for change, but targeting people only reinforces a top-down, producer-oriented approach to social change (that is, *we* are doing something to *them*). It is an anachronism that deserves to disappear into the dustbin of history. Second, many people object to restricting interventions to particular groups of people (or segments of the population). Some of them would rather focus on *everyone*; others argue over the relative merits of one *target group* over others. What I have found helpful in many of these debates is to put the issue into efficiency and effectiveness terms. When we are developing a program or campaign, we can agree that focusing resources on priorities is important because resources are limited and we want to maximize our impact. So just as we have priority issues to address, recognizing that we cannot address all of them at one time, would not the same thinking apply for the people we wish to serve? Ultimately we may want all to benefit—but given where we are today, with the resources at hand, what should the priority groups be for now? Who is in greatest need? Who might be leveraged into spreading more change throughout their social networks or community? Who else might be critical to the success of the program? Stating that these groups are priorities often reassures people that their constituency is not being forgotten. It also motivates some stakeholders to gather more evidence and make a better case in the future for how and why their preferred priority group deserves resources allocated to its concerns in the next funding or planning cycle.

The priority group becomes the center and touchstone of all social marketing activities, both driving the questions we ask and validating the decisions that are made. A priority group might be made up of any set of individuals who have a role, a stake, or an interest in the problem at hand: the people whose lives are

immediately affected by the problem, the people who provide products and services to them (or could), the people who control other resources or marketing functions (media outlets, supply and distribution outlets), decision makers in various types of organizations, or stakeholders and public policy shapers and makers, to name a few. The process of determining the members of a priority group will reflect the underlying philosophy people bring to the puzzle they are trying to solve (we will return to this issue in chapter 3).

Carefully segmenting and selecting the groups to concentrate on establishes a basis for all the other marketing activities, including how determinants and context are analyzed, the brand and positioning strategies that are developed, and the marketing mix that is deployed. A decision to designate a group as a priority is a commitment to allocating resources and developing a unique marketing mix for that group. Each priority group, by definition, requires a different marketing mix (otherwise, if all the priority groups could be treated the same, we wouldn't need to distinguish between them). While this seems self-evident, many programs specify two or more priority groups (or "target audiences") and then go on to develop one marketing mix that is applied to both of them. However, designing a tailored marketing mix for each priority group requires crafting each mix around the unique benefit or value of the program offering as it is perceived by each group (whether that offering is a product, service, or behavior). Accurately identifying this perceived benefit or value is the critical component of planning a social marketing program.

The Value or Benefit

Sutton, Balch, and Lefebvre (1995) argued for the need to shift health communication and social marketing programs from ones that stressed the scientific evidence of benefits (reduce the risk of cancer, control hypertension, lose weight) to ones that focused on the consumers' realities and what consumers valued (seeing children grow up, feeling more in control of their lives, having more energy). Benefits should tap into and satisfy an underlying motivation of groups of people, rather than reflecting the producers' or sellers' perspective, such as health, a cleaner environment, better access to services, or even money. Although change agents often talk about "motivating people," this is an unfortunate and misguided attempt at persuasion and influence. People have intrinsic and sometimes extrinsic motivations for doing things; the discovery and insight

process (see chapters 4 and 5) is to find links between these existing motives and the behaviors we wish to encourage or discourage. For even though external appeals (fear, money) can lead to short-term behavior change, they rarely result in the long-term changes we seek. Such attempts to "motivate" people may explain why so many social change campaigns employ fear arousal; the motivational effects are clearly seen and verbalized in the focus group room, even if the effects on behavior change are questionable (Ruiter, Abraham & Kok, 2001).

One example of tapping into existing motives is the Climate and Energy Project in Kansas. The project developers found that the idea of *thrift*, or saving money, was one core benefit that residents found in energy conservation (Kaufman, 2010). By talking with local ministers, project developers also discovered the idea of *creation care*: the obligation of Christians to act as stewards of their God-given world. These two benefits met both an external and immediate motivation (saving more money) and an internal and aspirational one (living a more Christian life). These benefits were used to design specific components of a marketing program that could be then be positioned separately to each group (a thrift motivated one and a spiritually motivated one), an example of segmenting people by the benefits or value they associate with the target behavior. Indeed, some authors have suggested that segmentation of populations by the benefits they perceive in using a product or service or engaging in a behavior may be more useful in encouraging adoption than segmentation schemes based on social-demographic characteristics (Haley, 1968; Harvey, 1990). I will return to segmentation in more detail in chapter 6.

Rangan, Karin, and Sandberg (1996) found the lack of short-term, concrete benefits for an individual to be a major barrier to the success of social marketing efforts. They recommended that various types of benefits be considered in social marketing programs, with the choice depending on how people in the priority group perceive the costs for engaging in different behaviors and on whether the expected benefits were directly to the group or for the larger social good. An excellent example of this trade-off and its implications for programs and policy is the analysis by Teklehaimanot, Sachs, and Curtis (2007) of how decisions for the distribution of malaria nets can be influenced by the way benefits are allocated; that is, are nets intended for the protection of individuals, who are then also seen as responsible for the nets' purchase and use, or is the broad use of nets intended to convey a herd protection—social good—that argues for public sector financing and distribution to all?

An additional level of interest for program designers who are considering benefits and value is introduced by the service-dominant logic (S-D logic) explored in chapter 1. People may be able to provide us with some understanding of their perceived costs and benefits of engaging in new behaviors or using products and services. However, this *value-in-exchange*, or weighing of the pros and cons in making a decision to adopt new practices, is less important in the long term than the value people experience when engaging in the behavior over time (*value-in-use*). To return to the example of the Kansas Climate and Energy Project, people may say in focus groups and interviews that thrift and creation care are important benefits that encourage energy conservation behaviors. However, if the program does not then enable them to experience these values or benefits in actual use or practice, that jeopardizes not only the sustained success of the program but also the trust they will have in the program sponsors in the future.

The Desired Behavior

The focus on behavior as a bottom line for many different types of programs has had significant implications for public health and social change practice. For example, many social marketing programs in developing countries have reported unit sales (of bed nets, condoms, or ORS, for example) and clinic visits as outcomes, and public health and social change programs have been content with measuring changes in knowledge, attitudes, and intentions to act in certain ways. However, squarely placing behavior change as the outcome of interest has shifted many programs from strictly productivity, efficiency, and psychological metrics to metrics based on observable outcomes, such as product and service use and satisfaction.

As shown in figure 2.2, there are four sets of behavioral issues that program designers must address: the determinants, the context, the consequences, and the relevance of current and desired, or target, behaviors, from the point of view of the priority group. When social marketers conceptualize and operationalize the determinants and context, they must, as I and others argue (Blair-Stevens, Reynolds, & Christopoulos, 2010; Donovan & Henley, 2010), go beyond individual variables in order to consider social and community variables such as perceived social norms, availability of social capital, poverty, housing conditions, the quality of built and natural environments, working conditions, public policies, and community assets as potential targets for change.

The consequences and relevance of current and alternative behaviors also need to be assessed. What intrinsic and what social and other external rewards and punishments support current behaviors? Which ones can be altered or what new ones can be created to enable people to move to healthier and more productive lives? Applied behavioral analysis, examining the ways in which the application and removal of rewards and punishments can change behaviors, has been viewed as an essential part of social marketing strategies to improve the environment (Geller, 1989; Foxall, Oliveira-Castro, James, Yani-de-Soriano & Sigurdsson, 2006). Economists point to monetary rewards and penalties as one of the more important policy levers in influencing behavior change. Behavioral economics—a blending of the behavior analysis, decision-making, and economic perspectives on behavior change—has gained the attention of policymakers and the public (Kagel & Winkler, 1972; Kahneman, 2011; Levitt & Dubner, 2005; Thaler & Sunstein, 2008). Insights into how current behaviors are maintained and how we might shape and design healthier or more socially beneficial ones need to reflect our understanding of their relevance in people's everyday lives and be explicitly incorporated into social marketing programs.

The Marketing Mix Applied to Behaviors, Products, and Services

An integrative approach to social marketing acknowledges that programs occur in a larger market context. As I noted in the first chapter, social marketing in developing countries evolved to meet the pressing need to provide life-saving and socially necessary products and services to reduce family size, improve maternal and child survival, and prevent and treat infectious diseases. In developed countries, where markets already provided many of these essential products and services and where noncommunicable diseases have been the primary causes of morbidity and mortality, social marketing programs have been much more intent on changing risk behaviors for disease. In developing countries it has become clear that products and services (such as condoms for HIV prevention and bed nets for malaria control) can be necessary yet not sufficient conditions to improve health. What is crucial is that people have access to and use these products and services (family planning, HIV testing and counseling centers, prenatal clinics, and so forth) in ways that change behaviors and affect morbidity and mortality. In contrast, developed countries have more developed private sectors to sense and respond to people's needs, their governments support more health care and

essential services, and more people can afford to purchase products and services as they need them. As a consequence, social marketers in these countries have paid little attention to how products and services might augment their behavior change programs (Community Preventive Services Task Force, 2010). However, in all settings, the program design tasks for social marketers are to identify the gaps in the marketplace and to craft new offerings shaped around the 4Ps that can improve health, well-being, and the environment.

Chapter 1 introduced the idea of the marketing mix, or the 4Ps: product, price, place, and promotion. The following sections discuss how social marketers can apply each of these elements as they define the behaviors, products, and services their programs will offer.

Product When we think about a product in terms of the marketing mix, we should be considering behaviors, products, and services as offerings that are selected and tailored to best serve people in our priority groups. For example, social marketing programs for smoking cessation might include mass media campaigns focusing on persuasive appeals to change behavior, smoking cessation hotlines and classes (services), and nicotine replacement patches and gums (products). Researchers may be interested in which of these offerings is more effective than the others; social marketers are concerned with what mix of behaviors (making trial quitting attempts through community quit-smoking contests, going cold turkey, or trying a gradual cessation plan, for example), products, and services will meet the needs of each priority group and increase group members' aggregated quit rate.

Whether the offering is a behavior one engages in or adopts or a product or service that supports or enables behavior change, the ideas of branding, relevance, and positioning come into play (Evans & Hastings, 2008b). Explicit here is the need to understand the competition, whether it takes the form of other organizations, interests, and programs or competing behaviors (a choice of doing one thing or another). Branding is not the logo, theme song, and tagline of an organization or agency, a campaign, or a program; it is what the behavior, program, and sponsor mean to the priority group of people. An exemplar is Rare, an international NGO with species conservation programs that uses a local threatened species for image and communication purposes in order to tap into national pride that supports behavior and conservation objectives (Boss, 2008). Branding and positioning will be covered in more detail in chapter 7.

For the reasons described at the beginning of this marketing mix discussion, too many social marketers in developed countries limit their thinking and actions to behavior change as their only product offering. All social marketers need to embrace, as part of their core competencies, the development and marketing of products and services that lead to or support behavior change. These products and services might not be developed by the usual social marketing organizations but instead by social entrepreneurs (cf. Pilloton, 2009) and by private companies, public agencies, or NGOs. The application of marketing principles can position and market the personal value and social benefits of these products and services to priority groups, integrate them into programs that reinforce healthier choices and environments, and develop strategies to facilitate equal access and opportunities to use them.

Price Social marketing has taken the idea of price beyond money to include psychological, social, geographical, and other rewards and punishments for everyday behaviors (Lefebvre & Flora, 1988). Economists and marketers view price not just as costs but as incentive opportunities as well (Fiszbein & Schady, 2009; Haveman, 2010). Here's a simple example: a woman in a rural village is not likely to take her sick child to a health clinic, even if the cost for services is nominal, if it takes her five hours to walk there and five more hours to return home (physical and time costs), robs her of ten or more hours she could otherwise spend working and earning a wage (opportunity cost), and risks the social alienation that may follow if her child is discovered to be HIV positive (social cost). An exclusive focus on just monetary cost limits program development as much as would a focus on only psychological, social, or physical barriers.

An inclusive view of the costs encountered by people provides insights for realigning incentives and costs for products, services, and behaviors in ways that will resonate with people and lead to better outcomes. This realignment means more than persuading people to use a new set of variables and weights in their personal calculation of the risks and benefits of acting in certain ways. Realignment also means adjusting the environment, policies, and marketplace whenever possible to shift power to the individual, giving each person the freedom to choose and to exercise basic human rights. We need to start asking ourselves questions such as these: Where do inequities in health status stem from? Is income generation a prerequisite for health improvement in impoverished communities? How do we facilitate making markets work for the poor and vulnerable? The evolution of

marketing for social change will have to expand beyond individual choices to markets and societies and how they shape the prices people confront and the choices that are available to various groups of people.

Place Lack of access to health-promoting products and services can create a large gap between wanting to engage in a healthier lifestyle and being able to do it (how do we place healthy behaviors within arm's reach of desire?). Locating condom-vending machines in bars and nightclubs; creating mobile, voluntary HIV counseling and testing services; providing one-stop locations to apply for various public welfare benefits; and limiting the sale of tobacco and alcohol products to certain types of stores or reducing the density of these outlets in particular neighborhoods are examples of place variables that social marketing programs may include in their mix. Equally important is creating access and opportunities to perform healthier behavioral alternatives—or to not perform the unhealthier behaviors. Clean indoor air laws clearly address having access to air that is not imbued with environmental tobacco smoke. Increasing the availability of fresh fruits and vegetables, providing more safe places to be physically active, and offering healthier options in restaurants and fast-food establishments are other examples of improving access and opportunities to engage in healthy behaviors. What should also become clear in these examples is that place, like the other elements of the marketing mix, does not act independently of those others. As the previous examples illustrate, the nature of the product or service can affect place (whether there will be one or multiple locations for services, for example), and place will also affect price (the effort expended to visit a one-stop application office versus visiting several offices). We can also increase the price for using tobacco and alcohol products by restricting their distribution to certain times and locations. That is why this approach is called the *marketing mix*; putting each piece together changes other pieces as well.

Although it is rarely viewed as a social marketing issue, the role of place, or distribution, lies at the heart of concerns over inequities in health status and social justice. While access to health care services and healthy foods and products comes immediately to mind when we think about distribution inequalities, Viswanath and Kreuter (2007) argue that communication inequalities (access to health information, for example) among social groups may be an underlying determinant of many social and health problems. They note that communication inequalities act as significant deterrents to obtaining and processing information; to using

information to make prevention-, treatment-, and survivorship-related decisions; and to establishing relationships with providers—all of which affect prevention and treatment outcomes. The implication of this work in communication inequalities is that change agents should be especially attentive to place when they consider the promotion element of the marketing mix. Communication messages and tactics might increase existing gaps in knowledge, health, and well-being among population groups rather than reduce them if careful consideration is not given to communicating in ways that priority groups can access, understand, and act on.

Promotion Many programs have been characterized in the literature and elsewhere as social marketing because they are mass communication (or 1P) programs. This seems to reflect the mindset presented in the Coca-Cola marketing example in chapter 1. Most people associate advertising campaigns with marketing, and there is also an ongoing confusion between marketing and "selling" something or "persuading" people to act in certain ways or use certain products. Effective marketing is in fact achieved through the mutual creation of value (a win-win situation) or an exchange of some kind. In contrast to numerous 1P campaigns for behavior change (which I will delve into further in chapter 10), promotion in the marketing mix needs to concentrate on how to communicate the value proposition of the program offering, its price, and its accessibility (place) to the priority audience in ways that attract their attention, inspire them to act, and facilitate their trying the product, service, and behavior we are offering.

Communicating behaviors, products, and services; incentives; and opportunities to priority groups has become more complicated with the current cultural and technological revolutions in communication, including the increasing use of social and mobile media and interactive websites. These changes, and their consequences for consumer behavior, have led to the realization that modern communication models that include the use of social networks and dynamic, reciprocal communication patterns need to frame our thinking and activities (Lefebvre, 2007). This new recognition also forces us to think about ways to surround people with our programs and messages and provide them with multiple opportunities to be exposed to behaviors, products, services, and communications that may lead to behavior change (Lefebvre, Olander & Levine, 1999; Resnicow & Page, 2008). We will dive more deeply into these social technologies and their role in social marketing programs in chapter 12.

Communication is also important to any organization involved in social change for developing and marshaling support for public policy initiatives among policymakers, the media, opinion leaders, and the general public. These public policy initiatives can set the agenda for offering new or expanded products and services or can change the ways in which unhealthy behaviors have been supported and healthy behaviors made difficult to practice. Media advocacy and social marketing both focus on broad population change objectives that alter the social context, environment, or marketplace in which behavior occurs—objectives such as changing attitudes toward people with mental illness, initiating community recycling programs, or enacting consumer financial protection regulations. Promotion in social marketing is more than public relations, advertising, and persuasive communication; it can also be used to set public and policy agendas in communities or across a country to build support for systemic change.

Markets and Social Marketing

Most social marketing programs occur within a *micromarketing* environment. That is, most, if not all, attention is given to understanding and influencing people through the actions of *producers*—the organizations that fund, create, and implement social change programs. The micromarketing approach uncovers needs or wants that consumers may or may not be aware of, problems we and they have identified that require solutions, and aspirations they have for both themselves and others. Producers have the responsibility of sensing these needs or demands, identifying unmet needs or unresolved problems, and using the marketing mix to develop offerings that provide personal, organizational, and social benefits. The dynamic interplay between the needs, wants, problems, and aspirations voiced by consumers and the ways producers sense and respond to them is the transactional or co-creation process. Some key aspects of the transactional process to consider are the push-pull dynamics (are marketers pushing behaviors, products, and services onto people, or are consumers pulling, or demanding, behaviors, products, and services from organizations and producers?), the value creation opportunities for both parties, and the mediators of this transaction, whether they be other people, organizations, or digital media.

It is this focus on the exchange or co-creation process between consumers and producers that also distinguishes social marketing from approaches to social change that are solely sales oriented (that is, persuasive) or top-down (that is, coercive)

(Donovan, 2011; Donovan & Henley, 2010; French & Blair-Stevens, 2010; Lefebvre & Flora, 1988). As Hastings (2007) has added, these transactions should not be perceived as zero-sum games, in which one party wins to another's loss and the winner is presumed to be the more skillful or manipulative marketer or producer. Lefebvre (1992) suggested that social marketing is a process of seeking a win-win for both organizations and the people they serve. We can expand that to a triple-win outcome scenario in which society is also a beneficiary through the *externalities* (or positive spin-offs) of the transaction.

The idea of externalities is critical for understanding the importance of markets in society and social marketing. It is the negative externalities that may accrue to society when commercial entities market products to consumers that precipitate greater scrutiny of these entities' practices. For example alcohol producers did not have plans to increase liver diseases and traffic fatalities, energy producers did not intend to turn the air into a risk factor for developing asthma, tobacco companies were not created to kill people, and certain segments of the food and beverage industry do not exist to create obese people and increase rates of diabetes. Yet few people doubt that these consequences, or externalities, need to be put under control if not eliminated entirely. As discussed in chapter 1, these social consequences of commercial marketing have been a longtime interest of some marketing scholars.

Echoing Hastings (2007) and Lefebvre (1992), Donovan and Henley (2010) note that positive gains and received value are essential for both parties in a successful transaction. At issue is whether the perceived benefits outweigh the costs for each party. Some social marketers have taken this last point to position exchange as a theory for change in social marketing programs (Andreasen, 1995; Hastings, 2007; Kotler & Lee, 2008; Siegel & Lotenberg, 2007). These authors suggest that individual change is determined by an internal *exchange* in which benefits and costs are weighed prior to taking action. This position reflects a *rational person* point of view about voluntary behaviors that was long held by economists and some psychologists but that is now rapidly being supplanted by data and models that take into account unconscious or automatic, emotional, and other "irrational" influences on behavioral choices.

This book takes the view that exchanges are not internal, rational decision-making processes. Rather, the classical notion of exchange involves a transaction between two parties who each have something of value to the other and where each party is free to accept or reject the offer and each party believes it is

appropriate or desirable to deal with the other (cf. Kotler, 1988). While there are concerns that using the concept of an exchange may be a form of "intellectual contortion" (Elliott, 1991), I see the emergence of S-D logic, and its idea that mutual exchanges of knowledge and resources create value for both parties (a win-win), as supporting the centrality of exchange in marketing. Facilitating exchanges among actors in a marketplace is the core of marketing, whether we think of such exchanges as involving tangible goods, knowledge and resources, or ideas and behaviors. Yet a reliance on exchange theory as a theory for all human behavior ignores the extensive literature suggesting that there are many theories of human behavior as it relates to health and social conditions (more of that discussion in the next chapter). The example of the health information marketplace that follows this section will further clarify this point.

In contrast to the micro, or individual, view of social marketing, the *macro-marketing* view provides a substantive base for moving social marketing to a new level of relevance for social change. Macromarketing is concerned with marketing systems and the effects of markets and marketing systems on society, rather than on organizations or individual customers (Mittelstaedt, Kilbourne & Mittelstaedt, 2006). Layton (2011) defines a marketing system as

- A network of individuals, groups and/or entities;
- embedded in a social matrix;
- linked directly or indirectly through sequential or shared participation in economic exchange;
- which jointly and/or collectively create value with and for customers, through the use of;
- assortments of products, services, experiences and ideas; and
- that emerge in response to or anticipation of customer demand [p. 259].

There is a lot of depth in those few phrases. The idea can be restated this way: people who share a social network and who receive value from each other through meeting or anticipating each other's needs through the exchange of products, services, experiences, and ideas are a marketing system. Layton (2011) notes that marketing systems can be found in primitive tribal societies as well as advanced Western economies. These systems may take the form of single acts of exchange

between a seller and buyer or complex interactions that involve multiple producers, many consumers, and a wide range of objects, services, and actions. Exchanges within systems might be simple planned or unplanned choices, as occur for example in a supermarket, or might involve complex, multiparty negotiations, as occur in developing partnerships and coalitions. Thus these marketing systems might be called tribes, villages, neighborhoods, or communities, or they might take the form of entire sectors of an economy, such as energy or health care.

Among social marketers in the developing world, the analysis of markets is a core competency, especially the structure and dynamics of the distribution system for products and services. Hanson, Kumaranayake, and Thomas (2001), for example, highlight the need to assess and harness local markets in order to expand and sustain access to contraceptive products in developing countries. This market-based approach has both supporters and critics (Curtis et al., 2003; Easterly, 2006). In developed countries, social marketers have shown little explicit interest in marketing systems. It is time for us to evolve our understanding of social marketing systems, a step that is consistent with the movement toward network and systems level thinking in many other disciplines and enterprises (cf. Diez Roux, 2007; Oltvai & Barabasi, 2002; Sallis et al., 2006; Watts, 2004). Mittelstaedt et al. (2006) conclude that when we can examine a transaction, including antecedents and consequences, in the context of the entire system of the marketplace, we greatly improve our ability to understand the role of markets in society. I suggest that adopting a macromarketing perspective will enhance the strategies and tools that social marketers can apply to social change.

Example of the Health Information Marketplace

This example uses the puzzle of determining how new developments in health information technology might affect consumers to explore a macromarketing perspective in social marketing. I propose that potential challenges can be identified by looking at the dynamics of the health information marketplace as expressed through its three types of actors: producers of health information, mediators of that information, and consumers of that information. For purposes of discussion, this example considers three types of producers: producers of *facts*, such as science- and evidence-based organizations; producers of *folklore*, the commonsense and intuitive understandings of health and disease that are transmitted by various means including, for example, culture; and producers of

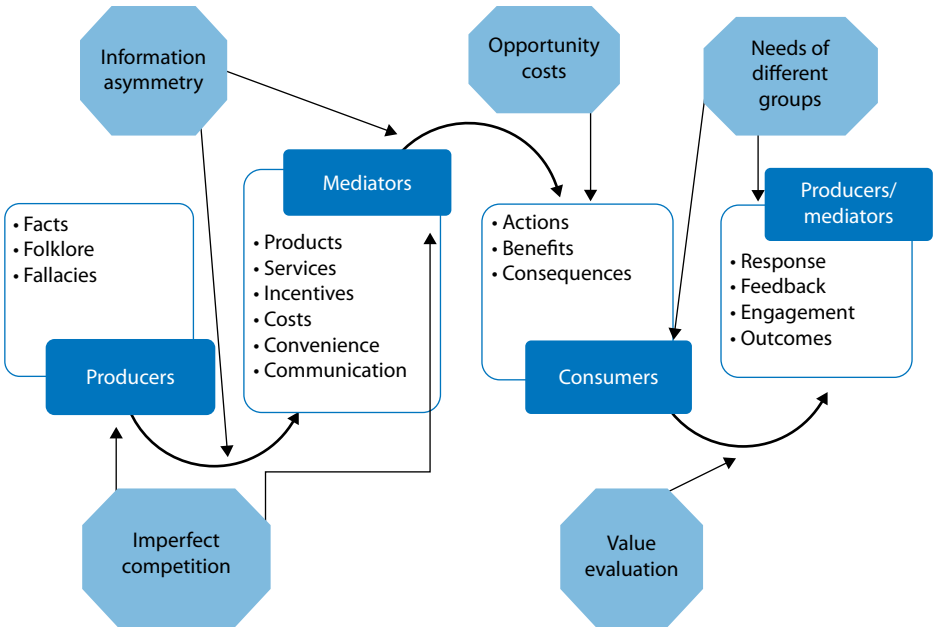
fallacies, those who traffic in unreliable or unsubstantiated information. The mediators of this produced information are the individuals and organizations that take facts, folklore, or fallacies and create various products and services around them. These mediators often use elements of the marketing mix to create incentives, minimize costs, increase accessibility and convenience, and communicate the information in persuasive ways to push it toward consumers or respond to consumer demand (for example, quick and easy solutions for weight loss). In response to these marketing efforts, consumers take a variety of actions, such as picking up brochures, paying for special diets or exotic treatment regimens, or donating to an organization to support its research and education outreach efforts. These consumers then experience certain benefits and consequences, or value-in-use, as a result.

This two-step process of moving from producers to mediators and then on to consumers has characterized the dynamics of the traditional health information marketplace. However, the development of new forms of media, their pervasive adoption by large segments of the population, and the ability they give consumers to directly interact with both producers and mediators has led to a new dynamic in this marketplace. Now producers and mediators must be concerned with engaging consumers at a much deeper level, responding to feedback from consumers—especially as it occurs in social media channels—and being held more accountable for the outcomes of their actions, products, and services. When social marketers are called on to help organizations respond to this new environment, the default decision is typically to focus on the information needs and channels of consumer groups (micromarketing). I believe that there is a role for social marketers to play in considering the strategic challenges and responses these new technologies present to the larger (macro) health information marketing system.

Thinking about health information in the marketplace also allows us to consider how various market failures can be anticipated and addressed by both public policy and program interventions (see figure 2.3). Market failures can be thought of as instances in which the pursuit of self-interest—whether by producers, mediators, or consumers—leads to outcomes that are less effective, efficient, equitable, or desirable from a social point of view (recall the earlier discussion of communication inequalities). Five such market failures are depicted in the figure; some of them may be recognizable to you in your own work.

Imperfect competition exists when only a few actors are producing information or acting as the mediators of it or when one actor dominates the market in

FIGURE 2.3 Areas for market failures in the health information marketplace



producing or disseminating information. Imagine for a moment that only the federal government or only one business or NGO funded and produced all the research about a certain disease and its treatment. Would you trust this information? Believe that it evenhandedly considered all the alternative approaches? Think it was satisfactory for all information about the disease to come from only that one source? Imperfect competition is also seen when certain bits of folklore or fallacies come to dominate the way consumers think about and act on such issues as childhood immunizations or the prevention and treatment of HIV. One concern many public health agencies now have is that new communication technologies can facilitate the production and availability of inaccurate health information in the marketplace; at the same time it is also true that these new technologies provide innovative tools for detecting and addressing misinformation (Eysenbach, 2002).

Information asymmetry occurs when one party has more or better information than another in the market system. Such asymmetries are most apparent in professional-client relationships, such as the ones between health care professionals

and their patients, where the professional is acknowledged and sought out for an expertise the patient does not possess. The advent of the World Wide Web, however, has made health and medical information more easily accessible to patients. As a consequence, many health care professionals have faced the challenge of having better-informed patients who were not only bringing information from health websites to their appointments but offering their own self-diagnoses and prescriptions for treatment (Murray et al., 2003). It is not surprising that many health care professionals express deep skepticism and concern over the proliferation of health and medical websites; these sites disrupt the status quo by reducing the information asymmetry in the relationship.

Information asymmetries can be fostered when producers and mediators selectively incorporate (or curate) facts along with folklore and fallacies into their products and services to sell "folk remedies" or counterfeit drugs to treat malaria or tuberculosis. Other types of asymmetry occur when mediators make decisions about how to package and present the features of products and services ("new," "improved," "certified") or make other decisions that lead to information that is not conveyed in a culturally or linguistically relevant fashion.

The *opportunity costs* shown in figure 2.3 are the value of the alternatives that are not chosen by consumers based on the health information they have received. These opportunity costs might include financial costs of not seeking treatment when it would otherwise have been indicated, of time spent trying to decipher and understand complex medical or insurance documents, of not knowing the food they are eating or the air they are breathing is harmful to their health, or of undergoing extensive treatments for conditions when there were simpler and just as effective approaches available. In these examples, the role of information asymmetry in decision making is apparent. What opportunity costs focus on are the actions, benefits, and consequences as the consumer experiences them in the marketplace. Indeed, one definition of an at-risk population is a group of people with a personal or situational disadvantage in the marketplace that might create negative outcomes for them or society, or for both (Pechmann et al., 2011).

In keeping with this definition of an at-risk population, what social marketers focus on at the macromarketing level is whether the health information marketplace is meeting the *needs of different groups* or whether it is putting some subgroups at a disadvantage through one or more market failures. For example, concerns can be raised as to whether the specific needs of people with low health literacy are being met; whether appropriate resources are being directed toward

meeting the needs of the gay, lesbian, bisexual, and transgender community; and whether information is being made accessible to people with various forms of physical and cognitive handicaps. The macromarketing perspective asks whether these needs are being met by the system of health information production and distribution (mediation), and if not, how the system could be developed or altered through public policy, incentives, and marketing strategies to better address these needs. In any discussion of health disparities, ideas for changing the health information marketing system to address such disparities need to be as large a concern for policymakers as funding and developing more tailored programs to address them at the local level.

The final asymmetry addressed in this analysis concerns *value expectation*; that is, how does the consumer expect to benefit from health information and how is that satisfaction or dissatisfaction related to producer and mediator engagement, response, feedback, and outcomes? Clearly, one source of market failure can be that different consumers have different expectations for the benefits they will receive from certain types of health information, ranging from consumers who are totally disinterested to those who immerse themselves in gathering the latest information to achieve better health or longevity. For example, different types of consumers have been found to have very different preferences and motivations for having nutrition information on food packages (Grunert & Wills, 2007). And we could anticipate that these different value expectations will color their response to health information as well as the level of feedback and engagement they have with the information source. Especially in an era of social media, producers and distributors of information of all kinds are finding that the level of consumer response and feedback, as well as the facility with which a company or agency responds to this feedback, can have significant consequences for their enterprise (Li & Bernoff, 2008).

This discussion of macromarketing and the illustrative case of the health information marketplace is intended to provoke discussion and research among social marketers. Macromarketing, or systems thinking, can be applied to many social puzzles where marketing principles, techniques, and innovation are at issue. Learning to think out of the *individual* box and in terms of networks and systems is going to be a challenge for some marketers. Some will say that they do not have control over these powerful and ubiquitous marketing systems, but this is a hollow argument. Yes, one group in a community may not be able to change the marketing practices of a global giant, but instances of local ordinances that

restrict the marketing practices of tobacco companies, or eliminate corporate sponsorships of sporting events, or create programs for nutrition information in local restaurants are examples of the opposite truth. Local marketplaces can be changed, and these changes can in turn spur broader changes in national and regional markets. Some people will argue that these are examples of media advocacy, not marketing (cf. Wallack, Dorfman, Jernigan & Themba, 1993). What these same people do not recognize is that many media advocacy projects are explicitly designed to influence marketing practices and systems (to restrict advertising, to increase prices through tax policies, or to limit product distribution outlets, for example). Too many of us have been so caught up in individual behavior change that we have been blind to the larger marketing context in which we all live and where solutions to our puzzles may lie. I hope that these initial chapters have begun a process of change with you.

ETHICS FOR SOCIAL MARKETING

The scope of the concepts covered in this chapter may leave readers breathless—and concerned. Such a sweeping view of social marketing—changing people's behaviors, community and social norms, public policies and markets—rightly raises the question of what guide rails exist to keep social marketers and social change agents from straying into dangerous terrain or areas where they do not belong or creating intentional or unintentional harm or injury to people, communities, or society.

It is a question that many social marketers and others have grappled with over the years. Ethics are interwoven into virtually every decision a social marketer or any other social change agent makes, from determining whether there is a problem (as perceived by whom?) to answering questions like these: Who determines what the *social good* is? What group or organization is our impetus and principal supporter (financial or otherwise)? Why are we using certain theories of change rather than others (are we, for example, starting from a micromarketing premise of "blaming the victim")? What behaviors should be changed or offered as alternatives? Should we directly take on competitors (such as groups with a religious opposition to certain practices or groups that oppose fluoridation or childhood vaccinations)? Should we focus on priority groups and, if so, which ones (and could we stigmatize or disempower groups in the process)? How should our

offerings be positioned (and are the value propositions or benefits truthful)? What design should we have for the marketing mix and tactics (should we, for example, focus on a communication campaign knowing that adequate access to the promoted products or services is not available to certain groups of people)? How should we conduct our research and evaluation activities (is privacy protected, for example)? Are we contributing to increases in inequalities (for example, in access to products and services, information, risk behaviors, or disease or death from certain causes)? Which organizations should we collaborate or partner with (will we avoid alcohol, big oil, firearms, and tobacco companies for starters)? Might our program infringe on the rights or undermine the credibility of stakeholders? Are we being trustworthy stewards of public goodwill (and in many cases public monies)? Have we given careful thought to preventing or mitigating foreseeable negative or unintentional consequences of our program? Are we respecting people's rights, dignity, and capacity for self-determination by ensuring that we are not projecting a "moral imperialism," imposing the tyranny of the majority or the biases and prejudices of particular elected or unelected groups, leveraging power differences, or resorting to outright propaganda or manipulation? (See Andreasen, 1995; Brenkert, 2002; Donovan & Henley, 2010; Hastings, 2007; Kotler & Roberto, 1989; Lee & Kotler, 2011; O'Shaughnessy, 1996; Siegel and Lotenberg, 2007; Truss & White, 2010.)

Few of the authors just cited, or I, can offer you absolute answers on what is ethical or not in all times and places. However, some general suggestions for guide rails follow:

- Do no harm to others (physically, psychologically, or socially).
- Treat everyone fairly and equally.
- Be truthful and transparent.
- Protect people's privacy.
- Avoid stereotyping and scapegoating.
- Respect people's dignity and free choice.
- Use research-based evidence to make decisions whenever possible.
- Seek consensus on program goals, objectives, and strategies from involved parties and stakeholders.

- Be inclusive during the program design phase.
- Conduct an ethical review of the program before launch, preferably with external representatives from the community or peer groups.

Yes, there are many ethical questions to consider; though I also think they are not unique to social marketing programs. However, it is important to reflect upon these questions whenever we step out of the clinical encounter into the real world. Social change always involves or affects people who often do not agree among themselves and who have different life circumstances and perspectives. Each of these people is involved in a political process (and I do not necessarily break this down by political party affiliation) in which on the one hand each person is striving to pursue his or her own self-interest and welfare and on the other hand is trying to be involved with other people in achieving things as a community. The debate that social marketers and change agents will always get caught up in is who gets what, and when and how? Often social marketers find themselves at an intersection, or collision zone, where individual rights and social good are framed, debated, and passionately fought over as decisions are made about how to pursue collective action for the collective good and how to answer the what, when, and how questions (cf. Stone, 1997). We need to be on guard that these political decisions do not overwhelm the ethical ones.

SUMMARY

Despite the popular perception, social marketing is more than the development of messages aimed at target audiences to persuade or cajole them into acting differently. At its essence, social marketing is using marketing to improve social conditions. Social conditions change when behaviors, environments, and policies change. Social marketing is an evolving set of strategies and tools that demands of its practitioners an unrelenting focus on people and their perceptions and realities as the basis of program design and implementation. In a "power" vernacular, some people might call it a bottom-up versus a top-down approach, but marketers view the approach as one of equality, where an exchange or co-creation of value is the primary relationship to be established with people formerly known as the audience.

This chapter has looked at three strategic models managers can use when initially considering what their social marketing activities might aspire to achieve and how to implement this achievement. While some try to demarcate various approaches to social change (using education, psychology, the law, advocacy, or entertainment), other social marketers embrace the interdisciplinary nature of the tools that are available for social change efforts. At the end of the day it is whether these tools are applied deliberately and effectively, with the consumers' point of view informing and guiding the process, that draws a critical distinction between marketing approaches and other approaches that do not have this people orientation infused into the process. I used the health information marketplace to illustrate how social marketing can apply a macromarketing perspective to understanding systems in order to identify market failures and address these failures through programs and policies that reduce inequalities among at-risk populations. And the last section noted many of the ethical questions that can rightfully be raised throughout the process of designing, implementing, and evaluating a social marketing program. The point I do not want you to lose sight of is that in the world of social change, the dynamics of the political process are always present.

KEY TERMS

benefits
ecological models
ecological validity
externalities
imperfect competition
information asymmetry
integrative model
market failure
marketing mix
marketing systems
MOA model
operational social marketing
opportunity costs
people and places framework,
priority group
push-pull dynamics
strategic social marketing
target behavior
value expectation

DISCUSSION QUESTIONS

1. What does social marketing gain or lose when it is focused only on individual behavior change? Can education, economic, technological, and legal approaches to behavior change fit with a marketing approach to social change? Create an example where all five of these factors might be applied to a social issue.
2. How do the Rothschild model and the people and places framework complement each other, and how are they different from each other? Think about applying first one and then the other to the same social puzzle. How would the approaches differ from each other?
3. What are the differences between and implications of *doing social marketing* and *doing marketing for social good*? Should marketing be the core discipline of social marketing, or are there alternatives?
4. Review the two main tenets of the integrated approach to social marketing. How would you describe these tenets to the members of an organization that was considering a marketing approach, and how would you express that approach to them? *Suggestion: role-play a presentation that helps people understand why they should go with marketing.*

Chapter 3

Determinants, Context, and Consequences for Individual and Social Change

Effective solutions must take a variety of concerns into account; just like this Cartagena, Columbia, intersection, which must accommodate public transportation, taxis, outdoor vendors, and pedestrians. (Image courtesy of the author.)

Learning Objectives

- Discuss five ways in which theories can influence the design and implementation of a social marketing program.
- Describe how concepts such as vital behaviors and advocacy can be incorporated into social marketing programs.
- Understand how the micro-macro problem presents unique challenges in developing social change programs.
- Identify social theories and strategies that can guide social marketing and social change efforts.
- Recognize how social marketing can be used to address larger issues of the role of marketing in society.

Social marketing has been presented and understood as an approach to individual behavior change in which psychological stage models, such as the transtheoretical model (Prochaska & DiClemente, 1983), are used to segment audiences, and the marketing mix is used to identify and reduce barriers or costs and increase benefits for behavior change (Andreasen, 1995; Kotler & Lee, 2008; Lee & Kotler, 2011). This theory has guided many marketers' approach to discovering what the desired behavior might be, its possible determinants, the context in which it occurs—or not—and the consequences that people and society incur. I offer that to fully develop the discipline of social marketing and its promise to be a positive force for social change, we must think about change as it occurs among groups of people (segments, social networks) and at different levels of society (organizations, communities, physical environments, markets, and public policies). This perspective builds on the discussion of macromarketing in chapter 2 and helps us to use the micro-macro dilemma as a framework for building scale into our efforts. Overall, this chapter looks at the ways in which social marketing has been incorporating theories of social capital, community development, social diffusion, and social networks to develop change strategies that are well suited to the wicked problems we need to address.

This discussion of theories for change presumes that all marketing involves the reciprocal influence of the behaviors of a variety of actors who are known by such labels as audiences, influencers, stakeholders, consumers, suppliers, partners, and policymakers. Depending on the actor and the objective of the program,

marketers may be trying to increase some behaviors (healthy eating, physical activity, recycling), decrease other behaviors (tobacco use, risky sexual behaviors, energy use), encourage participation in social change activities (citizen engagement, social mobilization), or gain support for environmental change (adopt policies, redesign such physical entities as automobile safety features or entertainment content). The people who are the focus of these activities and the changes they are asked to make are largely a function of the framework (or *theory of change*) that marketers bring to the task. In the following section, I review some of the common frameworks employed by social marketers for many different puzzles.

WHY USE THEORY?

Everyone has assumptions and explanations about how and why people think and behave the way they do; these are often referred to as naive or commonsense theories (Heider, 1958; Nisbett & Bellows, 1977; Reisenzein & Rudolph, 2008; Watts, 2011). These theories are often rooted in an individual's culture and might, for example, present themselves in discussions of whether people will accept voluntary counseling and testing and the provision of antiretroviral therapies for HIV/AIDS (Roura et al., 2009), the types of foods people will eat—or not—(Kumanyika, 2008), or the ways in which people will conserve energy (Nolan, Schultz, Cialdini, Goldstein & Griskevicius, 2008).

Many social change agents are familiar with the difficulties of addressing other people's cultural beliefs as they relate to health and social behaviors; we need to remind ourselves that we are just as susceptible to the influence of our own commonsense theories as we design social marketing programs. This is why many social marketers stress the need to base programs on empirically validated models and theories in order to understand and influence the many variables that affect human behavior (Blair-Stevens, Reynolds & Christopoulos, 2010; Donovan & Henley, 2010; Hastings, 2007; Lefebvre, 2001; Novelli, 1990). Theories, whether based on common sense, past experience, or empirical evidence, create frameworks for our work. Specifically, they serve to

- Explain how or why things are related
- Guide us in identifying what we ought to focus on
- Suggest what questions we should ask

- Lead us to assumptions about what we should do about the problem
- Suggest the types of outcomes we should set
- Determine how we measure success

Some people brush aside discussions of theory as something best left to academics. Yet using the wrong theory to understand a problem and develop strategies to address it is one of the primary sources of program failures (Hornik, 1998). As a planning system, social marketing can incorporate and blend into program development an understanding of, or theory about, individual and group behaviors (cf. DiClemente, Crosby & Kegler, 2009; Glanz, Rimer & Viswanath, 2008; Kahneman, 2011), social systems and policy development (cf. Stone, 1997), and healthy environments (cf. Jackson, 2012).

SOCIAL MARKETING DECISION POINTS WHERE THEORY CAN MAKE A DIFFERENCE

Theory can help you choose appropriately when you are deciding

- What problem to tackle—and how
- How to segment populations
- What the program objectives should be
- Which priority audiences to choose, and how to characterize them
- What questions to ask in formative research
- What program strategies and tactics to use
- How to develop and test these strategies and tactics
- Which messages may best resonate with specific groups of people
- Which benefits and barriers are most in need of attention
- How to best promote behaviors, messages, products, and services

Source: Adapted from Lefebvre, 2001.

Among the more popular theories and models used in social marketing programs are the *stages of change* model (Prochaska & DiClemente, 1983), *health belief model* (Rosenstock, Strecher & Becker, 1988), *social-cognitive* theory (Bandura, 1986), and *diffusion of innovations* theory (Rogers, 1995). Table 3.1 presents some of the key variables of each of these theories that are used to explain and change behavior, and illustrative strategies for each one.

All of these theories stress attention to internal processes such as cognitions (what people think and perceive), appraisals of costs and benefits, and expectations of consequences for maintaining or changing behavior. Skills development is also explicitly part of the learning of new behaviors, whether that is done by observing others or through direct experience. As noted earlier, these are the most commonly cited theories that guide social marketing efforts (Lefebvre, 2001). We should not be surprised then that most social marketing programs focus almost exclusively on individual behavior change. It is only when we switch to social-cognitive and diffusion theories that we begin to consider aspects of a person's "outside world," or environment, in solving the puzzles that are presented to us. Each of these theories offers certain perspectives on change that are important for some social marketing efforts; certainly tactics such as providing reminders to act, correcting misperceptions about threats, and increasing the salience of benefits or positive consequences for change should not be tossed out of the social marketing toolbox just because the theory they come from is not the primary one being used in our program. Rather, I recommend that you consider the benefits of *eclectic theorizing*—using the parts of theories that best fit the people and puzzle you are faced with, rather than forcing people and context into one understanding and approach and ignoring other alternatives.

In the next sections, I look at models that integrate research from a variety of perspectives to guide social change efforts and establish new fronts in solving puzzles of human behavior and social change.

Vital Behaviors and Sources of Influence

Patterson, Grenny, Maxfield, McMillan, and Switzler (2008) take the essentials of the social-cognitive approach and focus on the idea of identifying *vital behaviors* that will drive a big change or lead to a cascade of changes. These vital behaviors can be identified through research and by observing what the people who already engage in the desired behavior (the positive deviants) do; the ways in which people who once practiced the behavior, relapsed and then returned to it, managed this

TABLE 3.1 Key explanatory variables and sample actions of theories often used in social marketing programs

Theory or model	Variable	Description
Stages of change	Precontemplation	People are not aware of risk and/or not thinking about changing their behavior. (Need to raise their awareness and recommend a solution.)
	Contemplation	People are aware of risk and concerned and knowledgeable about alternative behaviors and choices. (Help them to identify perceived barriers and see the benefits of adopting new behaviors, making other choices.)
	Preparation	People are motivated to change and may be making plans to do so—often measured as intention to change in next 6 months. (Provide information to increase perceived benefits of action; provide information and support to make change; use social groups to model and motivate action.)
	Action	People are engaging in new behaviors and making new choices. (Provide opportunities to reinforce and improve skills; emphasize benefits of new behavior; reduce barriers through problem solving; create environmental and social supports for continuing new behaviors and choices.)
	Maintenance	People continue to engage in new behaviors for at least 6 months. (Remind them of the benefits of new behavior; increase their confidence that they can sustain it; increase or maintain environmental and social supports.)
Health belief model	Susceptibility	People perceive vulnerability to threat or harm from behaviors and choices. (Use information and emotional appeals to increase their sense of personal susceptibility.)
	Severity	People perceive the negative consequences of engaging in behaviors or making choices. (Use information and imagery to make the consequences more immediate and harmful.)
	Threat	People perceive a combination of perceived susceptibility and threat. (Increase both perceived susceptibility and severity to motivate action while not overwhelming people to the point where denial or fatalism results in inaction and withdrawal.)

TABLE 3.1 (*Continued*)

Theory or model	Variable	Description
	Perceived benefits	Beliefs that various actions can reduce personal susceptibility to a threat or to the consequences (severity). (Provide information and social models for experiencing the benefits of new behaviors and choices.)
	Perceived barriers	Beliefs about the tangible, psychological, and social costs for changing behaviors and choices. (Use reassurance; correct misinformation about threat; provide incentives and social and environmental supports for action.)
	Cues to action	Prompts and reminders to take new actions or make other choices. (Use point-of-choice programs and reminder systems of various types.)
Social-cognitive theory	Reciprocal determinism	Behavior changes result from interaction between person and environment; change is bidirectional. (Involve the individual and relevant others; work to change the environment, if warranted.)
	Behavioral capability	Knowledge and skills to perform or engage in the desired behavior. (Provide information and training about action.)
	Expectations	Beliefs about the likely results of actions and choices. (Incorporate information about the likely results of action in advice.)
	Self-efficacy	Confidence in ability to take action and persist in it. (Point out strengths; use persuasion and encouragement; approach behavior change in small steps to maximize opportunities for success; increase confidence.)
	Observational learning	Observing others who are like oneself engaging in desired behavior and/or seeing the results they have from engaging in new behaviors or making different choices. (Point out others' experience; make positive consequences [incentives] visible; identify role models to emulate.)
	Reinforcement	Responses to a person's behavior that increase or decrease the chances of recurrence. (Provide incentives and rewards; encourage self-rewards; decrease the possibility of negative social and environmental responses that may deter new behaviors and choices.)

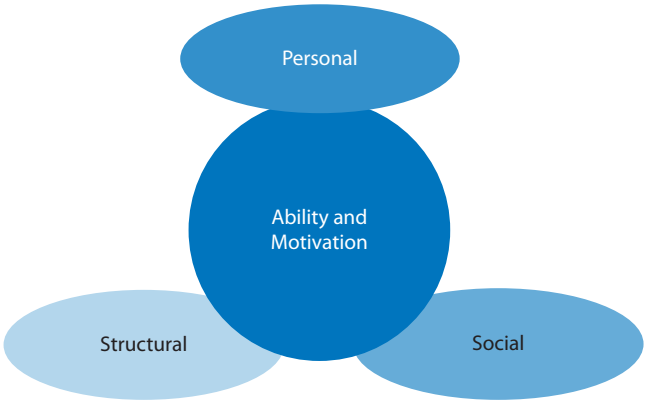
(*Continued*)

TABLE 3.1 Key explanatory variables and sample actions of theories often used in social marketing programs (*Continued*)

Theory or model	Variable	Description
Diffusion of innovations	Relative advantage	New behaviors (ideas, products, services, or programs) will be adopted only if they are seen as offering economic, social, utilitarian, or other advantages over current ones. (Focus on personal or organizational benefits and compare them with current outcomes of choices and behaviors.)
	Compatibility	New choices and behaviors must be relevant and fit into everyday routines, self-perceptions, and values. (Design new behaviors, products, and services to serve user needs and lifestyles; allow adopters to alter or modify offerings to fit their own needs and context.)
	Complexity	New behaviors and choices that are seen as easy to do and make are more likely to be successfully adopted. (Approach change in incremental steps; tailor offerings to unique personal and social characteristics.)
	Trialability	People adopt behaviors, products, and services they can try out first. (Offer people opportunities to try new products, services, and behaviors without explicit long-term commitments; run pilot projects.)
	Observability	Benefits of new behaviors and choices need to be easily identified and visible to others. (Promote new behaviors via storytelling and case studies; create short-term, tangible benefits.)

recovery; and the best practices of people who consistently engage in the desired behavior. Patterson et al. describe some of the vital behaviors that have been identified. For example, for people with diabetes the key behaviors are to test their blood sugar four times a day and adjust their insulin appropriately to keep blood glucose under tight control. For improving customer satisfaction in health care settings, it is vital for staff to smile, make eye contact, identify themselves, let people know what they are doing and why, and end each interaction with a patient or family member by asking, "Is there anything else that you need?" For successful weight loss, research shows that exercising on home equipment, eating breakfast, and weighing oneself daily are the significant predictors of long-term maintenance

FIGURE 3.1 Sources of influence on behavior



Source: Patterson et al., 2008.

of weight loss. It is the vital behaviors that should become the targets of social marketing programs, not the at-risk behaviors that dominate much of the practice.

Patterson et al. (2008) also look at the sources of influences on people's behavior. As shown in figure 3.1, the ability and motivation to engage in any behavior is influenced by personal, structural, and social variables. A person's perception of his or her own ability comes down to the question of self-efficacy: Can I do it? Patterson et al. propose that to influence self-efficacy, we must create experiences that encourage people to surpass their limits (personal), change their environment (structural), and find strength in numbers (social). With respect to motivation, the question becomes, Is it worth it? To influence motivation, we must focus on making the behavior desirable, designing rewards and accountability to encourage and support new behaviors, and mobilizing positive peer influence.

This approach to behavior change admittedly simplifies the process. And although many change agents will present elaborate theories to use when designing a behavior change program, I suggest that the heuristic depicted in table 3.2 can be used to judge the potential of a program to influence changes in people's behavior.

Learning New Behaviors Versus Changing Them

Many social marketers and change agents assume that they should approach the task of improving personal and social well-being as a process of behavior

TABLE 3.2 Heuristic for judging approaches to changing behavior

Sources of influence	Ability (Can I do it?)	Motivation (Is it worth it?)
Personal	Are we encouraging people to surpass their limits?	Are we making the new behavior or choice desirable?
Structural	How are we changing the environment to increase confidence in being able to do new behavior?	What rewards, self-monitoring, and feedback do we have in our program to encourage and support new behavior?
Social	How are we finding and using strength in numbers to build confidence in abilities and positive outcomes?	How are we mobilizing and harnessing peer pressure to encourage and support behavior change?

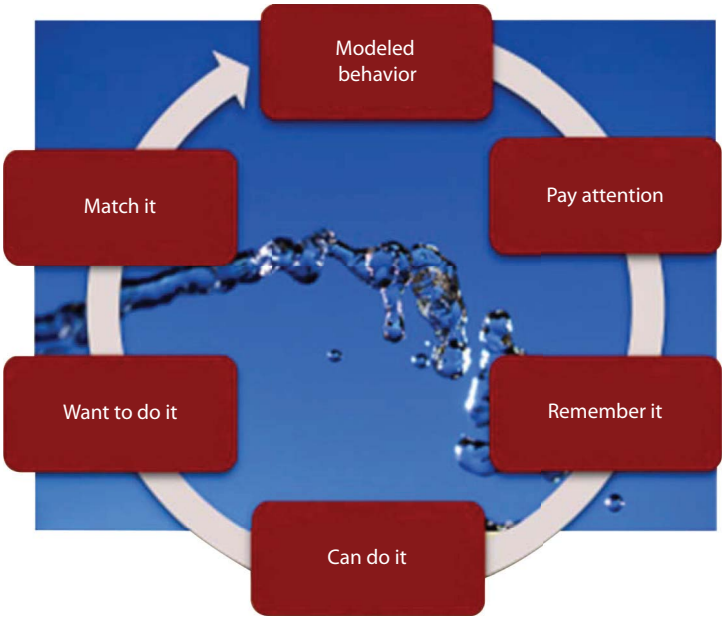
change—of somehow influencing, persuading, cajoling, or forcing people to do something differently. Yet how would we feel if someone approached us and asked us to change? The questions and resistance would be immediate. Yet somehow our common sense (our personal set of theories) dictates that we do it this way.

However, what would happen if we approached it from the point of view of the person we would like to help? We might ask that person, "Can I help you learn something new that might help you solve a problem better than what you are doing now?" The response might be very different and positive.

As it happens there is good science behind learning, much of it incorporated into the social-cognitive approach of Bandura (1986). The basic process of learning is outlined in figure 3.2. It includes (1) experiencing models that are appealing and relevant to our engaging in the desired behavior (whether these models are observed directly or vicariously through audiovisual and print media), (2) paying attention, (3) remembering the behavior, (4) believing we can do the same thing, (5) wanting to do it, and (6) then matching our performance of the new behavior with the model—but not having to try for perfection, at least at the beginning.

Table 3.3 displays some of the key research findings that can guide our programs through each stage of the learning process. Once we have decided on the desired or vital behavior to target, the table provides a framework for assessing and refining program design and implementation at the tactical level. As you can see, many of the elements reflect what this chapter has already discussed in relation to other theories of behavior change and diffusion.

FIGURE 3.2 How people learn most of the time



An Integrative Model of Behavior Prediction

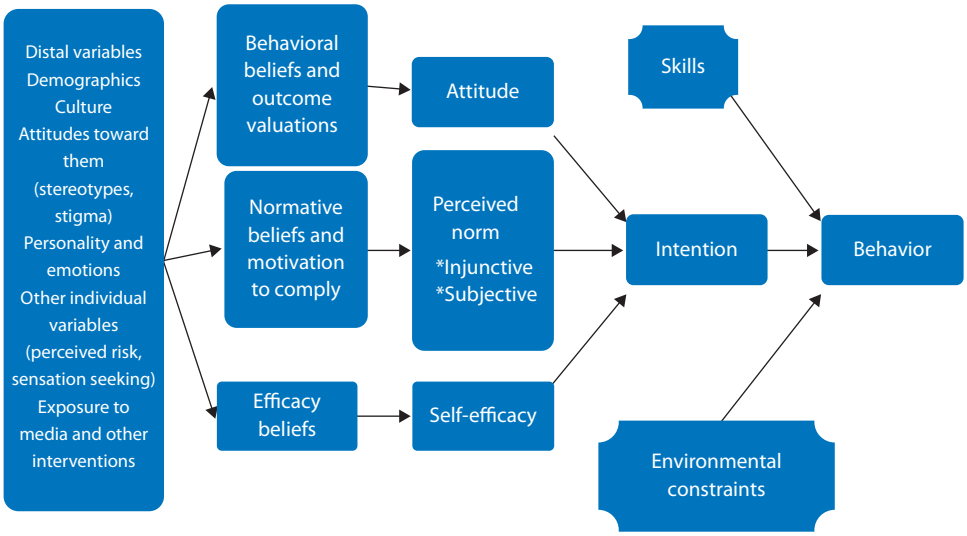
The integrative theory proposed by Fishbein and Yzer (2003) illustrates the idea of eclectic theorizing though its incorporation of three theories: the health belief model, social-cognitive theory, and the theory of reasoned action. Fishbein and Yzer developed this integrative theory for change agents to use to guide their decision making when developing interventions and determining who the priority groups will be, what the objectives should be, and what will make the program most successful. In this model (see figure 3.3), whether a specific behavior is performed depends upon (1) the person's intention to engage in that behavior, (2) whether the person has the requisite skills and abilities to perform the behavior, and (3) whether there are environmental constraints on performing the behavior.

To take an example from a family-planning project I was involved with, the stated objective was to improve the likelihood that young adult women would engage in family-planning behaviors and use appropriate products and services.

TABLE 3.3 Tactical steps to increase learning of new behaviors

Learning requirement	Tactics
Paying attention to the behavior	Make the behavior important to people at the moment (it fits preconceptions, interests). Let it move them emotionally. Make sure it's not too complicated. Make it ubiquitous or frequent. Show how it's useful to solve a problem (cope with the environment).
Remembering the behavior	Convert information to images and easily used words, phrases, and slogans. Create "rules" ("do this when . . . ") or a prototype behavior ("eat five a day"). Help people learn to talk themselves through situations, feelings, and so forth. Have them rehearse the behavior—mentally (cognitively) or in actual practice.
Having the ability to enact the behavior	Let people see themselves doing it. Support opportunities to practice it (get better at it). Enable the necessary component skills to do it (within biological and physical constraints). Give or provide feedback (intrinsic and extrinsic); make the unobservable observable (performance feedback).
Wanting to do the behavior	Help people see that the new behavior has greater functional value or carries a lower risk of negative consequences than the current one. Understand that performing a new behavior results from three types of incentives: The allure of direct, tangible rewards Observed or vicarious rewards (experience though others) Self-produced rewards
Comparing oneself with the modeled or desired behavior	Help people understand the difference between the desirable or aspirational behavior and what's relevant and possible in their lives. Create a context for their behaviors. Let them gradually learn the rules and shape the behavior in small steps rather than try to master it all at once. Make observable features for them to pay attention to (self-monitoring tools).

FIGURE 3.3 An integrative model of behavior prediction



Source: Fishbein & Yzer, 2003.

Using the integrative model to understand how we might influence the use of family-planning products and services, my colleagues and I first looked at what environmental constraints might be preventing our priority group from accessing the services or using the products. Second, we assessed through interviews and focus groups whether women from the priority group had the necessary skills to purchase and effectively use family-planning methods. Expecting from the theory that these women might not have strong intentions to perform the behavior, we also used these interviews and groups to explore their (1) attitudes toward performing the behaviors, (2) perceived norms about performing the behaviors, and (3) perceived self-efficacy, or confidence, in being able to perform the behaviors (including scheduling appointments at a family-planning clinic, keeping the appointments, purchasing or receiving free pregnancy prevention products, and then using them consistently). The theory suggests that attitudes, norms, and self-efficacy are affected by a host of possible determinants that will vary by each specific behavior, by the characteristics of the women (or subgroups of them), and by the context (especially the environmental constraints) in which each behavior is to be performed. Among the major determinants of these expectations are culture,

attitudes of others toward the women or the behavior of using family-planning methods (for example, stigmatization or stereotypes), emotional state, other factors such as perceived risk and susceptibility, and exposure to communication and other messages (mass media, social network, and interpersonal) about the behavior. Considering all these possibilities helped us create the questions and probes we then used in our formative research studies.

When we applied this approach to the formative research for the family-planning project, some of our theory-driven research found the following:

- To improve the likelihood of engaging in family-planning behaviors, first we needed to look at what environmental constraints might be preventing the women in our priority population from engaging in them, and then design intervention strategies and tactics to help women overcome these constraints.

  Women in our studies identified these constraints: only a few facilities available in rural counties; busy clinic staff, making local outreach and promotion efforts difficult; finding time in their busy schedules for setting clinic appointments; and difficulties using the centralized referral service.

- We needed to assess whether the women had the necessary skills to access and effectively use family-planning services and methods over time.

  Here we found that not understanding the eligibility criteria (due to confusing messaging and low literacy skills), nonadherence to birth control methods over time (discontinuing pills or missing doses), and also reports of broken condoms leading to unwanted pregnancies were the most common problems reported by these women.

- When the women did not have strong intentions to perform the behavior, we needed to look at changing (1) attitudes toward performing the behavior, (2) perceived norms about performing the behavior, and (3) perceived self-efficacy, or confidence in being able to perform the behavior.

  Among the determinants of these intentions we found that conservative community values played an important role in reducing conversations and public education activities around family planning. We heard few comments related to negative personal, peer, or social attitudes toward these women's personally using birth control. Indeed, there were generally favorable attitudes about delaying pregnancy until a woman had graduated from school, had a steady job and boyfriend, and was otherwise "ready" to raise a child. We did

not hear much about women believing that they were not susceptible to becoming pregnant (though research by other investigators reported in the literature informs us that this is the most common reason for women to discontinue using contraceptives). There was also evidence that these women did talk with each other about birth control, though no common times or places for these conversations were discovered that might guide a communication strategy.

This example demonstrates how theory can guide research or inquiry into a problem and ascertain how relevant the theoretical variables related to determinants, context, and consequences are in real life. In this example, theory gave my colleagues and me a set of hypotheses to test among the women who participated in our focus groups. It did not lead us to conclusions that were statistically reliable and generalizable to all women of that age, but that was not our intention. Our intention was to develop insights into how to solve the puzzle of increasing the number of women engaging in regular family-planning behaviors. And given that objective, the results suggested a number of options and opportunities. I will continue this story, but now through a different theoretical lens.

The Process of Behavior Change Framework

The *process of behavior change* framework (Piotrow, Kincaid, Rimon & Rinehart, 1997) proposes that people seeking or using family-planning and reproductive health services move through a variety of intermediate steps, or stages, in the behavior change process. These stages are

- *Preknowledgeable*: they are unaware of the problem or their personal risk.
- *Knowledgeable*: they are aware of the problem and understand what the desired behaviors are (in this example, use of modern contraceptive methods).
- *Approving*: they are personally in favor of the desired behaviors.
- *Intending*: they personally express the desire to take the desired actions.
- *Practicing*: they are actively engaged in the desired behaviors (such as regularly using contraceptive methods).

- *Advocating*: they are not only practicing the behaviors (such as family-planning methods) but advocating them to others. Once people reach this stage they become effective change agents among their peers and within their social networks.

At a glance this model resembles the stages of change approach with its phases of precontemplation, contemplation, preparation, action, and maintenance in the behavior change process (Prochaska & DiClemente, 1983). However, there is one vital distinction: advocating. What Piotrow et al. (1997) found in their research on improving family-planning practices in developing countries was that women (and men) who became advocates for family planning were more likely to sustain these practices than people who practiced but did not preach.

In the world of social media and technologies, the idea that social marketers should be providing opportunities for people to pass along messages has become common strategic advice (Lefebvre, 2007; Li & Bernoff, 2008). The insight from the process of behavior change framework is that we should pay attention to the advocacy stage and its related behaviors, especially in the context of family planning. The importance of advocacy as a behavior maintenance strategy provides us with the theoretical grounding to think about and use social processes in our social change activities—whether they are digitally mediated (through social media and mobile technologies) or use other interpersonal channels. Indeed, the empirically based benefit attached to the advocacy stage offers a rationale for using social media to address family-planning issues.

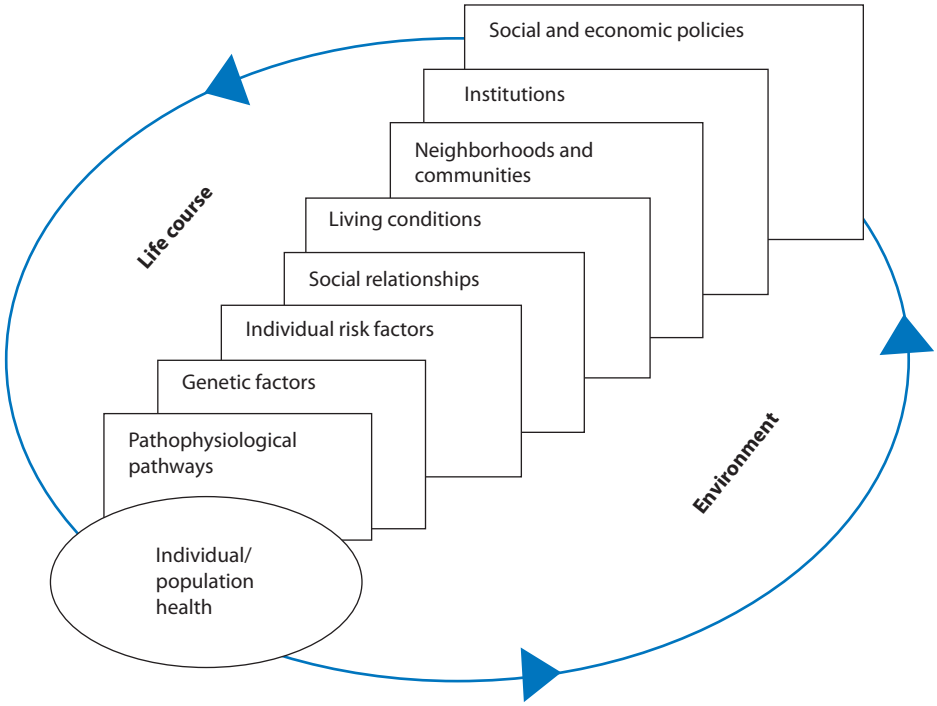
Returning to the family-planning project, this model gave me and my colleagues a theoretical rationale for segmenting and prioritizing groups (or selecting and concentrating on certain ones first). As we reviewed the framework, it was clear that women in each of these stages would be thinking (or not) and acting (or not) differently with respect to family-planning practices. Each group of women would have different decisions and behaviors to engage in relevant to the stage they were in. What became noteworthy to us was that advocacy behaviors within a person's social network could serve not just as a behavioral maintenance strategy but as a recruitment and social media strategy as well. Our strategic insight was generated by exploring the question of how we could work with users so that they would become advocates for family planning through their social network sites (such as Facebook and MySpace in this example), text messaging (SMS), and other interpersonal networks. A substantial portion of our formative research with users of family-planning methods (as opposed to the nonusers we had focused on

earlier) focused on discovering how appealing the idea of recruiting and supporting others would be, as well as identifying the women's vital behaviors in maintaining long-term use of family-planning methods. We discovered that the ideas had a lot of resonance with these women and led to many suggestions for how they could do it and what tools and materials they would need, things that subsequently found their way into the program implementation plan.

FROM INDIVIDUAL TO SYSTEM LEVELS OF ANALYSIS: CHANGING SCALES OF REALITY

This chapter now switches its focus from the individual level of analysis of determinants, context, and consequences of behavior to a further problem: the analysis of these elements at a higher level of organization. This problem is revealed in social ecological models (see figure 3.4) that identify behavioral

FIGURE 3.4 Multiple levels of influence on health behaviors



Source: Gielen & Sleet, 2003.

determinants as ranging from genetic and physiological processes to neighborhood and community conditions to social and economic policies. I start with Duncan Watts, a physicist and sociologist, who presents two problems that bedevil people faced with the challenges of large and complex puzzles. He calls these the *frame problem* and the *micro-macro problem* (Watts, 2011). Both of these problems highlight the need for social change programs to adopt theoretical perspectives that are broader than individual determinants. The frame problem proposes that it is impossible to know all the potentially relevant facts and determinants of a puzzle, given the overwhelming number of possibilities and combinations of variables. Consequently, it is then difficult to focus selectively on only certain ones and ignore the others; for example, to look at only psychological determinants or to consider only solutions that employ persuasive communications. What the frame problem poses to social marketers is that we cannot know for certain whether we have selected the right set of variables when we choose a theory, or frame, to guide us in thinking about our puzzle.

The second problem Watts (2011) discusses is the micro-macro problem: one that goes to the heart of the social marketing dilemma. This dilemma emanates from our desire to achieve *macro* outcomes, ones that involve changes among large numbers of people, among population segments, or in society as a whole. Yet these outcomes are driven by the *micro* actions of individuals (for example, it is individuals whose voting behavior determines the outcome of policy options, individuals' behavior that sets the tone for an organizational culture, and individuals who connect through social network sites to organize and plan social action). This problem is embedded in definitions of social marketing as changing individual behaviors in order to achieve social good. Although the intentions are commendable, the actual process of moving from individual behavior change to changes at the societal level is ignored, as if this transition will occur automatically—that it is simply a matter of increasing the numbers of people practicing the behavior. As Watts (2011) notes, how micro behaviors become macro solutions is a puzzle in search of an explanation in many disciplines, and this puzzle cannot be simply dismissed or explained away as inconsequential. Moreover, this process does not occur in a simple linear manner, as is suggested by phrases such as "increasing the numbers."

An analogy from biology helps to illustrate the problem. What if we were to consider the entire span of human existence? How do atoms become molecules? How do molecules form amino acids? How do amino acids and other chemicals interact to create a living cell? How do some of these cells organize and specialize

to become the brain? And how does this brain develop consciousness and contemplate its eternal existence? The point Watts is making is that many disciplines work with many different scales of reality and they are difficult to integrate. For example, how can we explain consciousness by the chemical activity of a single neuron? The short answer is that we do not. Instead, biologists and other scientists invoke the idea of *emergence* to describe the shifting from one scale of reality to the next, and use ideas such as complexity, interactions, and systems to consider more than one scale at a time (an atomic scale versus a biochemical or physiological one). To bring this problem back into the social marketing world, believing that social change will happen "one person at a time" does not conform to what we know about emergence in many other disciplines. It is analogous to believing that consciousness can be explained by the action of a neuron or even many neurons; it may be convenient to think like this, but throughout his book, Watts (2011) takes on these logical fictions with data. Changes in complex social systems involve interactions between people and systems, just as neurons must be connected and interact with each other in systematic ways to create what we refer to as consciousness. This means that social change programs need to consider more than one scale of reality at a time, including scales relating to individuals, social networks, formal and informal organizations, markets, and government regulations and policies. The remainder of this chapter brings together some ways of thinking about these scales.

Behavioral Economics

Behavioral economics has captured the imagination of business leaders, policymakers, and the general public with the publication of several popular books (Ariely, 2008; Kahneman, 2011; Levitt & Dubner, 2005; Thaler & Sunstein, 2008). Behavioral economics is particularly important to social marketers as it has successfully unseated the model of the *rational man* (or *rational person* in the more recent discussions)—the idea of the individual who consciously and deliberately weighs pros and cons in making choices and acting in certain ways—that underlies much economic and marketing thought (cf. Andreasen, 1995; Zaltman, 2003). Behavioral economics research, as well as work in related disciplines, has now given primacy to the view that automatic (or unconscious) and social reasons explain a large part of why people behave the way they do. The emerging consensus is that in daily life the rational weighing of pros and cons for making decisions and engaging in behaviors is the exception rather than the rule. This

shift in our understanding undermines the traditional notion of social marketing as activities directed toward increasing pros, or benefits, and reducing cons, or barriers, as described by Andreasen (1995), Kotler and Lee (2008), and McKenzie-Mohr, Lee, Schultz, and Kotler (2012), among others.

The rational person model holds that people are motivated primarily by material incentives and make decisions in a rational manner based on their consideration and unbiased weighting of the benefits and costs of making certain decisions or engaging in specific behaviors, ranging from what companies to invest in to how much they will pay for branded versus unbranded soft drinks. However, as Zaltman (2003, p. 9) notes, the recent empirical evidence also brings into question an assumption that is an extension of the rational person model: the assumption that people can readily explain their thinking and behavior (such as in focus groups and in-depth interviews).

Lefebvre and Kotler (2011) discuss a number of concepts from the behavioral economics literature that are useful for social marketing program planners to consider (see table 3.4). The primary idea is that people use heuristics, or approximate rules of thumb, rather than strictly rational analyses to make most decisions. For instance, the use of the 4Ps for planning programs is an example of a heuristic—marketers of all types have found that using this four-element heuristic leads to better program outcomes than approaches based on using only communication strategies or on just adjusting prices or distribution. A second idea is that the way a problem is presented (or framed) to a decision maker will affect his or her action. Although this idea is not newsworthy to people familiar with the tactics of media advocacy or political communication (Lakoff, 2004; Wallack, 1990), it further weakens the notion that people are always making rational judgments about how to go about their daily lives, let alone using rational processes to make far-reaching public policy decisions (cf. Stone, 1997). A third category of behavioral economics relates to market inefficiencies—specifically, how markets fail to evolve to a theoretical state of equilibrium where buyers and sellers and also price and costs are balanced. Rather, many market outcomes of particular concern to social change agents are often contrary to rational expectations, such as inequities in health status and social justice, insufficient supplies of condoms, and concentrations of health services among the wealthier areas of a community or in the urban areas of a country.

There has been little published work explicitly incorporating behavioral economics principles into social marketing programs. However, many projects now

TABLE 3.4 Concepts and questions posed by behavioral economics

Loss aversion	People are more averse to losing things than they are inclined toward gaining things. Why should someone give something up in order to experience new (and uncertain) benefits? How do we make these benefits tangible and immediate?
Status quo bias	People are most likely to choose to do things that require the least amount of effort. The best predictor of future behavior is current behavior. Why should people or organizations change if what they are currently doing is still working for them? How do we help people to become uncomfortable or dissatisfied with their current condition?
Dual self	People do not have a consistent "personality"; instead their behavior is largely contingent on the circumstances they find themselves in. Why should we expect people to act consistently? How do we help people apply what they learn in one situation (for example, sexual negotiation skills practiced in a clinic) to another situation (such as being with another person in a bar or a car)?
Attention constraints	People get distracted, often despite their best intentions. Why do people lose attention over time and in many different situations, such as saving regularly for retirement or adhering to treatment regimens? How do we remind them or cue the appropriate behaviors to regain their attention?
Defaults	People make passive choices based on how the choices are presented to them. Why are certain choices presented to people in the way they are now? How can we redesign these choices (a process also known as choice architecture) to make the more beneficial ones for the person or society the easier ones (that is, how can we engage people in signing up for retirement plans, becoming an organ donor, or choosing privacy settings on social network sites)?
Resource slack	When planning into the future, people realistically assume resources will be tight but expect time to magically materialize. Why do people (including program planners, I will add) overlook the time it will take to adopt or sustain new behaviors? How can we create opportunities for people to test their assumptions about the time it will take to do and maintain certain behaviors?

being done within a behavioral economics framework are relevant to social marketing literature and practice. In the next section, on MINDSPACE, there are several examples where the overlap between the two approaches is evident. I leave this section with one very important example of how behavioral economics findings and social marketing can be combined in improving economic decision making among the poor.

Bertrand, Mullainathan, and Shafir (2006) note that the poor have much narrower margins for error in making economic decisions than more affluent people do. In their analysis, these authors propose that behavioral economics and social marketing principles should be combined in programs to improve economic decision making among the poor and thus reduce their chance of experiencing potentially calamitous outcomes. Bertrand et al. suggest that such integrated programs might

1. Improve the ease of access to products, services, and information whose availability is too often taken for granted by policymakers and program planners (a process these authors label "creating the right channel factors").
2. Develop messages and programs that appeal to the right identity, recognizing that people may in effect have multiple selves because they think about themselves in different ways in different situations, such as identifying and interacting with others in various social groups.
3. Create opportunities to improve people's ability to process information when it offers too many choices or is complex. Bertrand et al. note that when behavioral recommendations are presented to people in small groups they are more likely to adopt them because the group interaction allows social norms to be addressed as well.
4. Incorporate time management and planning into change programs to address the resource slack bias many people bring to these challenges (the "I'll do it later when I have more time" objection).
5. Focus on the nuances of policy and program design, including having clear incentives that are offered in the right context; offering natural and desirable defaults and not too many options; framing options as gains or losses and as injunctive or popular norms; selecting the right format for communication to enhance its persuasiveness; and appealing to people's right identity, the one likely to adopt the program purpose or behavior.

TABLE 3.5 The MINDSPACE checklist

Messenger	We are heavily influenced by who communicates with us.
Incentives	Our responses to incentives are shaped by predictable mental shortcuts, such as strongly avoiding losses.
Norms	We are strongly influenced by what other people do.
Defaults	We tend to "go with the flow" of preset options.
Salience	Our attention is drawn to what is novel and seems relevant for us.
Priming	Our actions are often influenced by subconscious clues.
Affect	Our emotional associations can powerfully shape our actions.
Commitment	We seek to be consistent with our public promises, and reciprocate acts.
Ego	We act in ways that make us feel better about ourselves.

Source: Dolan et al., 2010.

MINDSPACE

Behavioral economics has achieved a high level of visibility in the United Kingdom owing to the creation of the Behavioral Insights Team in the Cabinet Office. This unit (also known as the "nudge unit") supports a philosophical shift in the UK government from relying on laws and regulations to manage behavior to using market incentives. Its origins lie in a series of interviews conducted with senior civil servants, academics, and behavior change experts to identify the key behavioral drivers that could be influenced by the development of specific policy proposals in areas such as crime, obesity, and environmental sustainability. The result of this work was a checklist for policymakers (see table 3.5), identified by the acronym MINDSPACE (Dolan, Hallsworth, Halpern, King & Vlaev, 2010). MINDSPACE incorporates some ideas from theories this chapter has already reviewed and other ideas drawn from the behavioral economics literature (notably ideas about incentives, defaults, and priming).

Dolan et al. (2010) suggest that the MINDSPACE model can help policymakers understand how to improve current efforts to change behaviors through the use of incentives. The model also highlights what types of information are most important to people and how that information should be presented to them. MINDSPACE reminds change agents to use social norms and commitment strategies, and how to recognize when their programs may lead to inadvertent consequences (for example, if they develop programs with messengers who are not trusted by the priority audiences and whose messages go against widely shared popular beliefs). While arguments can be made for the inclusion of other

behavior change constructs in this model, it shows a useful parsimony, especially given the people for whom it is designed, in offering major ideas from a variety of disciplines in a compact form.

The implications of MINDSPACE for health programs were elaborated on in the report *Applying Behavioural Insight to Health* (Cabinet Office, Behavioural Insight Team, 2010), which described a number of initiatives, including these:

- Using commitment and incentives to have smokers sign a contract under which they lose or keep rewards based on whether they pass regular tests to demonstrate that they remain abstinent.
- Implementing *prompted choice* at motor vehicle registration centers to encourage people to become organ donors when applying for a driving license.
- Increasing the salience of social norms about alcohol consumption in order to reduce alcohol use on university campuses.
- Developing a reciprocal time-credit program (CareBank) to encourage more voluntary activity that supports older citizens in the community.

While there are as yet few data on the effectiveness of these and other initiatives stimulated by the MINDSPACE model, it offers social marketers a working model of how to present alternative scenarios for behavior and social change programs to policymakers. The categories the MINDSPACE acronym represents can also be useful for program designers who wish to incorporate principles of behavior change from behavioral economics and communication theory into their work.

Diffusion of Innovations

In a review of the most popular theories and models being used in social marketing programs a decade ago (Lefebvre, 2001), I found that the diffusion of innovations theory offered one of the most robust theories for taking innovations in ideas, behaviors, and practice to scale. Though the calls for scaling up successful behavioral interventions for such things as HIV prevention, chronic disease prevention, and tuberculosis control are reverberating around the globe, there has been little discussion or application of the ways in which social marketing might respond to these challenges (cf. Elzinga, Raviglione & Maher, 2004; Gaziano, Galea & Reddy, 2007; Global HIV Prevention Working Group, 2007). As Dees, Anderson, and Wei-Skillern (2004) have said: "If we are serious about tackling social problems on a

large scale, we need to develop more effective tools to address this challenge" (p. 26). Scaling of behavior change interventions—for example, trying to scale up intensive, clinic-based, behavioral counseling sessions to a community or countrywide effort—may be one of the most formidable micro-macro problems our society faces.

Social marketing needs to focus on pushing the curve of adoption of health practices among individuals, the adoption of effective interventions among

THE NEED TO SCALE UP HIV INTERVENTIONS

In 2007, the Global HIV Prevention Working Group laid out the facts about what is known about preventing HIV infections and also the facts about what is actually happening. The challenges are stark.

- *Condoms.* Only 9 percent of risky sex acts worldwide involve the use of a condom, and the global supply of condoms is millions short of what is needed.
- *HIV testing.* In the most heavily affected countries of sub-Saharan Africa, only 12 percent of men and 10 percent of women know their HIV status.
- *Treatment for sexually transmitted infections.* It is estimated that fewer than 20 percent of people with a sexually transmitted infection are able to obtain treatment, even though untreated STIs increase the risk of HIV acquisition and transmission by several orders of magnitude.
- *Prevention of mother-to-child transmission.* Years after clinical trials demonstrated that a brief, inexpensive antiretroviral regimen could reduce the risk of mother-to-child HIV transmission by 50 percent, only 11 percent of HIV-infected pregnant women in low- and middle-income countries receive antiretroviral prophylaxis.
- *Prevention for vulnerable populations.* Prevention services reach only 9 percent of men who have sex with men, 8 percent of injection drug users, and under 20 percent of sex workers.
- *Prevention in health care settings.* An estimated six million units of unscreened blood are transfused yearly in developing countries, and 40 percent of injections administered in health care settings are unsafe.

Source: Adapted from Global HIV Prevention Working Group, 2007.

practitioners, and the adoption of health-promoting and supportive policies among policymakers. It can become a powerful tool for scaling up programs if we think about that challenge as not getting bigger numbers but developing methods to expand impacts from small studies to larger social systems—that is, to bridge the micro-macro gap. We need to adopt a variety of scales of reality to make this micro-macro shift in problem solving. Adopting diffusion of innovations theory helps us understand how and why groups of people adopt (or fail to adopt) healthier, environmentally conscious, or socially beneficial behaviors. These reasons include, in addition to the variables identified in table 3.1, (1) the contextual factors that surround the adoption of new practices and policies, (2) people's perception of an innovation as a normative behavior among their reference group or peers (which studies suggest accounts for 50 to 86 percent of the variance in the rate of diffusion of new behaviors), and (3) a risk-benefit analysis that accepts certainty of outcomes and familiarity with the new behavior over the costs and benefits of changing current behavior (Rogers, 1995).

In addition to understanding the variables surrounding products, services, and practices that are more likely to be broadly adopted, marketing for behavior and social change at scale also needs to explore segments of priority groups who may help to speed or to impede broad adoption. The categories used to segment people by how likely they are to adopt innovations of many different types include

Innovators: people who have a high tolerance of risk; are fascinated with novelty; are usually viewed by others in their community as mavericks, not opinion leaders; and whose social networks transcend geographical boundaries.

Early adopters: people who are the community opinion leaders and well connected socially and locally, have the resources and risk tolerance to try new things, and are watched by others—and they know it.

Early majority: people who are very engaged in local peer networks, rely on personal familiarity before adoption, and continually ask, How does this new behavior [or product or service] help me?

Late majority: people who are most sensitive to peer pressure and norms, yet very cautious about change of any kind; and who seek to minimize uncertainty of outcomes and want to see the proof of relative advantage locally—not read about it on websites or see it on television.

Traditionalists: people who believe in the tried and true; who are near isolates in their social networks, which explains why they can be so difficult to reach and influence; who are often suspicious of innovation and change agents; and who are seeking assurances that adoption of new behaviors (such as stopping smoking or driving a low carbon emission vehicle) will not fail.

One area for applying diffusion models in social marketing that should not be overlooked is in meeting social goals for increasing the use of evidence-based practices in such areas as education, housing, public health, and medicine (Elias, Zins, Graczyk & Weissberg, 2003; Gaziano et al., 2007; Harris et al., 2012). Maibach, Van Duyn, and Bloodgood (2006) suggest three social marketing approaches for increasing the adoption of evidence-based practices: (1) conduct consumer research with prospective adopters to identify their perspectives on how evidence-based prevention programs can advance their organization's mission, (2) build sustainable distribution channels to promote and deliver evidence-based programs to prospective adopters, and (3) improve access to easily implemented programs that are consistent with evidence-based guidelines. To these suggested approaches I would add three more: (4) conduct segmentation studies with organizations that can be arrayed along a traditionalist-innovator continuum, (5) generate pricing studies that address relative advantage as well as the goodness of fit of new practices to existing organizational processes and work flow, and (6) develop service models that allow customization and adaptation of evidence-based practices without sacrificing effectiveness, equity of effects, and impact. However, it is also true that many constraints to scaling up exist (Dandona et al., 2008; Global HIV Prevention Working Group, 2007; Hanson, Ranson, Oliveira & Mills, 2003; Rogers, 1995; also see the accompanying list of challenges). There are also people who caution against a *pro-innovation bias*—which occurs when diffusion agents are so supportive of the innovation they are promoting that they overlook or ignore data contrary to its reputed effectiveness—and these arguments must be considered and not treated simply as the expected cries of traditionalists.

There are lessons social marketers have learned that can be used when designing social marketing strategy to promote diffusion of products and services as well as adoption of new behaviors.

CHALLENGES IN SCALING UP SOCIAL INNOVATIONS

- Lack of demand
- Potential for stigma or discrimination
- Lack of trained personnel
- Inadequate financial resources to meet changing demand
- Incompatibility with existing structures or work flow
- Misallocation of resources due to poor information and monitoring systems
- Potential undesirable, indirect, and unanticipated consequences of adoption
- Nonsupportive policies at the organizational or government levels
- Weak or fragmented product and service delivery systems
- Need for collective action

1. Find sound innovations and solutions, ones that meet the criteria noted earlier and are relevant to people's everyday lives.
2. Provide opportunities for *innovators* to discover innovations and solutions.
3. Engage the curiosity of the *early adopters* who must first test and validate the innovation.
4. Target the weak ties between innovators and early adopters through identifying the *boundary spanners* who interact with multiple networks. These boundary spanners are critical agents for introducing new ideas into communities (whether these communities are geographical, professional, virtual, and so forth).
5. Promote the work of early adopters, especially among the *early majority*. Successfully traversing the gap between these two segments is the critical distinction between innovations and practices that go in and out of fashion quickly on the one hand and those that are embraced and sustained by a majority of a population on the other hand.

6. Create spannable social distances between groups through various means, including using social media such as social network sites and blogs and convening meetings of the *unlike*, rather than the usual host of agents.
7. Enhance the salience and attractiveness of the *positive deviants*—the people who are already practicing the target behavior or using the product and service; put the practitioners of new desired behaviors in contexts and situations that attract imitation or modeling.
8. If you can't imitate them, don't copy them. Expect and encourage reinvention.
9. Support time and energy for discovery, testing, networking, adapting, monitoring, and also preserving the past. Do not write off the traditionalists, especially when encouraging organizational change.
10. It starts with you and your partners.

With respect to this last point, research has found that highly linked and centralized coalitions are less likely to adopt new evidence-based public health programs for drug-abuse prevention in schools than are ones that are less dense and have more decentralized structures (Valente, Chou & Pentz, 2007). This finding goes against the commonsense idea that the better developed and tightly knit coalitions will be more efficient and productive in their work. Yet a moment of reflection with these data, and we can quickly come up with reasons why more tightly linked groups may resist new ways of doing things that upset their carefully crafted status quo. The people who are important for adopting new practices and programs are the boundary spanners, individuals who are not tightly bound to a social clique (or usual cast of characters), to a shared worldview, or to groupthink or the standard operating procedures in their organization. These are the people more likely to be open to innovation; the traditionalists often have their own, seemingly immutable point of view. And bound together they become even more strongly set against change—even when the data suggest they should and could be more effective in meeting their objectives. Irrationality is not confined to individuals; marketers should understand that when working toward scalable change.

Design Thinking

Design is often thought of as the tasks associated with creating posters, print materials, and websites. Other people think of design aesthetically and in

association with what they see in fashion magazines, home decorating catalogues, high-end department stores, and various technology products (Apple's products being a prime example). Less obvious might be the application of design principles (cf. Lidwell, Holder & Butler, 2003) in such areas as creating systemic change in the National Health Service, developing approaches to patient-centered health care, and developing campaigns to modify eating patterns (Lefebvre & Kotler, 2011). Tim Brown (2008) describes these efforts as *design thinking*: "a human-centered design ethos . . . [by which] innovation is powered by a thorough understanding, through direct observation, of what people want and need in their lives and what they like or dislike about the way particular products are made, packaged, marketed, sold, and supported" (p. 86). If we extend this definition to include the services and behavioral alternatives that are offered to people to facilitate improvements in their lives, design thinking offers a number of ideas and practices that can complement, and deepen, the approach social change agents take in their work.

Design thinking involves more than making products pretty and appealing; it means developing ideas that are desirable to people, technically feasible, and viable for the organization to do (Brown, 2008). Designers apply the design process to practical, creative resolution of problems or issues that might lead to a new or improved product or service, new processes or experiences for consumers or users, or new social and organizational systems. Businesses are incorporating design thinking as a way to stimulate more innovation in the products and services they offer. And as Brown and Wyatt (2010) note, many nonprofit organizations are also adopting design thinking for developing social innovations in the face of chronic, ongoing social problems. Roger Martin (2009), dean of the Rotman School of Management at the University of Toronto, views design thinking as leading a movement that looks at such wicked problems, or social mysteries, as how to make health care systems work or why some cities seem to function better than others, in order to come up with new heuristics or guidelines for an organized exploration of the possibilities.

Design thinking shares a similar value with social marketing in being driven by a people-centered perspective. Indeed, designers are among the most vocal advocates for involving the people we formerly called our audience in the process—not just participating in it but being co-creators of and tactics. Designers strive to develop an empathy for the people they wish to serve—to understand their lives beyond the numbers from surveys or the comments from focus groups. They

employ a number of research techniques to establish this empathy and to gain insight into ways to frame and solve problems from these people's point of view (a topic this book will explore in chapters 5 and 6). The value of design research is judged by its "world-changing" impact on the designers, or social marketers, in terms of inspiring them and in the results that follow (cf. Laurel, 2003a).

WHAT IS DESIGN THINKING?

Victor Lombardi (2005) describes the design thinking process as

- Collaborative—especially in working with others having different and complementary experiences in order to generate better work and achieve agreement
- Abductive—inventing new options to find new and better solutions to new problems
- Experimental—building prototypes and posing hypotheses, testing them, and iterating this activity to find what works and what doesn't work to manage risk
- Personal—considering the unique context of each problem and the people involved
- Integrative—perceiving an entire system and its linkages
- Interpretive—devising how to frame the problem and judge the possible solutions

The design approach embraces the ideals of transdisciplinary approaches (in which we jump out of our silos) to problem definition and solution; stops to value and appreciate what *might be* before jumping into the process; sees experimentation as a never-ending process of prototyping, with the motto "learn fast" (not as conducting fully formed experiments with rigid protocols and high resource costs); is sensitive to the context of problems (and does not bring a cookie-cutter approach to the issue); looks at problems as occurring in systems (not as due simply to individual determinants and consequences); and explores how different frames, or points of view, change the way a problem can be perceived and addressed.

Service Design

The related field of *service design* has grown out of the design discipline and incorporates many of the same principles (Lunenfeld, 2003). Service designers apply design principles to services of all kinds, from community-based approaches to crime prevention to hotel experiences. One definition of *services* in this approach is "time-based processes that consist of sequences of operations targeted to deliver a solution to the customer's problems and needs" (Koivisto, 2009, p. 137). Disentangling these processes from a user's point of view is the core of the approach. That means having a thorough understanding of service touchpoints (when and where a service reaches, or affects, people) and of how these points are connected together over time to form the customer journey, and then redesigning and reengineering the process, not for the ease and convenience of providers but to make it more suitable for people who choose to use the service. When we consider all the services that make up social marketers' efforts to improve society—tobacco cessation efforts, breast-feeding programs, health services, consultations to reduce energy or water consumption in homes or businesses, and consumer information systems, to name a handful—the work we do to integrate the marketing of socially beneficial services with service design principles is one of the more fertile areas for research and practice.

I have briefly introduced design thinking and service design ideas and elements here because they are incorporated throughout this book. To close the present discussion, table 3.6 presents definitions of service design terms that will be useful in later chapters.

Social Networks

With many social marketers having gained experience in using a variety of theories and models that focus on individuals and their behaviors, there has been a growing recognition that social theories of behavior change are needed to address some of the more compelling puzzles of our time. For instance, Dholakia and Dholakia (2001) noted that many organizations that use social marketing ignore the fundamental processes of social control and social change. These authors called for social marketing to be integrated with the broad scope of social change theories, techniques, and practices. From a practical standpoint, the research demonstrating how HIV/AIDS, tobacco use, loneliness, and obesity spread

TABLE 3.6 Service design terms and definitions

Service design	The process of addressing how useful, usable, and desirable service interfaces are from the client's point of view and how effective, efficient, and distinctive they are from the supplier's point of view. It is used both to restructure existing services and to develop new ones.
Service ecology	The system in which a service is embedded. The system may include politics, the economy, client demand and needs, employees, law, societal trends, and technology developments. Understanding and analyzing service ecologies can reveal opportunities for new actors, new relationships among existing actors, and the development of sustainable new services.
Customer journey	The customer's perception and experience of the complete service interface over time. Determining when and where the journey begins and ends is a first step in developing a complete picture of this process.
Service touchpoints	The tangible manifestations of the service, including the spaces, objects, people, and interactions that make up the entire experience or journey. Touchpoints can take many forms, including advertising and direct solicitations; web, mobile, and PC interfaces; physical spaces such as waiting rooms and examination areas; call service representatives or counselors; and print and audiovisual materials.

Source: Adapted from Miettinen, 2009.

through social networks (Adimora, Schoenbach & Doherty, 2007; Cacioppo, Fowler & Christakis, 2009; Christakis & Fowler, 2007, 2008; Epstein, 2007; Helleringer & Kohler, 2007; Mah & Halperin, 2008) presents us with an urgent need to reconsider our frameworks.

The role of social networks in disease transmission and network effects on the prevalence of risk behaviors challenge us to focus on social units of analysis, change, and outcome. For example, concurrent sexual partnerships, that is, having two or more stable sexual partners over time, is now seen as a previously hidden driver of the HIV epidemic (Epstein, 2007). Concurrency, especially when the partners are sexually active with others in a small social network such as is found in villages and towns, heightens the risk of HIV transmission because these relationships are not casual or one-off sexual encounters. Instead, these multiple relationships are maintained over time and a level of trust can develop that diminishes their perceived riskiness. Thus when one partner becomes infected, he or she is highly likely to have unprotected sex with one or more other partners during the window of

greatest HIV infectivity and before he or she is diagnosed as having HIV. Developing interventions to address the network effects of sexual activity are only just beginning. Similarly, the work of Christakis and Fowler (2007, 2008) provides evidence that the likelihood of becoming obese rises as close members in one's social network become overweight and obese and that the likelihood of stopping smoking is highly susceptible to the smoking status of others in one's network. It is clear that trying to alter individual determinants of these conditions in any type of risk reduction program is too narrow a focus.

Coincident with the increasing recognition of the role of social networks in various public health puzzles, the scientific study of social networks has also grown (cf. Goyal, 2007; Valente, 2010; Watts, 2011), as have the efforts by commercial marketing, public health, and nonprofit organizations to make use of strategies that tap into social networks (cf. Abroms, Schiavo & Lefebvre, 2008; Li & Bernoff, 2008; Waters, Burnett, Lamm & Lucas, 2009). The field of social marketing has been slow to respond to this shift in perspective. Donovan and Henley (2010) have been leaders in calling for social marketing to incorporate concepts such as social determinants, social capital, social ecology, and advocacy into the planning, implementation, and evaluation of programs. Yet when these authors offer theoretical models for social marketing, they fall back upon ones that focus only on individual behavior change.

Glenane-Antoniadis, Whitwell, Bell, and Menguc (2003) may have been among the first to bring social concepts into the social marketing literature. They view the idea of social capital as offering a bridge and focal point for social marketers who want to influence social determinants through the application of social diffusion and social networks theory. Putnam's identification of the elements that constitute social capital is commonly accepted (Putnam, 2000):

- *Community networks*
- *Civic engagement* (participation in these community networks)
- Local *identity* and a sense of solidarity and equality with other community members
- Norms of *trust* and *reciprocal help and support*

For social change agents, building community engagement, strengthening social networks and local solidarity, and enhancing norms of trust and support in

villages, neighborhoods, and communities are valued processes and outcomes. However, for many traditional social marketers, social capital seems too far removed from individual behavior changes to benefit society. I suggest that the role of social capital depends on the behaviors one is trying to change. For example, Kotler & Lee (2009) set out to provide a social marketing "toolkit" for policymakers, entrepreneurs, and governments to use in efforts to alleviate poverty. Yet the toolkit focused only on using social marketing methods to influence individual behaviors that affect health, safety, the food supply, financial management, and gender equality. While there was some recognition that poverty is linked to more than unwise individual behaviors, this attempt to address a complex puzzle was limited by its inability to move beyond the individual frame of reference. This approach portrays the issue I started the chapter with: if your theory leads you to ask the wrong questions, you will not come up with improved solutions.

In looking at health disparities—just one part of the poverty puzzle—Wallack (2000) notes that the existence of such disparities is more than a problem of people who are poor having fewer positive health behaviors than more affluent people. Rather, it is a puzzle in which the research demonstrates that social capital plays a crucial role. Wallack presents a review of the research linking social capital to health and the pathways through which low social capital may contribute to poor health status and health disparities. These pathways include (1) systematic underinvestments in health and social infrastructure; (2) inhibition of the flow of, and access to, health information (remember the discussion of the health information marketplace in the last chapter); (3) an increase in individuals' sense of isolation; and (4) lowered individual (and collective) efficacy. In proposing how we might develop interventions to increase social capital, he suggests these questions for us to consider when selecting strategies:

- Does the approach increase the capacity of individuals or small groups to participate in collective action by
  - providing participatory skills, and
  - creating a structure or network through which individuals, groups and organizations can act?
- Does the approach connect the problems or issues to broader social forces?

- Does the approach increase the community's capacity to collaborate and cooperate by strengthening existing groups (create bonding capital) and connecting various groups (create bridging capital)?
- Does the approach reflect a social justice orientation—the idea that "each member of the community owes something to all the rest, and the community owes something to each of its members"? (Etzioni, 1993, p. 263) [Wallack, 2000, pp. 358–359].

These are certainly much different objectives than reducing people's tobacco use, increasing physical activity levels, having more women using family-planning methods, or having more recycling in neighborhoods. But there is also nothing (except theoretical blinders) standing in the way of approaching tobacco use, obesity, unwanted pregnancies, or more sustainable environments through programs with ideas of social capital and social networks embedded in them. Whether these "social" approaches will lead to more effective, equitable, and sustainable solutions to these puzzles than "individual" approaches awaits empirical tests.

Moving from the more abstract idea of social capital back to the social networks that constitute that capital, we know that people learn about and choose among behavioral options not only by directly observing others in their social circle and the consequences they experience but also indirectly when their friends and associates connect with people outside that proximal network and then bring additional information or practices back to the network. In reviewing the research, Goyal (2007) concluded that variations in behaviors among individuals are related not only to the connections people have within the same social group but also to their being members of different groups as well. The implication of this work for social marketers seems clear: people with whom the priority group members associate, or are otherwise connected to, must be considered and addressed by intervention efforts. These social network intervention strategies include

Focusing on people who have a high degree of connectedness within a network (who might be called connectors, influentials, or opinion leaders) to spread information and model behaviors for others in the network

Reducing the density of a network in which risk behaviors are concentrated by introducing more boundary spanners or by increasing network members' connections with groups outside their immediate network

Identifying which members of a network are most attentive and responsive to the behaviors of others and then enhancing the salience and attractiveness of out-group members (the positive deviants) by positioning these practitioners of desired behaviors in a light that attracts imitation or modeling

SOCIAL STRATEGIES FOR SOCIAL MARKETING

In discussing the emergence and impact of social and mobile technologies, Lefebvre (2007) noted five implications of adopting a social networking perspective on social marketing practice. They are adapted here as questions to guide the embedding of social theories into social marketing programs:

- Do we enhance linkages among people, organizations, and communities to allow them to access, exchange, utilize, and leverage each other's knowledge and resources to co-create value with each other?
- Are we developing, nurturing, and sustaining new linkages among like-minded people, organizations, and communities to address common puzzles and achieve positive health and social change?
- How are we identifying, encouraging, and enabling the many different types of indigenous helpers who are found in social networks and communities, so that they can be more effective in promoting positive health, environmental, and social behaviors and policies?
- What do we need to do better to engage communities in monitoring, problem analysis, and problem solving; striving for health and social equity; and increasing social capital?
- How do we go about weaving together existing social networks of individuals, organizations, and communities to create new sources of power and inspiration to address health and social issues?

These questions provide a useful measure of whether your social marketing program is stuck in the myopia of individual change theories. The key test comes with these questions: How does a networked view of the world disrupt our usual ways of thinking about and engaging with the people, organizations, and communities with which we usually work? What are the insights we can gain from this perspective?

Building Communities

For many years communities were inextricably linked with social marketing. Lefebvre and Flora (1988) laid out the defining features of the social marketing approach in public health based on experiences they shared directing community interventions aimed at reducing cardiovascular diseases. Yet there has been a marked separation between social marketers and community change agents ever since, with many social marketing programs becoming not much more than mass media education and communication campaigns. *Social marketing* in these contexts became a shorthand term designating "new" health communication campaigns that segmented their audience, pretested materials, focused on changing behaviors and not just knowledge and attitudes, and considered the 4Ps in the context of communication planning (that is, in the messages of the campaign, the format of the communication products, the "prices" people would pay to change behaviors, the barriers to changing behavior, and the distribution of the communication products). In contrast, community development and mobilization projects rejected any mention of segmentation, formative research, or distribution and price (cf. McKee, 1992).

Differences in the practice of social marketing became even more pronounced in developing countries, where *social marketing* became synonymous with the marketing of products for family planning, maternal and child health, HIV prevention, and malaria control, while other development organizations formed themselves around concepts such as behavior change communication, development communication, and community mobilization. Responding to this fracturing of resources and talent, McKee (1992) presented an approach intended to bridge the unnecessary gulfs that had opened between advocates of social marketing and advocates of social mobilization with a model that blended the strengths of each: marketing research methods, alliance building, and advocacy. Few practitioners seem to have or heeded his call.

An effort to bring social marketing to communities that were struggling to address environmental puzzles was called *community-based social marketing* (CBSM) (McKenzie-Mohr, 2000). McKenzie-Mohr and Smith (1999, p. 3) described CBSM as a process of identifying the barriers to and benefits of engaging in behaviors, and then organizing the public into groups with shared characteristics in order to more efficiently deliver programs. Bryant et al. (2000)

used the term *community-based prevention marketing* to refer to public health programs that combined community participation methods with social marketing approaches. Chapter 11 presents a fuller discussion of these two approaches.

The community-based approach as a context for implementing social marketing programs has much to commend it. It can result in

- Gaining community insight into problems and community support for proposed solutions
- Ensuring the use of indigenous knowledge and expertise
- Mobilizing and employing local communication channels, including local mass media and local social and interpersonal communication networks
- Localizing distribution of products and services, and improving access and opportunities to engage in new behaviors
- Building more sustainable solutions

Engaging the community is not without its drawbacks. McKee (1992) notes that "community participation" can range from full engagement of the community in a dialogue about problems and solutions to a cursory consultation consisting of interviewing a few leaders or conducting community focus groups. Participation from the community can result in the development of a *participating elite*, who may, or may not, represent broader community viewpoints. Program planners can fail to recognize the opportunity costs that will be incurred by people who participate in the development and oversight of the program and that may limit participation. Open participation can also lead to manipulation and conflict by and among different stakeholders. And local agendas may not match those of the donor or lead agency. Finally, there is a need for partnership development and advocacy to gain strong public and political commitment and create a culture in which to embed and support social goals.

One other perspective on communities that requires more appreciation in the social marketing approach is the *asset-based model*. Kretzmann and McKnight (1993) list several arguments against relying on needs assessments and the mapping of deficits in community projects:

- Taking this approach results in a nearly endless list of problems and needs, and that leads to a fragmentation of efforts to provide solutions.
- Using the results of a needs assessment to target resources directs funding to service providers rather than residents, a consequence not always either planned for or effective.
- Making resources available on the basis of a needs assessment can have negative effects on the nature of local community leadership by forcing communities to highlight their problems and deficiencies and ignore their capacities and strengths.
- Providing resources on the basis of a needs assessment underlines the perception that only outside experts can provide real help.

Kretzmann and McKnight (1993) argue that a needs-based strategy will inevitably focus on community survival rather than supporting a shift to serious change or community development. An alternative approach they propose is *asset-based community development*, which has three interrelated characteristics:

- The strategy starts with the capacities of community residents and workers and the assets that local organizations and associations possess, not with what is absent or problematic or what the community needs.
- The focus is on the agenda-building and problem-solving capacities of local residents, associations, and institutions to stress the primacy of local direction, investment, creativity, and ownership.
- Implementation of the strategy will be driven by the challenge to constantly build and rebuild the relationships between and among local residents, local associations, and local institutions.

The asset-based model is intended to reinforce the need for social marketers, particularly those who work in resource-constrained contexts and with disadvantaged populations, to view their *work in communities* as needing to expand to *working with communities*. It also, ideally, awakens the idea that decisions and strategies based on needs and barriers may be inferior approaches to program development. Community strengths and competencies should receive at least equal attention in marketing plans. Indeed, one of the potential

unintended effects of well-done community-based programs could be that they result in lowered levels of social capital and self- and collective efficacy, and increased dependency on experts among citizens. An asset-based approach also reinforces two core values of the social marketing approach: a person- or community-centered orientation and a commitment to engaging people in the process, rather than treating them as only passive consumers of messages and programs.

SHIFTING FROM INDIVIDUALS TO MARKETS

Shifting from a focus on individuals as the exclusive unit of analysis and intervention to a focus that includes markets is a radical idea for many people. It does elicit almost primal fears that "the market"—which many equate with ruthless corporate barons and financial masters of the universe—will be the determinant of how people live and whether they will do so safely. As we witnessed in the years following 2008, left to its own devices the financial marketplace could lead whole nations to diminished health, safety, and massive degradation of the environment. Social marketers need to become more engaged in shaping markets rather than just accepting the consequences for their activities (cf. Hastings, 2012). The shift from an exclusive focus on individuals to one that includes markets is a micro to macro shift that parallels the shift in public health from considerations of individual determinants of health and behavior change to a social ecological perspective (Marmot, 2005; Sallis, Owen & Fisher, 2008). It defines an emergent moment (cf. Watts, 2011) in which connectedness, systems, and the complexity of the marketplace begin to supersede the individual level of analysis.

Markets and their place in society constitute a key issue that most social marketers have simply ignored, despite their intention of using marketing to improve society in some way. Wilkie and Moore (2003) describe the *aggregate marketing system* as an organizing framework for considering the role of marketing in societies: "The Aggregate Marketing System is recognized as different in each society, as an adaptive human and technological institution reflecting the idiosyncrasies of the people and their culture, geography, economic opportunities and constraints, and sociopolitical decisions. The three primary sets of actors within the system are (1) consumers, (2) marketers, and (3) government entities, whose public policy decisions are meant to facilitate the maximal operations of the system for the benefit of the host society" (p. 118).

Therefore markets can be thought of in a variety of ways. Each market might have its own system, actors (producers, buyers, intermediaries), institutions, procedures, social relations, and infrastructure designed around the specific types of goods and services that are exchanged. For example, the market system for bananas, from growing them to delivering them to your table, is quite different from the market for primary care physicians and how they are selected and trained and where they ultimately practice. Markets might vary in size, range, geographical scale, location, types, and varieties of human communities, as well as in what is traded or exchanged. They include local farmers' markets and shopping malls, fashion and music offerings, markets for pollution and carbon offset permits, and even illegal markets, such as the ones for illicit drugs and trafficking in women and children. As social marketers we also need to think about marketplaces of ideas and behaviors and the actors in these social marketplaces: family and peer groups, nongovernmental organizations (NGOs) and civil societies (schools and universities, community and neighborhood organizations), faith communities, the voluntary sector (such as advocates for certain groups of patients or funding for research on certain diseases), associations that set and govern rules for professional conduct (physician and health care membership associations for example), the commercial sector, and government. How is the marketplace supporting or discouraging youths' tobacco use? Why are certain behaviors associated with spreading levels of obesity being "bought" (adopted) by so many different consumer segments? How can citizens become more involved with the process of governing? How do we create a marketplace in which socially responsible corporate behavior is normative, not simply worthy of press releases?

The Essence of Markets

In mainstream economics a *market* is any structure that allows buyers and sellers to exchange any type of goods, services, and information. The exchange of goods or services for money is a *transaction*. Market participants consist of all the buyers and sellers of a good who influence its price (think of this influence also in terms of the normative positive and negative influences that shape decisions about behaviors—acceptance or rejection by a valued social network being a *bottom line*). This influence is a major study of economics and has given rise to theories concerning the basic market forces of supply and demand. The market itself facilitates trade and enables the distribution and allocation of resources in a

society. Markets allow any tradable item to be evaluated and priced. A market may emerge more or less spontaneously or may be constructed deliberately by human interaction in order to enable the exchange of services and goods. Markets for ideas are well regulated in some respects (think of patents and trademarks) whereas regulation of behaviors has been left in large part to legal, regulatory, normative, and educational influences in free societies. The important part of markets is that while the concepts surrounding markets may be abstract, markets are composed of people. One consequence of this fact is that people can change markets (Hastings, 2012). Indeed, they do it every day by the decisions they make about whether and what to purchase and, I submit, how they will behave.

Markets and Society

In many of the textbooks of the 1930s, marketing was presented as a way to accomplish socially beneficial objectives and to move products where they were needed with as little time and effort as was feasible (Wilkie & Moore, 2003). There would be adequate incentives in place so that the distribution processes could always be improved, and innovation would become part of the social benefit of marketing. Unfortunately, this perspective on marketing was lost to more pressing issues of the times, such as whether advertising was worth the money, pricing practices by manufacturers and retailers (and whether government regulation of pricing was necessary), and debates over the effectiveness of fear appeals in advertising (a conversation that continues today with no end in sight).

By the late 1950s and 1960s, modern marketing thought and practice as we recognize it came into its own. Key to this transition was viewing marketing from the vantage point of the managers who were responsible for making the marketing decisions in businesses (Wilkie & Moore, 2003). Many of the concepts we use in social marketing came out of this effort to fashion marketing as a managerial or practice endeavor: market segmentation, the marketing mix, brand image, marketing management, and marketing myopia (a condition diagnosed and then treated by asking and then answering the question, What business are we really in?). These concepts reinforce the heritage of viewing social marketing as a management process, not just a blueprint from which to build programs and campaigns (cf. Kotler, 1988).

It was shortly after this shift from an academic perspective of marketing to a managerial one that behavioral sciences became more central to marketing

thought, notably through research and the development of various theories to explain and influence consumer behavior. Theories that consumer marketers use to explain purchase decisions on fast-moving consumer goods such as detergents and condoms may not be familiar to readers who come from outside the business and marketing field, but they may still be applicable to social marketing issues (see, for example, Bagozzi & Lee, 1999; Petty, Barden & Wheeler, 2009).

Attention to, and concern about, the interface of marketing and society has continued to grow (Bloom & Gundlach, 2001b; Hastings, 2012). Questions about marketing and advertising and their impacts on social and public health issues have received intensive scrutiny in the public health debates about tobacco control, alcohol abuse, and food consumption, but leadership from social marketers has been noticeably lacking. The consumerism movement and its offshoots, including the consumer and e-patient communities enabled by social and mobile technologies (cf. Ahonen & Moore, 2005), are areas in which social marketers have much to offer but that they, again, have largely ignored to now. Corporate social responsibility activities have drawn the interest of some social marketers, but usually either to tag these activities as not being social marketing (Donovan & Henley, 2010) or to encourage companies to adopt behavior change (aka social marketing) practices and bottom lines, not just reputational and sales ones (Kotler & Lee, 2004).

Public policy has drawn the attention of marketing scholars for several decades but, again, has been an arena that social marketers have been slow to enter. For many years social marketers viewed public policy as an *upstream* issue, after Wallach (1980) had framed social marketing as a *downstream* approach, meaning one that focused on individuals needing help (struggling in the water) and changing their behaviors. The upstream approach, in contrast, focuses on moving up the allegorical river to prevent people from falling into the water in the first place (that is, experiencing market, health, or social vulnerabilities) and is more concerned with the systemic or social determinants that are outside an individual's control and require more than behavior change solutions. Though social marketers have worked to understand the difference and now speak of policy or upstream approaches to social change (see, for example, Andreasen, 2006; Donovan & Henley, 2010), their upstream approach tends to be to try to change the behavior of policymakers (so they will adopt desired policies) rather than to create changes in environments, markets, and public policies that lead to healthier and more sustainable behaviors.

Framing social marketing in terms of upstream or downstream approaches to behavior change has not benefited larger social policy debates or contributed much to them. Only in the discussion of critical marketing by Hastings and Saren (2003) has the idea been raised of applying social marketing expertise to tobacco, food, and alcohol marketing practices and the public policies that regulate them (or not). For example, social marketing can be a way of improving marketing knowledge and using it to inform public policy development as countries try to reduce tobacco use and the incidence of obesity and chronic diseases related to overconsumption and underactivity. Understanding how consumers perceive, appraise, and act on risk information—whether it is for a potential public health emergency or taking their prescription medication properly and safely—is a social marketing issue. And indeed, entire arrays of issues considered under the rubric of *consumer protection* are social marketing issues as well (for example, consumers searching for health or product information, ethnic targeting, consumer satisfaction, quality of life, socially conscious consumers, and health and digital privacy).

Wilkie and Moore (2003) close their review of the history of scholarly research in marketing by calling for the inclusion of marketing and its relationship to society as "an intrinsic part of mainstream marketing thought" (p. 140). I submit that we need to make marketing and society more integral to social marketing thought and practice as well.

SUMMARY

There is no shortage of theories that can be useful in thinking about the determinants, context, and consequences of social puzzles and in guiding the development of their possible solutions. What is clear is that models and theories of individual behavior change are insufficient to deal with most of the puzzles we face and at the scale at which we need to improve social conditions. Understanding that social networks, community assets, policy and environmental influences, and market forces can and should be considered in the analysis of social puzzles and development of potential solutions is a step forward in improving social marketing practice and research.

Because individuals can hold a variety of assumptions and beliefs about a social puzzle and the people a program serves, social marketers must provide a

careful articulation of the theory of change that a program uses to understand and describe the relationship between its actions and the outcomes it hopes to achieve. This theory of change may be different for different puzzles, populations, and purposes; it may also vary with the perspectives of the actors and stakeholders involved in program planning and development. I believe that in practice there is no reason why a theory of change should adhere rigidly to one theory over others; that is better left to the hypothesis-testing and theory-building activities of academicians. What practitioners require are hybrid theories of change that blend what is needed from various theories and models to identify the critical variables for programs to focus on, explain why these variables are more important than others, and give a clear direction for strategy development and implementation. Such a model provides a blueprint for each step on the implementation journey and offers a coherent framework for evaluation.

KEY TERMS

advocates

aggregate marketing system

asset-based community development

behavioral economics

boundary spanner

design thinking

diffusion of innovations

eclectic theorizing

emergence

frame problem

framing

health belief model

heuristics

integrative model of behavior prediction

micro-macro dilemma

MINDSPACE

participating elite

processes of behavior change

pro-innovation bias

rational person model

self-efficacy

service design

social capital

social-cognitive theory

stages of change model

theory of change

touchpoint

vital behavior

DISCUSSION QUESTIONS

1. How does a social network view of the world disrupt a traditional (individual-oriented) approach to thinking about a public health or social puzzle? For example, what would a network point of view suggest we do in order to respond to signs of depression among teenagers or older adults, and how would this be different from our response if we were focused on individual behavior?
2. Think about people you know who are boundary spanners. How have they helped to solve a problem? Have they ever created a new one? How can we recognize boundary spanners? How are they different from and similar to innovators?
3. Select a specific behavior that is popular among a specific segment of the population, and describe one or more of the markets related to it. Describe the roles of consumers, marketers (private industry), NGOs (voluntary sector or civil society organizations), and government entities in these markets. What are these markets doing to facilitate or to impede the expression of the behavior among the group? What could they do to increase or decrease it? Who would be involved in making these decisions? How might these decisions come about?

Chapter 4

Segmentation and Competition

Different stakeholders have different ideas about how to respond to global warming. Segmentation can help to identify the group most critical to success. (Image courtesy of iStock.)

Learning Objectives

- Discuss reasons for segmenting to define priority groups.
- Describe the implications segmentation may have for social marketing strategy development.
- Identify four tensions inherent in conducting research with vulnerable or at-risk population groups.
- Formulate six or more questions that can be used to evaluate a proposed segmentation scheme.
- Describe the different types of potential competitors to social change programs.

Understanding the determinants, context, and consequences for individual and social change, and analyzing the marketplace, or macro-environment, for clues to ways we can begin to address them, takes us to the next phase of understanding who the priority groups for our program might be and what the competitors for their attention and action are.

The tasks of segmenting audiences and understanding the competitive landscape in which we offer behaviors, products, and services are among the hardest things we do. If we do not do them well, our programs will have only tenuous foundations. A lack of rigorous research and thought becomes obvious in hindsight. Perhaps decisions were made too quickly about which segments to make a priority, or perhaps it was decided not to segment at all. Perhaps as program planners we ignored competition or framed the competition from our point of view rather than that of the people to be served. Weak decisions at the outset often lead to poor selection of strategy and tactics, which in turn produces lower than expected reach, poor reception, and lack of engagement among members of the priority group or our partners. When competition is not well thought through, we risk having direct attacks on our program from outside groups and that insidious corrosion of staff morale that occurs when everyone realizes the program is off target and not making a difference in people's lives.

SEGMENTATION

The core of social marketing is the people we intend to serve. The *marketing* approach is distinguished in this way from earlier *production* and *sales* orientations, in which the producer's resources, capacities, and persuasive skills drove

interactions with potential buyers (Lefebvre & Flora, 1988). Henry Ford's often invoked viewpoint that "any customer can have a car painted any color that he wants so long as it is black" illustrates this stance. Many social change and social advertising endeavors have paralleled this producer viewpoint as they create policies, programs, and public service announcements (PSAs) from expert input and then impose them in one form or another on intended beneficiaries (in effect saying, "anyone can be healthy as long as he or she does it our way"). Employing focus groups or other formative testing does not qualify a top-down program as consumer oriented. If anything, producer-generated campaigns that employ research only to make messages palatable and more persuasive are refined sales pitches—or, worse, subtle attempts to wield power (cf. Hastings, 2012). Today, participatory methods and especially co-creation techniques have rapidly become a normative approach in social marketing (cf. Lefebvre, 2007). I will look at these approaches in more detail in later chapters.

What is referred to as the *marketing orientation* has realigned the balance of the producer and the consumer so that an understanding of consumer needs and desires drives not only offerings and communication but also many organizational decisions, ranging from where and how to allocate resources to product distribution to innovation strategy. Social marketers embrace this people-centered approach that is consistent with the orientation of many professionals who work in the fields of public health, social justice, and environmental and social change. Indeed, one early review of social marketing noted that its most beneficial impact on public health was in sharpening the focus on the public and knowing one's audience (Ling et al., 1992).

Why Do Segmentation?

Segmentation reinforces and builds on the core tenet of marketing that we should be customer or people focused. Two key benefits of segmenting in order to understand the unique needs of different priority groups are that

- We can better design messages, products, services, and the behaviors we ask people to engage in that are relevant to their lives.
- We can better tailor and position our value propositions, behaviors, products, and services in relation to people's existing beliefs and preferences and the behaviors they currently practice.

This latter point is particularly important; if we are not willing, or do not have the resources, to tailor our program offerings to the unique features of each segment, then the segmentation process is a futile exercise. However, given the choice of designing a one-size-fits-all program (without segmentation) or crafting one that focuses on a well-defined priority group, I always counsel *focus*. The next sections look at how these decisions can be made.

THE TARPARE MODEL FOR SEGMENTATION

The possibilities for segmentation criteria are limited only by imagination or, more appropriately, the availability of data by which to sort people into different categories or segments. Donovan, Egger, and Francas (1999) proposed the TARPARE model, outlined here, as a way to evaluate the utility of a proposed segmentation scheme.

T: total number of persons in the segment. This criterion assumes that we can quantify the size of the segment; and if we cannot, we should question its utility. Generally speaking, the larger the number of people in a segment, the more likely that segment is to become a priority of the program—especially when we are interested in shifting population-based behaviors.

AR: proportion of at-risk people in the segment. If we find that a segment is composed of people who have types of risk behaviors other than the one we are primarily concerned with (overweight children, for instance, who are also more likely than other children to engage in such risky behaviors as being sedentary, starting to smoke cigarettes, or binge drinking alcohol), we may decide to focus on that group because of the cumulative impact our program may have on those other behaviors as well. In older adult populations, the high prevalence of co-occurring morbidities (of having more than one health problem or condition) becomes especially important to attend to in program design and the design of health services (Valderas, Starfield, Sibbald, Salisbury & Roland, 2009).

P: persuadability of the priority group. Another key concern is whether members of a potential priority group are receptive to changing their beliefs and behaviors. While this preference for receptive groups can be considered a version of picking the low-hanging fruit, program planners do not have to choose the seemingly easier group as their priority audience; clearly,

political, social, and public safety considerations can drive decision making too. We just need to recognize that selecting a less receptive group will present a greater set of challenges and thus require especially deliberate and creative approaches to research and program development as well as appropriate expectations for what constitutes success.

A: accessibility of the selected audience. Accessibility refers to our ability to reach a segment through a variety of communication channels or life path points (places where people go or congregate—barbershops and beauty salons, cafés, community centers, shopping malls, social network sites). The more accessible a segment is, and the more ways its members can be engaged, the greater the likelihood of an effective outcome and the higher the priority this segment should receive. I caution again that these are rules of thumb, not a creed. We know that communication inequalities do exist among social groups with respect to their accessing, seeking, processing, and using health information and that these are likely to pose significant deterrents to participating in many different types of social marketing efforts. However, this means that these groups deserve special consideration in research and planning, not that they should be put at the end of the priority list (Kontos, Bennet & Viswanath, 2007; Viswanath & Kreuter, 2007).

R: resources required to meet the needs of the priority group. This step involves matching the needs of a priority group and how its members might be served with a social marketing program and the financial, human, and physical resources such a program will require. On the one hand, for example, if meeting even the basic needs of a priority group will outstrip program resources, then perhaps other targets for intervention or other priority groups should be selected. On the other hand, by documenting those needs and also the gap between the costs of meeting them and the actual resources currently available, we might be able to develop an advocacy or fundraising program that markets these needs to potential donors—a priority group that now becomes critical to the long-term success of the effort.

E: equity. In looking at equity, we must acknowledge the social justice issues that warrant special consideration of certain priority groups or population segments, even if they have a low number of members. I will expand on this issue when discussing health inequalities later in this chapter.

Segmentation: The First Critical Marketing Decision

More time is given to debates over whether and how to segment an audience than to any other decision made in a social marketing program planning meeting—and for good reason. The process of segmentation distills the aspirations and predilections of program stakeholders and designers into an essence that will (or at least should) permeate every aspect of the program. Audience segmentation operates from the principle that birds of a feather flock together. Members of each of these flocks share certain characteristics, which may be sociodemographic, psychographic, or behavioral. However, each flock is distinct from the others based on other factors. What we are doing in social marketing is trying to figure out which flocks are most important for improving public health and social welfare, usually in terms of a specific set of behaviors (focused, for example, on breast cancer prevention, recycling, or participating in mentoring programs). In the marketing business, these flocks often go by the name of *target audiences*. As I discussed in chapter 3, I prefer the term *priority groups*, because it reassures us and our stakeholders that we are not somehow dehumanizing the people we serve and it also recognizes that—as in all things—priorities, including the groups of people we serve, can shift over time.

Many writers in the social marketing world (including myself) have advocated for the creative use of many different types of segmentation strategies in order to design programs with more relevance, greater reach, and increased effectiveness. Indeed, the mainstream thinking among commercial marketers today is to aim for the *audience of one*, through what is known as mass customization. Whether or not this segmentation strategy will prove practical and effective for social marketers remains to be seen. However, what is often a reality for social marketing programs is that limited data about priority groups, a lack of expertise in using multivariate statistical analysis to develop segmentation categories, the fact of resource restrictions that hamper the tailoring of the marketing mix to multiple audiences, and the existence of mandates to achieve an impact across a broad swath of the population make sophisticated and fine-tuned segmentation strategies difficult to implement.

Even when the resources to conduct audience analysis are available, I find it parsimonious in most projects to think about segmentation as addressing three basic questions:

1. *Who are the people at highest risk?* This question is designed to mine the demographic and epidemiological data that are often the only data available to program designers. The answers to this question can then be combined with other data collected during the formative research process in order to identify one or more possible priority groups.
2. *Who are the people most open to change?* As we look at the groups identified in response to the first question, it makes sense from both a theoretical perspective (such as diffusion of innovations or stages of change) and a practical one to focus our initial efforts on those subgroups that are more predisposed or motivated to engage in new behaviors and to stimulate action among others.
3. *Who are the critical-for-success groups?* Social marketers usually rely on other people or groups to implement various parts of a social change program (such as peer influentials, intermediary organizations, and media representatives). At other times, policymakers or senior managers might be key determinants for the long-term sustainability of a social marketing effort. Yet rarely do I see program designers explicitly focus a marketing strategy on these groups, despite their often critical role in accomplishing the goals of the program. Social change agents often take these groups' interest as expected or assume that these groups will always be available and involved, an optimistic scenario that often turns out to be an illusion.

Depending on the behavioral or social change objectives of a program, we may have more than one answer to each of these three questions. What I often find in going through this exercise is that answering question 2 (about who is most open to change) usually fine-tunes the choices made in answering question 1. This 2-step process is the most obvious part of segmentation, but answering question 3 matters too. Indeed, many program developers ignore this last question and only later discover that answering it would have revealed their plan's critical weakness.

Segmentation and Profiling

Social marketers often talk about creating behavior and social change programs that are relevant to people's lives, yet often all we know about these lives comes

from a few demographic and epidemiological statistics, fragments of conversations from a few focus groups, and results of published research studies with similar groups of people. The following sections look at a variety of approaches that have been taken to segmentation for different purposes.

Global Warming's Six Americas

A collaborative project by the Yale Project on Climate Change Communication and the George Mason University Center for Climate Change Communication has been conducting ongoing research on Americans' interpretations and responses to climate change. Using results from nationally representative surveys of adults aged eighteen years and older, the research team developed six segments of people who differ in their levels of concern and engagement with the issue but who are similar on most demographic variables. These groups were first identified in 2008 (Maibach, Roser-Renouf & Leiserowitz, 2009, 2011), and group sizes were found to be relatively stable two years later (Leiserowitz, Maibach, Roser-Renouf, & Smith, 2011). The segments and their proportion of representation among American adults are shown in table 4.1.

In their reports the researchers document how members of these segments differ with respect to their certainty that climate change is occurring, involvement with the issue, perceived knowledge and beliefs, risk perceptions, expected effectiveness of actions and potential outcomes from national efforts to reduce global warming, public policy preferences and priorities to address global warming, political involvement and personal actions to reduce global warming, interpersonal communication and social influence activity, media use and information seeking, demographics, social characteristics, and values. The team has reported preliminary evidence that these insights can be translated into effective communication or marketing strategies (Maibach, Nisbet, Baldwin, Akerlof & Diao, 2010).

Using Segmentation to Address Racial and Health Inequalities

The use of segmentation to identify specific groups of people has become a well-known tactic of many commercial marketers. In their efforts to sell more products to consumers, these commercial marketers may also be increasing behaviors that pose a risk to individuals' health. Evidence for this effect has been found for

TABLE 4.1 America's six segments for climate change communication

Segment	Percentage of US adults (May 2011)	Description
Dismissive	10	"The Dismissive are distinguished by their certainty that global warming is not occurring. They have thought about the issue a good deal and consider themselves well informed. They are quite certain that even if it is occurring, it is not caused by human activities. They believe scientists are in disagreement on the issue, and quite a few believe that there is a consensus among scientists that global warming is not occurring. They believe that no one is in danger of being harmed and anticipate that there will be no impacts on people or the environment" (p. 67).
Doubtful	15	"The Doubtful are almost evenly split between those who believe that global warming is happening, those who don't, and those who don't know. They tend to believe that global warming is not personally relevant, or much of a threat to people in general. They are also more likely to say that global warming is caused by natural changes in the environment" (p. 61).
Disengaged	10	"The central distinguishing feature of the Disengaged is their lack of knowledge or opinions about global warming—as many as 100 percent of this group respond "I don't know" to a range of questions about global warming, and most say they have given the issue little thought or attention. The majority say they don't know whether global warming is occurring and don't know what its effects will be on themselves or others" (p. 53).
Cautious	25	"The majority of the Cautious say they believe that global warming is occurring, but this belief is relatively weak, with the majority saying they could easily change their minds. They haven't thought much about global warming, and do not view it as personally important. Almost half, however, say that they do worry about the issue. They perceive themselves as having some information on global warming, but not as being very well informed. About half believe it has human causes, and over a third believe that scientists disagree a great deal on the topic. They do not perceive it as being dangerous to themselves or to other people alive today, but expect greater harm to future generations and to plant and animal species" (p. 45).

(*Continued*)

TABLE 4.1 America's six segments for climate change communication (*Continued*)

Segment	Percentage of US adults (May 2011)	Description
Concerned	27	"The Concerned are convinced that global warming is happening, although they are less certain than the Alarmed. They are distinctly less involved with the issue than the Alarmed, yet they still have high levels of concern. Most of the Concerned believe there is a scientific consensus that global warming is happening, and overwhelmingly say human activities are the cause of the problem. They are less likely to view global warming as personally threatening or happening here and now than the Alarmed, but still distinctly more than members of the other four segments" (p. 38).
Alarmed	12	"The Alarmed are the audience segment most convinced that global warming is happening. They are the most involved with the issue and the most worried about it. They recognize the scientific consensus on the issue, and overwhelmingly believe human activities are the cause of the problem. Compared to the other five segments, they're most likely to view it as personally threatening, and as happening here and now, rather than in the distant future" (p. 30).

Source: Percentages from Leiserowitz, Maibach, Roser-Renouf, & Smith, 2011; descriptions from Maibach et al., 2009.

food and beverage marketing to the African American population (Grier & Kumanyika, 2008); for the alcohol industry's marketing to young people (Hastings, Anderson, Cooke & Ross, 2005; Jackson, Hastings, Wheeler, Eadie & MacKintosh, 2002); and for tobacco marketing in low- and middle-income countries, which has been linked with observed increases in smoking prevalence in these countries (Glynn, Seffrin, Brawley, Grey & Ross, 2010). That corporate marketers use segmentation and targeting to increase risky behaviors—and thus the morbidities and mortality associated with these behaviors—is not an argument against the use of segmentation by social marketers and social change agents in their programs. If anything, corporate use of marketing makes it all the more important for social marketers to harness marketing to counter negative effects in these nations and communities and to apply critical marketing to expose and reduce corporate marketing practices (cf. Hastings, 2012).

Hornik and Ramirez (2006) examined the use of segmentation to address racial and ethnic disparities. They noted that many large-scale projects build racial or ethnic segmentation into their efforts by developing specific program components aimed at groups such as African Americans, Asian Americans, Hispanics (or Latinos), or Native Americans (cf. Institute of Medicine, 2002). They concluded that segmentation might have a number of implications for program strategy:

- Different behavior change objectives might be established for different groups.
- Different branding and positioning strategies might be used to reflect and appeal to cultural differences and values.
- Different messages (and, I would add, products and services) might be selected and focused on to facilitate behavior adoption or discontinuance.
- Different channels of message, product, and service distribution and access might be employed.
- Different types of promotions might be used to reflect or appeal to the cultural or linguistics characteristics of each group.

Note that the purpose of segmentation is not to answer the question of whether we can distinguish different subgroups of a larger population. The question for segmentation is whether identifying differences among groups will drive how we approach our marketing solution. That is, does it make sense to have different behaviors, messages, products, and services aimed at specific subgroups of people? Or are there certain common characteristics that supersede these distinctions? And just as important, if we do uncover such differences, do we have the resources to develop the specific marketing mixes that each group deserves?

Hornik and Ramirez (2006) point out that we also need to consider untoward consequences of segmentation. Might we be stigmatizing a group in the eyes of the general public if we explicitly focus on that group? Are the observed inequalities in health status or in the choices people make based on social determinants that are beyond their individual control; that is, are we setting them up for failure if we only encourage them to change their behavior? Will we dilute the scarce resources we have for our program by trying to be all things to all people—even if we are doing it serially by addressing a few groups at a time—and

thus not have much reach for or impact on any group? Do we really want to divide up the population for our program if we are seeking broader social changes, such as changing norms that affect binge drinking or home energy use? Of course a simple yes or no response to such questions should not immediately preclude a segmentation approach. Nor is it suggested that all social marketing programs must segment in order to be effective in achieving social goals. Rather, a deliberate and thoughtful process of considering the potential role of segmentation in each program is proposed.

Another issue to think about in this deliberative process is the risks of conducting research with disadvantaged or vulnerable population groups, a subject recently examined by a group of transformative consumer researchers (Pechmann et al., 2011). They made the important point that population groups should be viewed as full marketplace participants and not be marginalized by or excluded from marketing research or practice. In keeping with this view, they define at-risk consumers as marketplace participants who, owing to historical or personal circumstances or disabilities, may be harmed by marketers' practices or may be unwilling to take full advantage of marketplace opportunities. Their analysis led them to pose four tensions that exist in conducting research with these populations:

1. *Vulnerability versus strength*. This tension involves framing people in these groups as vulnerable on the one hand or as possessing unique strengths and assets on the other. Should we conduct research on groups of people on the basis of their having a specific marketplace challenge or vulnerability that we intend to correct in some way, or should we instead focus on their unique strengths and assets and build a social marketing program on those abilities (a position strikingly similar to the asset-based community development approach discussed in the last chapter)? Microfinancing programs, for example, build on people's assets, whereas other assistive programs may sustain existing vulnerabilities or even lead to social ostracism and stigmatization.

2. *Radical change versus marginal change*. Should social change agents be advocates for marginal or incremental changes in health, social status, and life situation or should they seek radical changes that are fostered by grassroots activities? The literature on this radical versus marginal tension finds that most change occurs continuously and incrementally over time; however, there are

times (such as with gender and racial equality in the United States and with political change in many other countries) where disruptive change over a short period of time does happen. The research on and understanding of the means by which grassroots movements transform into quantum or radical change, under what conditions these types of changes are desirable (or not), and the events and issues that motivate people to support, oppose, or be disengaged from the change process are areas that social marketers should address (cf. Keck & Sikkink, 1998).

3. *Targeting versus nontargeting*. Should we be using targeting to focus marketing and other resources on vulnerable groups, or should we be protecting these groups from this activity? Keep in mind that both positive and negative actions can result from either choice. Although targeting can provide people with market offerings that enhance their well-being, there are any number of areas (for example, gambling, tobacco use, alcohol use, financial decisions, and food choices) where targeting has documented deleterious effects. Attempting to protect at-risk people from these forms of marketing can lead to reduced choices in the marketplace, as well as feelings of exclusion or alienation and even increases in the prevalence of undesirable behaviors.

4. *Knowledgeable consumers versus naive consumers*. Social marketers and change agents may risk doing more harm than good when they encourage at-risk groups to recognize their problems and take action. Think about leaving people unaware of their elevated risk status (with an accompanying sense of calm) versus stimulating them into action (with the attendant sense of worry or fear). The tension comes from whether it is better for people to be fully informed when there are few if any options to mitigate the risk or better for them to remain unaware of (or naive about) risk. An emerging issue that has been documented relates to social marketing programs that support genetic testing for various diseases, although we also have evidence that in the case of cancer screening there is a substantial possibility of overdiagnosis (Welch & Black, 2010). In situations where valid information about high-risk severity and vulnerability is coupled with high-response efficacy, people will act to protect themselves. It is equally true that when such perceptions and knowledge are lacking, or when self-esteem is high, risky behaviors may actually be sought out—for instance, among adolescents (Baumeister, Campbell, Krueger & Vobs, 2003). However, a pro knowledge or pro information bias in social marketing programs must be guarded against with

a careful understanding and review of the relative risks and harms that are intertwined with them.

Hornik and Ramirez (2006) also highlight how the segmentation decisions we make can have implications for the design and conduct of outcome evaluations. These evaluations need to focus on answering the question, did the segmentation approach lead to comparatively greater changes in the segmented groups than in comparison ones? Hornik and Ramirez go on to note that they could not identify a single instance where racial or ethnic segmentation approaches were compared to nonsegmented approaches. Thus even though segmentation is held out as a hallmark of social marketing (and health communication) campaigns, there is no evidence that it results in superior outcomes (nor is there any research to suggest that it is less effective than other approaches). However, rather than accept this dismal conclusion, we need to call for social marketing research to begin to address this research question. And in our practice we need to subscribe to the idea that at the center of every program should be people, and the better defined and understood these people are, the more relevant and effective our strategy and tactics will be for them.

Rediscovering Segmentation

Over forty years ago, Daniel Yankelovich first introduced the notion that marketers should look beyond demographic data when creating segments. In a recent review of the field, he and David Meer noted: "Market segmentation has become narrowly focused on the needs of advertising, which it serves mainly by populating commercials with characters that viewers can identify with—the marketing equivalent of central casting. . . . The idea was to broaden the use of segmentation so that it could inform not just advertising but also product innovation, pricing, choice of distribution channels, and the like" (Yankelovich & Meer, 2006, p.122). They add that "good segmentations identify the groups most worth pursuing—the underserved, the dissatisfied, and those likely to make a first-time purchase" (p. 123). If we were to add the terms *high risk*, *disenfranchised*, *contemplators*, and *preparers*, this statement could just as well be speaking to social marketers.

The central point Yankelovich and Meer (2006) are making is that market segmentation should help marketers figure out and decide what types of products and services they should be offering to various consumer groups or audience

segments. In the social marketing space, we should be talking about what types of behaviors, products, and services we should be offering to various priority audiences, and not who or what should be featured on our posters or PSAs (and those "rainbow" casts of characters on ads and posters are always a giveaway that that was *exactly* what the segmentation discussion was about—central casting). The problem is that most segmentation work is not done with behavioral features in mind—the actual characteristics of what we are asking people to do. At best, much of this research focuses on explanatory variables (knowledge, attitudes, and beliefs being primary ones of interest) that satisfy curiosity but leave behavioral objectives fairly murky.

Rediscovering Specific Population Groups

In many programs that aim to serve specific population groups, rediscovering segmentation might help us out of the usual ways of thinking about people and solutions. For example, in thinking about the African American population, research sponsored by Radio One (2008), and conducted by Yankelovich, produced the report *Black America Today*, which asked African Americans what it means to be black today. Here are some of the findings:

- Eighty-two percent said they believe it is "important for parents to prepare their children for prejudice."
- Thirty-four percent agreed that "too much focus is put on the oppression of blacks."
- Among teens, 52 percent think there is too much focus on the oppression of blacks.
- More (48 percent) think that things have gotten better since the civil rights struggles of the 1960s, and fewer (one-third) say things aren't better.
- The majority (76 percent) have not been discriminated against in the past three months.
- They are more than twice as likely to trust black media (30 percent) as they are to trust mainstream media (13 percent).
- When asked whom they "trust to treat you and your family fairly," 30 percent rank education and black media as number 1.

- Twenty-four percent rank both the health care system and financial institutions as number 2 as far as trust is concerned.
- Almost everyone—88 percent—has enormous respect for the opinions and desires of older family members.

The research identified eleven segments of black Americans that differed on a number of dimensions, as shown in table 4.2. Many of these segments are quite different from the ones usually constructed from US Census and health survey data, and might prove to be important ways to think about social change programs in the future. For example, only 8 percent of the population were identified as belonging to the *sick and distressed* segment, people mostly over the age of thirty-five who are stressed about money and health, pessimistic about their personal future, and least likely to have a healthy lifestyle or have health insurance. In contrast, nearly twice as many people were identified as *broadcast blacks*—more likely to be female, independent and positive in their attitudes, older, and most likely to say things are getting better for them. If we think about whether our approaches to particular population groups are framed by perceived vulnerabilities or perceived assets, which of these groups might be more important for our social change and public health goals? To even stop and contemplate such a question is a value for thinking about segments, not homogeneous population groups.

Similar insights into segmentation come up in the analysis of social media networks. When danah boyd (2007) wrote on her blog about class divisions among teens using Facebook and MySpace, it unleashed some controversy in many circles but seemed to leave the waters of public health unperturbed. Yet her observations about how different social network sites (SNS) cater to different segments of teens should bring into question every public health effort that defaults to Facebook or other mainstream sites as its SNS of choice for many issues it wants to address. She notes how "the goodie two shoes, jocks, athletes, or other 'good' kids" who have aspirations for college and fitting in are part of the Facebook crowd. And even as the popularity of Facebook grew, the once largest SNS site, MySpace, was "still home for Latino/Hispanic teens, immigrant teens, 'burnouts,' 'alternative kids,' 'art fags,' punks, emos, goths, gangstas, queer kids, and other kids who didn't play into the dominant high school popularity paradigm. . . . MySpace has most of the kids who are socially ostracized at school because they are geeks, freaks, or queers."

TABLE 4.2 Segmenting black Americans

Connected black teens (12%)	They are tech savvy, highly social, brand driven, and fans of black music (Hip Hop and R&B). They have a plan for their future, they want to preserve black cultural traditions, and they believe too much focus is put on the oppression of blacks.
Digital networkers (7%)	Over half of the members of this web-savvy, high-tech, mobile segment are college or high school students who network heavily using Facebook, MySpace, instant messaging, and their cell phones. They are saving money—to buy a home or for retirement.
Black onliners (7%)	Heavy web users, members of this mostly male segment are stressed by their work-life balance and the need to straddle black and white worlds; they are focused on money as the most meaningful measure of success and are the most stressed of any segment about "having to fit in." They are the most frequent users of black websites and the most frequent online shoppers.
Stretched black straddlers (7%)	Mostly 18 to 34 years old, members of this online, cell phone–toting segment are most stressed by straddling the needs of family and work. Stressed about money and a lack of time, they are heavy users of black TV and websites and the most likely to say they have been racially discriminated against in the past three months.
New middle class (5%)	Members of the best-educated, most employed, and wealthiest segment are mostly between the ages of 25 and 44 and are the most technologically forward segment. They are the most likely to describe themselves as black rather than African American and to believe that problems in the black community can best be solved by blacks. They are positive about the future and forward looking.
Family struggles (10%)	Mostly female and heavy TV watchers, members of this segment are struggling economically and are stressed trying to raise their children on a tight budget. They are the most likely of any segment to relate to the ways blacks are portrayed on black TV. Most of their friends and coworkers are black.

(*Continued*)

TABLE 4.2 Segmenting black Americans (*Continued*)

Black is better (11%)	Members of this confident, optimistic, fun-loving segment are very focused on family and their jobs. They are the most responsive to black media and most likely to "buy black," consistent with their very strong focus on black culture, history, and solidarity.
Sick and stressed (8%)	Mostly over the age of 35, members of this struggling segment are stressed about money and health, pessimistic about their personal future, and least likely to say things are getting better for them. They are the least likely to have a healthy lifestyle, to play sports or work out, or to have health insurance.
Faith fulfills (10%)	Members of this highly religious segment, who spend more time than average volunteering for religious or nonprofit organizations, are most likely to trust God to take care of things. With an average age of 48, they experience low levels of stress and are the least likely to have been raised by a single parent or to worry about money a lot.
Broadcast blacks (17%)	Highly confident, independent, and positive in their attitudes, members of this female-skewed, older segment are the most likely to say things are getting better for them. They are heavy users of TV and radio (especially Gospel radio) and have the lowest Internet usage. They place high importance on "buying black."
Boomer blacks (6%)	Members of this oldest segment (with an average age of 52) are tech savvy, with high ownership of computers, DVRs, home theater systems, and wireless internet access—90 percent are online. They are the most likely to believe that black children should have black role models and that it's important to take advantage of the opportunities won by previous generations.

Note: Percentages are the approximate size of each segment within the population of black Americans thirteen to seventy-four years of age; for example, 12 percent of all blacks in this population are connected black teens.
Source: Adapted from Radio One, 2008.

Sometimes we have to remind ourselves that we are not the only ones who segment; people sort themselves in many different ways that we should be paying attention to, whether it is by the music they listen to, the stores they shop in, the games they play together, or whether and where they worship. Perhaps these "natural" assortments of people into groups need more attention when we are designing social marketing programs.

How to Tell If Your Segmentation Scheme Is Worthwhile

Yankelovich and Meer (2006) posed six questions for marketers to ask themselves when they are developing a segmentation scheme.

■ ■ ■

What are we trying to do? Formative research is not about exploring the personalities of priority groups on any of a host of variables that hold more theoretical than practical value but is instead primarily about identifying groups of people open to trying the behaviors we are suggesting to them. If we want to increase physical activity among twelve- to sixteen-year-old girls, then segmentation strategies might focus on which subgroups of these girls are more open to being active alone or with others, want structured activities or convenience, or were more active when they were younger.

Which customers drive profits or organizational benefits? That is, which priority groups matter to and have an impact on an organization's ability to meet its mission and objectives. While many programs focus on new adopters for target behaviors, it may actually be more profitable (achieve better reach and higher levels of efficiency and efficacy) in some circumstances to focus on current adopters who can be asked to serve as models and promoters for the behavior (Lefebvre, 2007).

Which attitudes matter to the buying decision? Focusing on what Yankelovich and Meer (2006) term "immutable personality traits" does not mean that lifestyles, attitudes, self-image, and aspirations cannot be explored with potential audiences, just that these traits should be related to the behaviors, products, or services we are interested in offering, increasing, or decreasing. Thus, for twelve- to sixteen-year-old girls, our understanding is that the change from elementary or middle school to high school has a number of impacts on self-esteem and social status, that striving for autonomy and independence from family influences increases over this age range, and that these girls lead overscheduled, hectic lives in which they believe they "need more energy" to get through the day. This is important as long as this information increases our understanding of the context for increasing physical activity and suggests elements of the marketing mix on which to base our intervention strategies.

What are my customers actually doing? Yankelovich and Meer (2006) point to the enduring psychological principle that the best predictor of one's future behavior is one's past behavior as a reminder that, as often as it is feasible, formative research should strive to create conditions or simulations for people to

respond in and should not conduct them in sterile or contrived environments. As a move in this direction, we might ask the girls to keep a daily log for a week prior to a focus group session and to record times and places where they might have been more active "if only . . . [*fill in the blank*]." Or we could ask them to take photos with disposable cameras or their cell phones of areas around their homes or school neighborhoods that are "great," "bad," and "could be made better" places to be physically active, and then we could ask them to discuss these photos and "reasons why" in any of a variety of formats (individual interviews, dyads, or triads).

Will this segmentation make sense to senior management? The answer to this question can be a real stumbling block for social marketing managers who are proposing new programs, especially to upper management or to partners who are not predisposed to segmentation strategies to begin with. It is easy to imagine what some public health officials have thought (if not said out loud) when presented with segmentations that went beyond the known and safe demographic world. In fact, I have been asked on occasion by senior managers to provide a reality check on their staff's proposed segmentation strategy (for example, "They are not even proposing to segment teens by race and ethnicity!"). Finally, imagine the resistance of managers who don't trust the research designs, methods, or data analysis techniques because they are unfamiliar with them.

Can our segmentation register change? Will the segmentation scheme lead to greater use of health products and social services and improved practices among group members? The ability to influence change is just part of the picture though. The point made by Yankelovich and Meer (2006) is that segmentation should not be viewed as a one-time, go-for-broke activity but as part of ongoing research efforts to address important organizational questions and public health and social issues. Not only can an all-or-nothing approach be a barrier to reaching consensus on priority groups but it also undermines the important role and contribution that segmentation research makes to the overall program. As I noted in the beginning of this chapter, shifting to thinking in terms of priority groups introduces the opportunity to talk about the dynamic aspect of these groups, and how they may change over time. Social marketers sometimes find that a priority segment may have been too broadly defined (because a significant difference in perceptions of or reactions to our program implementation has begun to appear in our monitoring data), or we find that it may be too narrowly defined (because reach is lagging behind projections), or we see new opportunities emerge as another group is exposed to the program and responds to it in a favorable way. Segmentation is a

HOW TO TELL IF YOUR SEGMENTATION SCHEME NEEDS WORK

- It reads like a page from a census document.
- It is overly concerned with the consumers' identities and neglects to state which behavioral features matter to current and potential audiences (for example, for a program concerned with physical activity, what types of activities, under what circumstances, for how long, when, and with whom are some of the features that can be considered).
- It places too little emphasis on the actual behaviors of the audience. Instead it has profiles that make you feel all warm and fuzzy about the audience, but you don't have a clue about what these people do when it comes to engaging in the target behaviors or any of the possible competitive ones.
- It gives too much attention to the technical details of creating the segmentation scheme. This may well raise significant questions from the decision makers who have the ultimate sign-off authority.
- It contains no obvious implications for how to position the desired behavior versus competing ones, what incentives to offer, what barriers to address, where and when to provide opportunities to try out or to engage in the behavior, and what promotional strategies and messages might be most relevant for the audience.

tool to increase the likelihood that socially beneficial products, services, and behaviors will be adopted among large groups of people. Once the segmentation process becomes an excuse, a reason not to monitor program implementation and to avoid change (such as in the attitude that "we don't change segments once we establish them"), then it has stopped performing as a marketing tool.

COMPETITION

The idea of competition can be both strange and seemingly counterproductive to people who work for public health and social change. Some people find the idea of competitors antithetical to the philosophy of people and organizations working toward a common goal. Other people find competitive analysis to be an academic

pursuit, or the fulfillment of a requirement listed in a marketing plan, one that they achieve by listing all the organizations that are against their objectives or noting all the barriers to achieving those objectives. And for still others, competition is a moral hazard best ignored when pursuing lofty social goals. Most of us who work for social change often want to seek out more collaborators and partners, not uncover more competitors, to help move social progress forward. In social marketing, however, the idea of competition is used not so much to marshal our forces against a perceived antagonist as it is to sharpen our strategic and tactical choices as we develop programs. As just one brief example, if we consider that the behavior we are trying to increase, or decrease, among a priority population faces numerous competitors—behaviors that the individual may want to engage in because they are easier or behaviors that the environment or context supports or prevents—we will pay closer attention to how these alternative behaviors should be addressed in the design of our marketing mix and in a larger social context. This example gets to what should be a primary concern for marketers who focus on behavior change: in societies that value free choice, the primary competitors that need to be understood and addressed are existing and alternative behaviors (Andreasen, 1995; Kotler & Roberto, 1989; Noble & Basil, 2011). Now this chapter turns to an example of a major social innovation project that teaches us about many different forms of competition.

Competition in the Marketplace for Innovation: One Laptop per Child

An innovative project known as One Laptop per Child (OLPC) illustrates what can go wrong when good ideas for good causes fail to adequately consider the many forms of competition even good intentions can elicit. The objective of the educational initiative OLPC, announced with great fanfare at the World Economic Forum in Davos, Switzerland, in 2005, was to create an inexpensive yet rugged laptop computer and get it into the hands of children in developing countries. The development of the laptop pushed the edges of engineering and design; the machine has no hard drive to damage, and it has the ability to connect wirelessly to the Internet using existing national infrastructures, to use alternate sources of energy when electricity is unavailable, and to act as a repeater to potentially expand access to the Internet to ever more remote locations. All for US$100—and a child can maintain and repair it!

The philosophy behind OLPC has been that

1. Learning and high-quality education for all are essential to provide a fair, equitable, and economically and socially viable society.
2. Access to mobile laptops on a sufficient scale provides real benefits for learning and dramatic improvement of education on a national scale.
3. So long as computers remain unnecessarily expensive such potential gains remain a privilege for a select few.

The idea has been to change education by developing and distributing low-cost laptop computers so that every child would have the means to tap into his or her potential, be exposed to the wide world of ideas through web access, and contribute to a more productive world. The intentions were socially driven and technology based. While the laptop was developed with careful attention to the needs of students in poor rural areas, it also had its detractors (or competitors) from the outset, including two computer industry giants, Intel and Microsoft, who were pushing alternative approaches to the design of such a machine. Intel had developed a $400 laptop aimed at schools as well as an education program that focused on teachers instead of students. And Bill Gates, Microsoft's chairman and a leading philanthropist for the third world, questioned whether the concept was "just taking what we do in the rich world" and assuming that it is something inherently good for the developing world too. It should not be a surprise to learn that the OLPC computers used AMD processors and the Linux operating system—competitors to Intel's and Microsoft's products.

The OLPC eventually did develop its computer, and several countries made verbal commitments to purchase these laptops for their nation's schools—yet until recently none allocated the funds to do so. Besides the competition from Intel and Microsoft, who did eventually launch a slightly more expensive alternative, the Classmate PC with Wintel software, the OLPC faced other challenges with trying to gain distribution partners. Pricing the laptop computers at $100 left very little margin (profit) to pass along to distributors of the product, who were not expecting to bear the costs themselves. Governments became concerned over whether they would be on the "bleeding edge" of untested technology and perhaps also be paying a premium over the possible price for second-generation laptops. Probably the staggering blow for OLPC was that local educators would

not support using the computers in the classroom. Because the OLPC had been talked about and marketed as "direct to the child" technology, teachers (a critical-for-success group for education reforms of all kinds) had been left out of the discussions, and they effectively blocked purchase and use by national ministries of education. Although the program has been introduced into several countries, competitors from many parts of the marketplace have significantly weakened the program's impact. What is notable about the program's work now is the focus on providing teacher training and ongoing consultation to teachers (Kraemer, Dedrick & Sharma, 2009; Quelch & Knoop, 2008; Wyss, 2011).

Kraemer et al. (2009) reviewed this project from the perspective of diffusion of innovations (see chapter 3) and identified five major lessons, all of them reflecting a lack of adequate competitive analysis by the well-intentioned technologists who led this work.

1. Innovators must understand the local environment in which the innovation is to be introduced. OLPC seemed to assume that all governments made and executed purchasing decisions in a similar way. Its leaders also were surprised when rhetorical support from high government officials did not translate into money and action to support the effort. Kraemer et al. (2009) also suggest that innovators need to have expertise in sociology, anthropology, public policy, and economics—not just engineering—to help establish criteria for selecting countries and then working in a few to ensure success that their peers could then emulate. I would add "social marketing" to this list.

2. Innovations are most often perceived as disruptive, especially to the traditionalists and protectors of the status quo—also know as bureaucracies. Not only were technology companies mobilized by the perceived threats OLPC posed to their markets, technologies, cost structures, and relationships, they actively worked against the OLPC to develop competing products and expand their own businesses into education markets in developing countries.

3. Innovations are not stand-alone products; they need to be integrated into existing life patterns, work flows, and institutional processes to survive and thrive. The daily competition to doing something different is a force to be reckoned with for any behavior or systemic change we market.

4. Innovators must understand the true risks and costs of adopting new practices or behaviors, not just their benefits. For example, while the price of the

laptop did not get down to the hoped for $100 purchase price, the costs of ownership (infrastructure support, training, tech support, hardware and software maintenance, upgrades, and replacements) were substantial but not addressed. There was also little consideration apparently given to the opportunity costs, the competition from other things governments and education programs could spend their money on rather than OLPC. And what would happen if the program did not achieve the promised results? Who would support the program two or three years from now—or when governments change? What if OLPC itself disappeared—to whom would the laptop owners then turn for help? These are questions a competitive analysis needs to uncover and then address in the marketing program.

5. We need to develop, support, and sustain systems for innovation. Individuals and organizations require assets, or internal capacity, to successfully master and then sustain new behaviors, practices, and processes. OLPC offered little to support capacity development, and indeed, some external reviews of OLPC projects noted that the scale of implementation imagined by OLPC was beyond the resources of any developing country. Who are the competitors to the people and organizations who are sustaining change?

Competition and Social Change

The example of OLPC illustrates the concept of competition in a way that fits with what many of us have seen in competition among commercial products and services. In social marketing programs in developing countries, where products and services are a large component of program offerings, the idea of competition is folded into many strategies that these programs develop, including the competition from other legal and illegal commercial, nonprofit, and government sources of such things as condoms, intrauterine devices (IUDs), medications, and basic health services. Yet many social innovations in developed country contexts also involve products and services that could benefit from a marketing perspective on competition (cf. Miettinen & Koivisto, 2009; Pilloton, 2009).

The notion of competition is also helpful in situations where corporate or special interest groups may have views diametrically opposed to ours about the behaviors or social changes we are seeking. In such cases, failure to thoroughly understand and position our program against these competitive forces is naive. And though this thought may raise social marketers' discomfort level, it is also

important to recognize that allies and supporters might also be competitors by virtue of having different preferences in such situations as accessing financial resources, selecting priority groups, choosing behavioral objectives and a strategic approach that aligns with one's usual course of action, and of course, choosing who gets the credit or top billing.

How we define our competition frames where we look for it and how we analyze it. For social marketing programs in which products and services make up a significant part of their portfolio, having a situational awareness of marketplace forces is required. These forces include the power of the consumer (purchaser) in terms of both the choices consumers are free to exercise (or not) and their access to alternative offerings. Our competition must also be assessed in light of the control and flexibility our organization has in the marketplace (for example, whether it is in a highly regulated market and whether it has stable economic and financial systems, well-developed logistical systems, identifiable competitors who are operating legally, and access to media outlets); the degree to which program offerings and services can be substituted for with other goods and services (for example, commodities are much more vulnerable to competition than branded items are); and the relative ease or difficulty of access facing new entrants into the marketplace (cf. Hastings, 2007).

Hastings (2007) notes that in democratic societies people always have choices about the behaviors they engage in or not. Thus they have a large amount of *buyer power*. At the same time, the flexibility of the social marketing organization faces some constraints. The types of behaviors it focuses on, and how it goes about altering them, are often prescribed or proscribed by donors and other funding agencies as well as influenced by the political context in which the organization is embedded. Indeed, it is not unusual to find a social change organization that understands a social puzzle and how it can be addressed but then find its own way forward blocked by countervailing social norms and political considerations. Finally, new entrants into the marketplace of behavior change appear on a regular basis. Some of these entrants may belong to the private sector, others to the government or nonprofit sectors. One of the consequences of this ease of entry is that social change organizations are often competing with each other for attention and resources to serve particular audiences with specific health or social problems. Another consequence, this one felt by members of the public, is that they are inundated with messages, products, and services all offering to meet a

need, solve a problem, or help them realize their aspirations—but all in different and unrelated ways.

Social marketers should embrace competition as a force that guides them to refine their offerings and programs to be the most relevant and the most likely to lead to change or be adopted by priority groups. Competition exists along many dimensions (for example, other health and social organizations and issues and groups with counterviews) and needs to be considered from the point of view of the people, both as audience and as potential actors ("Why should I pay attention to your message?" "Why should I behave in this fashion rather than that one?" "Why should I support your efforts rather than somebody else's?"). Understanding competition in all its forms helps social marketers to establish strong strategic positioning and branding platforms (see chapter 7) and drives program strategy and tactics in viable directions.

Competition and Behavior

Competition refers to any alternatives that meet the same basic needs as your offering, provide other solutions to a problem that you are offering to solve, or help people live their values in ways that are different from, or antithetical to, your program's objectives. It is easy to identify competitors in product categories: for example, carbonated beverages, automobiles, or snack foods. Similarly, competition among services can be found in the fast-service restaurant sector, among private service providers of all types (accountants, doctors, lawyers), and airline companies. Behaviors are also in competitive relationships with each other. For example, consider how much competition there can be for eating when there are nearly 200 times a day for people to make choices (Wansink & Sobal, 2007). Similarly, the way one becomes and stays physically active may involve a single behavior, such as walking, or may employ a range of activities depending on concerns for physical condition and safety, the time of day, the day of the week, or the season of the year. As these examples demonstrate, many behaviors can be broken down into a number of competitors, or alternatives. Other episodic or one-off behaviors, such as keeping an appointment with a dentist or physician, having a screening test performed, or fastening one's seat belt when in a car, may have fewer options (that is, they occur at one moment in time and therefore have relatively fewer competitors than behaviors that must be repeated or decisions

that are made over longer periods of time). As anyone who has vacillated between what seem to be two clear choices for a health issue can attest, there are many competitors introduced by our thoughts, the people we are with, our sense of well-being, time pressures, and our health values.

How we define our competition frames the way in which we will approach positioning our offerings against them. Noble and Basil (2011), for example, categorize competitive forces at four levels: (1) what we focus our time and resources on (improving reading levels among children or reducing childhood obesity?), (2) what strategy we select to address our chosen focus of, say, reducing childhood obesity (improving school meals or increasing physical activity levels?), (3) what tactics we use to carry out the strategy (walking to school or adding physical activities during leisure time?), and (4) what specific behavior change offering we select (bicycling or skateboarding?). Notice that in this example I made a decision at the first level before proceeding to the next level, in order to elaborate a marketing plan. I had very little competition from other points of view. In the real world of developing large-scale approaches to serving children's needs using public funds, you can envision how competition will seep into every aspect of program design.

The following list, drawing on ideas presented by Donovan and Henley (2010, p. 219), identifies specific types of competitors that social change agents need to monitor and, if necessary, counter:

- Manufacturers, marketers, and industry-sponsored support groups of products that may be harmful to individuals, the environment, or society—such as tobacco; foods high in calories or saturated fats; products that contain lead, such as gasoline or paints; and insecticides used in residential and agricultural settings.
- Creators, distributors, and users of products and services that model or support behaviors that are detrimental to individuals, groups, or social norms—such as graphic violence in movies and digital entertainment, human trafficking, hate speech, and terrorism.
- Organizations and groups that espouse sociocultural beliefs and values that are counter to adopting healthier or prosocial behaviors or behaviors that improve environmental quality—such as religious groups that disapprove of contraceptive methods, denialists who offer unproven remedies and treatments for

illnesses such as HIV/AIDS, and organizations that attack the credibility of scientific evidence drawing links between industry actions and negative public health and environmental consequences.

Finally, we need to keep in mind that the way we analyze our competition can inform our marketing strategy. For example, smoking cigarettes clearly competes with nonsmoking. In developing social marketing programs, this superficial analysis does not lend itself to specific strategies. However, when we consider how smoking competes with nonsmoking in the workplace context, that setting allows us to bring into play the health consequences of passive exposure to smoke and lost productivity costs. This combination of focusing on *place* and its unique *prices* has allowed many groups to shift smoking behavior from a person's desk to smoking lounges, then to outside the building, and now to the perimeters of spaces extending beyond building entrances. Narrowing the context in which smoking behaviors can compete with nonsmoking choices at the worksite through changes in the marketplace (policy development) has been demonstrated to lead to successful quitting in up to 20 percent of smokers (Bauer, Hyland, Li, Steger & Cummings, 2005; Sorensen, Rigotti, Rosen, Pinney & Prible, 1991).

A QUICK VIEW OF COMPETITIVE ANALYSIS

One approach to conducting a competitive analysis is to think about it as part of strategic management. For example, whether you are considering creating new products, improving existing service offerings, or creating new behavior change programs, you might ask:

- What are our program's top three competitors—whether commercial interests, NGOs and their priorities and programs, or behaviors—that impede people's ability to adopt the specific behavior we would like to see?
- On what basis are we able to compete?
- In what ways are our competitors successful?
- Are these competitors expanding? Scaling down?
- What are their positive attributes in the eyes of customers?
- What are their negative attributes in the eyes of customers?

- How do current customers view us compared to the competition?
- How can we distinguish our offerings and value from our competitors' offerings and value?
- Do our competitors have a competitive advantage; if so, what is it?
- What is their promotional strategy (what tone, persuasive appeals, and facts do they use to support their value proposition to people)?
- What are their pricing structures (what do they ask people for)?
- Do they operate in the same geographical area?
- Have there been any changes in their targeted market segments?
- What is their size? What are their revenues?
- What is their percentage of market share, or the prevalence of their competitive behaviors?

After you have gathered information and answered these questions, go to current clients or customers, or interview potential ones from your priority group, and ask them to rate your program's behavior, product, or service offering and also the competition's offering on the following characteristics (you might use a 1 to 5 scale):

Our Organization	The Competition	Characteristics
_____	_____	Price (financial, social, effort, and other "cost" elements)
_____	_____	Quality
_____	_____	Durability or ability to maintain behavior change
_____	_____	Image or style
_____	_____	Value
_____	_____	Name recognition
_____	_____	Customer service
_____	_____	Customer relations
_____	_____	Location
_____	_____	Convenience
_____	_____	Other

These items are suggestions to get you started. The items examined by your competitive analysis will depend on the characteristics that seem most important for your program to study (based on theory, past experiences, and input from priority group members and the depth of research and development you are willing to invest in).

Resources you might use in a competitive analysis include competitors' advertising and marketing literature and materials and annual reports, direct experience or observation of competitors (for example, by means of mystery shoppers or users), and talking directly with competitors. More generally, you might make use of search engines; websites, blogs, and social media sites (such as Facebook and Twitter); newspaper, journal, and magazine articles; reference books and databases; your employees and stakeholders; members of your priority group(s); your professional networks and colleagues; and trade associations.

This chapter has reviewed concepts and approaches for two important ideas in the social marketing approach: segmentation and competition. When you read about positioning and branding in chapter 7, this work of defining and understanding priority groups and the competition will be put to good use.

SUMMARY

Social marketing is an approach to social change that begins and ends with an understanding of, and empathy for, people's perspectives on the social puzzles that affect them and the possible solutions for these puzzles. It also strives to develop this understanding by grouping together people who have similar characteristics, interests, values, or behaviors. This approach to segmentation allows program managers to allocate resources to achieve more change for priority groups. Segmentation also sets the stage for developing research approaches that allow us to have deeper conversations with people and to move toward more relevant and effective impacts on their lives.

Competition consists of the actual and potential rival offerings and substitutes that members of a priority group might consider. Competition can be thought of

in terms of four levels: (1) formulating program goals and objectives for a particular priority group, (2) developing strategic alternatives, (3) selecting tactics to implement the strategy, and (4) defining the actual behavior, product, or service to be offered to members of the group.

Competitive analysis goes against the instincts of the many change agents who value collaboration as a core principle for program development and action. Yet from the point of view of the people we serve, they are experiencing competition for their attention and this affects to whom they listen, how they prioritize issues, what they choose to do, the products they purchase, and the services they use. A solid understanding of competition is a way to understand the world through their eyes, rather than shutting ours to the existence of that competition. By understanding the competitive space, we can better position and brand our offerings to propose better value in meeting people's needs, solving their problems, and realizing their dreams.

KEY TERMS

competition

competitive analysis

critical-for-success group

marginal change

naive consumers

sales orientation

segmentation

targeting

TARPARE model

vulnerability

DISCUSSION QUESTIONS

1. Segmentation is usually based on data collected by various groups. If you could design five questions you would want every survey to ask people so you could develop segmentation schemes that go beyond demographics and risk factors, what would those questions be, and what is your rationale for each question? What would knowing the distribution of responses to the five questions allow you to do that you cannot do now?
2. Break into small groups, and take turns answering this set of questions: What is the first insight you remember having as a child? What was your best

insight? What made it great? What problem did it solve? How did you come up with it? Then, working as a group, identify the common traits among the answers to each question. Be prepared to talk about your findings with the rest of the class.

3. Select a major social issue and then map the competitors offering solutions to this issue at the local level. What organizations, businesses, or individuals support each position? How would shifting one opponent of the desired social change to a supporter change the dynamics of the marketplace and lead to positive social change?

4. The One Laptop per Child program illustrates a number of issues around competition. It also highlights the differences between a goods-dominant logic approach and a service-dominant logic approach to development and marketing. How might the path to development and use have been different if the developers had thought of OLPC as a service they were providing to people rather than strictly a product? What priority groups might have been identified, how might the value-in-use idea (discussed in chapter 1) have applied to each of them, and what might the marketing plan for OLPC have looked like from an S-D perspective?

Chapter 5

Moving from Descriptions of People to Understanding, Empathy, and Insight

A key to success in developing empathy and insight is turning research into conversations. (Image courtesy of Rare.)

Learning Objectives

- Discuss how the depth deficit limits the scope of many formative research projects.
- Identify seven elements for developing a persona.
- Describe the six core elements of a creative brief.
- Explain the role of an account planner in a social marketing project.
- Describe three approaches to formative research that can generate audience insight.

Having built the initial foundation of our program through determining the competitive context and designating specific priority groups, the work of understanding the people in these groups and developing an empathy with them begins. Social marketing has had a unique position among intervention approaches with its unwavering focus on listening to people in the earliest stages of program development (Andreasen, 1995). In this chapter and the next I discuss how to move beyond just listening in order to develop understanding, empathy, and insight. The outcomes of moving from listening to empathy and insight are a *persona* for each group and a *creative brief* that sets out the basic elements of program strategy. I will also be illustrating a variety of the research techniques that can be used to develop the understanding of, the empathy with, and the insight into people in priority groups that are also parts of the foundation of the most successful programs.

Research is a critical tool for program development; it can take different forms and have many different objectives as the program development process unfolds. Critical for marketers is research that keeps the people's perspective in focus and at the center of our activities, from idea generation through behavior and service design to implementation. Research in service of the audience, not just the funding agency, is key. At the earliest stages of program development, understanding who the important or priority groups are, developing insight into each of them, understanding their motivations and possible value propositions for or benefits from current or proposed actions, and generating possible solutions form a key, though often neglected, part of the marketing approach. Phil Dusenberry, the former chairman of the advertising agency BBDO North America, has stated that marketers rely more on consumer research than any

other profession. He goes on to add: "*you need to learn something you don't already know* . . . so much of what poses for research is little more than people seeking information that confirms their biases, their goals, their inclinations, and their decisions. It has nothing to do with acquiring new information. In a sense this is another form of 'satisfaction research'; it only tells you what you're doing right. This is not how great insights materialize. Insights come from owning up to what you're doing wrong and addressing those problems in ways that matter" (Dusenberry, 2005, p. 81; emphasis in original).

The remainder of this chapter looks at how to move from satisfaction research to research that provides meaningful information for program inspiration and design.

I'M IN AN AUDIENCE STATE OF MIND

When I consider how many of us in social marketing use the term *audience*, I conjure an image of a passive, shiftless group who are waiting to be persuaded (about something), entertained (by something), engaged (with something), or encouraged (to do something). This image has a direct effect on how I think about my social marketing and health communication efforts: Do I inform? Amuse or entertain? Create interesting products and services? Get emotional? Or some combination of these approaches?

When I think about *people*, I construct a sense of groups that are striving to accomplish things (even if just to survive the day), aspiring to better lives, seeking solutions to their problems, and constructively interacting with other people. The planning for my social marketing program might at this point revolve around such questions as, How can I be relevant in their lives? Help them reach their goals? Solve their problems (not mine, the organization's, or society's)? Help them interact more effectively with others? The accuracy and depth of the details of the answers to these questions will depend on my ability to communicate and empathize (*not* sympathize) with people formerly known as an *audience*. Seeing people as creative actors in their own lives, and not passive recipients of their fate—or what others "do for them"—sets the tone for how we approach them.

When I am an "audience," I *do* want to be entertained, satisfied immediately, and left alone in my experience of the moment (try interrupting *that*!). When I am the "change agent," I want to disrupt this perceived passivity, challenge the "satisfied now," and stimulate experiences of social solidarity and action.

I choose to create relevance and immediacy in people's lives with meaningful ideas and experiences.

I desire to create thoughtfulness and passion to bring people fully in touch with their beliefs and motives and to act on them responsibly.

I aspire to create hope that their lives can be better (however each of them defines that), our institutions can improve, and the world can be a better place too—and that we can find ways to do just that.

I want to shift away from the dominant social forces that preach ideas and behaviors such as "consume and die"; "be still, be quiet, be docile"; and "be easy, fun, and popular."

Most of all, I want to do it as *us*—not *to* them, *at* them or *for* them. Social marketers talk about the changing role of the audience and the emerging role of the change agent; should we talk more about the *us* of change?

THE DEPTH DEFICIT

Zaltman (2003) identifies six fallacies many marketers believe about their customers and clients. I find that many researchers, change agents, and program planners give credence to these fallacies as well.

- Customers think in a deliberate, rational, and linear way.
- They can readily explain their thinking and behavior.
- What goes on in people's minds, the environment and culture in which they live, and how they behave can be studied independently of one another.
- People's memories accurately represent their experiences.
- Consumers think in words.
- People can be "injected" with messages and will interpret and respond to these messages as marketers intend (Zaltman, 2003, pp. 7–14).

Zaltman then goes on to explain the new paradigm for thinking about human communication, thought, emotion, and memory that is based on recent empirical

research (see, for example, DeMartino, Kumaran, Seymour & Dolan, 2006). The key points he makes (Zaltman, 2003, pp. 33–43) are these:

- Human thought arises from images, not words. Implication: verbal language, or what people tell us in focus groups and interviews, is not the same as their thoughts and experiences.
- Most communication is nonverbal. Implication: there is a great gap between the way consumers experience and think about their world and the methods most marketers use to collect this information.
- Emotions play an important role in most decision making. Implication: we need to assess the emotional as well as the rational or functional value people place on specific products, services, and behaviors.
- Up to 95 percent of thoughts, emotions, and learning occurs in the unconscious mind. Implication: we need to use research methods that allow people to tap into these processes.
- Groups of people display common features in the way they construct their world, or their mental models. Implication: we need to understand these shared mental models as they may be "possibly the single most important set of insights that a manager can have about consumers" (Zaltman, 2003, p. 42).
- Memory is not a neural photograph but a creative product of our experiences, beliefs, and plans. Implication: we need to tap into the stories, archetypes, and core metaphors people use to create memories and coherent meanings about our brands, the organizations we represent, and the behaviors we want them to change or adopt.

To replace the fallacies we have accepted about how people think, both research and program planning teams need to focus on closing the *say-mean gap*. That is, we need to learn how and why people think about and do what they do, rather than focusing mainly on what they say in response to our questions.

This approach is not without risk. Opening ourselves to deeper understandings of the people we serve means entertaining the idea that there are things we do not know and need to learn. Deeper learnings and understandings may also lead us to experience new and unfamiliar thoughts. Perhaps we will need to plan

our programs differently? What would that mean to our self-esteem and professional identity? It may drive us to uncover how alike many people are with respect to their thoughts and behaviors, and lead us away from focusing on substantively inconsequential differences such as age, race, or ethnicity when we develop segmentation and positioning schemes. And finally, it also means we have to take the time, work harder, sometimes suspend our disbelief and doubt, and even, as Zaltman admits, develop an attitude of serious play to do research that matters.

Moving Beyond Superficial Understanding

Zaltman and Zaltman quote political psychologist Drew Westen's (2007) critique of focus groups: "If you ask people conscious questions about unconscious processes, they will be happy to offer you their theories. But most of the time, these theories are wrong" (Zaltman & Zaltman, 2008, p. 9). Their discussion of the outdated knowledge (or fallacies) used to power most marketing practice highlights that like their commercial counterparts, social marketers tend to focus on the surface level of thinking—understanding product attributes, perceived barriers, and functional benefits of practicing the behavior. Rarely are marketers pushed by themselves or their clients to understand the deeper social and psychological consequences of those beliefs and barriers and how they fit into people's lives. Providing methods for overcoming this *depth deficit* and for thinking more deeply about what and why people do what they do (or not) is one aim of this chapter. These methods involve the application of disciplined imagination to gather deep insights from people we serve.

The Empathy Link

Practitioners of the design discipline use the idea of *empathy* as a key driver for their research; social marketing research should do the same. Brown (2009) identifies connecting with people as the most important distinction between academic thinking and design thinking. Indeed, many design research techniques are crafted to put designers in front of, and more important alongside of, people whose lives they hope to improve in some way. Such empathetically directed techniques, in contrast to data-driven ones, can help to uncover both the needs people have that they may not be aware of and the emotions that guide their

behaviors. Social marketing can learn from these structured efforts to see the world through the eyes of others, understand it from their experiences, and feel it through their emotions. Designers deeply believe that when they make this connection their work becomes more relevant and effective in addressing social concerns. It is a world away from sitting behind one-way mirrors, using software to analyze transcripts, and reviewing survey data tables.

Roberts (2005) stated the case for empathy this way: "Embrace emotion. Feel it yourself, don't just analyze it in consumers. This is how long-term relationships are made" (p. 190). He believes that we understand people's emotions and inner workings not by asking about them but by listening. The struggle I often see in social marketing research is over how many questions can be fitted into an interview session or focus group guide. Perhaps we need to start asking a different question in such discussions: why should we ask any questions at all? And if we do ask questions, which ones will create a space in which we can listen, and not simply be doing satisfaction research?

PRIORITY GROUP PERSONAS OR ARCHETYPES

Most agencies and organizations rely on the collection and analysis of demographic data from secondary sources, such as demographers in census bureaus, national or local epidemiological studies, or commercial market reports and databases, to make decisions about segmentation and select priority groups. Much of the thinking of most marketers, not just the social ones, is colored by questions about age, gender, race, ethnicity, marital status, occupation, size of household, and by other demographic information that also lends itself to easy questions (for surveyors) and quantitative analysis. Though relied on for all sorts of health and social policymaking, these data do not provide the understanding of a priority group that leads to insight and effective marketing and communications efforts.

One way to address this shortcoming is to design segmentation and consumer research efforts that have as a primary objective the creation of *archetypes* or *personas* (these terms are interchangeable and are used by many advertising, design, and communication professionals). An archetype or persona represents the essence of a priority group, often captured and presented in caricature form, though it is not unknown for agencies to hire actors, develop scripts, and videotape scenarios to develop an in-depth understanding of a group and also be

FINDING EMPATHY (BY MISTAKE) IN FOCUS GROUPS

My colleagues and I were conducting focus groups with eighth-grade girls to develop some perspectives for a sexual health education curriculum. The idea was to get them to tell us about the sexual health topics they would talk about among themselves, or with boys (none!), and to learn the language and approach they use in order to inform the development of our materials. Early on in one of the groups it became obvious to me (but unfortunately not to the moderator) that one girl who had initially offered several perspectives on sexual behaviors in school suddenly became very quiet after two other girls dismissed her ideas as not what they had experienced. For the next ten minutes or so, she simply checked out of the session. It was her reaction, more than the conversation that continued, that stuck with me, until finally I asked for the moderator to be called out of the room for a quick consult. (Some people believe that moderators should finish a session before consultants or program developers talk to them, but in my experience, by that point the opportunity to learn something has passed.) I needed to know what was behind this girl's behavior, and I asked the moderator to go back in, directly ask her what had happened, and try to reengage her in the group process.

The moderator did as I asked, and the girl was quite willing to share what she was thinking: "These girls have no idea what they are in for!" As it turned out, this young woman had met the age eligibility for the focus group but was a ninth grader. And as she quickly began describing the sexual harassment she was suffering as a high school freshman, not only did the other girls in the group become very quiet but so did everyone in the observation room. What became obvious to us was that the eighth-grade girls, who were now at the top of the pyramid in the power structure of their elementary schools, were going to find a whole different reality at the bottom of the high school one. And while the girls in this eighth-grade group could not now imagine themselves being in such a lowly position, it was impossible for the rest of us not to empathize and understand from this one young ninth-grade woman that sexual health education in eighth grade needed to be all about sexual health survival in ninth grade. It remains my firm belief that no probe or survey could have told us that. Indeed, if not for the happenstance that she was inadvertently included in the focus group, we would not have had that experience or insight at all. We nearly engineered insight and empathy out of the process through our recruitment procedures—and how many times is that done around the world in too many research projects?

able to communicate that understanding and empathy to clients and stakeholders. These personas or archetypes might be developed for current or desired users of products or services as well as for people who engage in a behavior we are trying to change or who are open to trying a new behavior.

A persona representing a priority group we have identified might include

- A fictitious name ("Harry," for example) and picture or photograph.
- Demographics and life stage (such as age, education, ethnicity, family status, children in home, career focus).
- A description of Harry's values or approach to life.
- Harry's emotions and attitudes toward the behavior being targeted or the product or service being offered.
- Actions Harry would likely take when interacting with our organization or as a consequence of exposure to our marketing activities.
- Places (life path points) and media where Harry can be reached.
- Personal traits that are relevant to the puzzle we are addressing and to how we and Harry might solve it together. These traits should help staff and partners connect with the type of person who is your program priority. Examples might include Harry's hobbies or interests, attitudes toward health or climate change, a source of pleasure or inspiration for him, a habit Harry deserves, a habit Harry wants to kick, something in Harry's life that is under control or out of control.
- A fictitious quotation from Harry that sums up what matters most to him with relevance to our offering (for example, the underlying benefit or value proposition Harry is seeking or what motivates him to try new things).

This archetype distills our understanding of the priority group members and provides insight into what motivates them, what emotions resonate with them, and what actions they are ready to undertake. However, describing the persona is also a creative opportunity for staff and collaborators to bring the person to life for themselves and others. Any and all data sources can provide valuable inputs for the development of a persona. Data should not be limited to what is gathered in formal research activities but can include things we learn from interactions we have with people from a priority group in our daily lives. Some research purists

will take issue with this last point, but that makes my point. Developing understanding and empathy is not a research project—it comes from experiences we have with people.

Many social marketing and social change projects overlook the development of a persona. Yet if we are to create programs that serve people it is important for us to have a person in mind—not a collection of numbers—before developing a marketing plan and designing relevant strategies and tactics. The practice of developing a persona is virtually sacrosanct among advertising creative staff, designers, and social marketers, where a vivid portrayal of a typical member of the priority group is a necessary precondition to the development of products, services, and communication campaigns that will have an emotional resonance with that group (Brown, 2009; Lefebvre et al., 1995; Roberts, 2005; Sutton, Balch & Lefebvre, 1995). The challenge is to create a persona that rises above a stereotype and is someone with whom staff can engage. That is, we need to construct a persona that is not met with "so what?" responses but that inspires people to ask, "What would Harry say about that idea?" (Several examples of personas created to bring priority groups to life are given in the following two sections.)

An understanding of our priority population that is assisted by a vivid persona, or spokesperson, will also help us communicate internally about priority groups in policy and strategy discussions. Numbers in a data table communicate one set of attributes about people; photos or drawings, names, hobbies, passions, and a vivid understanding of people's daily lives (or life flow) convey a quite different set of attitudes and feelings to employees, partners, and stakeholders. Personas help to create a shared understanding and empathy among all of the concerned parties about the people they wish to serve. And as with other processes described in this book, it is highly desirable to make the development of the persona a co-creation exercise with representatives from the priority group as well as with employees, existing customers, partners, and stakeholders. All of these perspectives can contribute knowledge and understanding to create a platform for the design of the social marketing program.

Here are some additional benefits that result from developing personas:

- Users' goals and needs become a common point of focus for the team.
- The team can concentrate on designing for a manageable set of people, knowing that they represent the needs of many users.

- By always asking, "Would Harry do or think this?," the team can avoid the trap of creating unnecessary product or service features and focus on behavioral outcomes that are achievable, practical, and useful.
- Efforts can be prioritized based on the relative importance of different archetypes or priority groups.
- Disagreements over design decisions can be sorted out by referring back to archetypes.
- Materials can be evaluated against persona needs.

Personas for Priority Groups to Address Concurrent Sexual Partnerships

The following three personas were generated to synthesize research findings for a campaign developed by PSI to increase discussions about concurrent sexual partnerships (CSP) and encourage reductions in CSP prevalence among three priority groups. (PSI calls these descriptions *profiles*.)

Married and/or Cohabiting Urban Man

> Munya is 35 years old, married with two children. He values his children and aspires to send them to better schools. He lives in a low income suburb and runs a small business fixing cars. He owns a modest car and aspires to buy a better car to improve his "status" especially among his friends. He also aspires to own a home in one of the affluent low density suburbs. Munya's life is very busy, as running his own small business is demanding. He finds his sex life boring and seeks extra marital partners to meet his sexual needs. Munya has two "small houses" Nancy and Rutendo. Nancy has been Munya's "small house" for about 5 years and she really understands him. Rutendo is beautiful and fun to be around. He normally sees both of them every day. Munya does not use condoms with Nancy as he "trusts" her though he uses them inconsistently with Rutendo. Munya occasionally spends time with his drinking buddies, watches television and listens to the radio. He occasionally worries that

maintaining small houses is expensive, but at the same time thinks the girls are worth it [PSI, 2010].

Single, Never Married Woman

Fadzi is in her early 20s, single and a college student. She lives in a one room rented accommodation. She likes to party, braai, dance and drink at places such as outdoor entertainment spots that include Mereki, Globe Trotter, Car Wash and IBs. She loves having the 3 C's (cash, car and cell phone) and other luxuries. She has several friends that she hangs out with and she confides in her closest friend, Mona. She has several partners and uses condoms with some of them because she does not trust them. She is more worried about pregnancy and the disappointment and embarrassment to herself and her family. Fadzi does not believe that being involved in overlapping sexual relationships will prevent her from realizing her full ambition of being a graduate, running her own business and getting married. She believes that having more than one sexual partner at the same time makes her more popular among her peers [PSI, 2010].

Married and/or Cohabiting Rural Man

Gibson is a 32 year old married man living in the rural areas. He has three children and also looks after his brother's children. He runs a butchery at a rural business centre in Mhondoro. He spends most of his time at the bottle store, drinking beer with friends and relatives. Gibson has several girlfriends and occasionally sleeps away from home and his grandmother covers up for him. He trusts his "small house" Ropa and his "sweet sixteen" Rachie and does not use condoms with them as he believes he is the only man in their lives. He uses condoms with Audrey and Nyasha and other casual girlfriends because he worries about the risk of HIV infection. He wants to succeed in life and provide well for his family. Gibson hopes to expand his business and looks forward to a healthy life. His sex life at home is boring and he spices it up by having extra marital affairs though he is worried about being discovered by his wife and mother. He listens to the radio and reads the newspaper whenever he gets access to one [PSI, 2010].

Persona Development for Programs Focusing on Moms

Profiles the CDC has developed for various segments of the population are available at their Gateway to Health Communication and Social Marketing Practice website (http://www.cdc.gov/healthcommunication/about.html). One priority group they focus on is "Moms (with kids at home)," whom research has shown are primary gatekeepers for household decisions and finances (US Department of Health and Human Services, 2010). Three personas for segments of this priority group are shown in Figure 5.1. A primary distinction between these personas is the generation that each represents. Maria Thompson is a Gen Y Mom, Sally Park is from Gen X, and Nancy Bellingham is a Baby Boomer. Each persona has different interests, daily lives, orientation to raising her children, and media habits. For program planners, these personas suggest different value offerings, ways and times to reach and engage with them, and their likelihood of adopting specific behaviors related to their health or the health of their children. These brief presentations of personas illustrate how you can convey important information about a priority group to complement and highlight information contained in more extensive text and tables.

THE CREATIVE BRIEF

Many agencies that conduct formative research that includes segmentation and profiling (or developing personas) treat these exercises as *objective research* activities and delegate responsibility for conducting them to internal researchers or outside research vendors or consultants. In many instances these research groups may be very good at developing research questions, using a variety of methods to collect "the data," and conducting sophisticated analyses of these data. Yet they can fall short in providing insight into the problem. When they are tasked with creating personas—if they do them at all—their zeal to remain objective means the results are often lifeless. And some researchers are sometimes at a loss to transform their research findings into concrete recommendations for action. I have had research staff tell me that discussing the implications of their focus group results for program design was not their job. Their job, as they saw it, was to document and summarize the focus group conversations, period.

One method for pointing research in the direction of insight and program design is to use a *creative brief*. Though the name of this document and the process of following through on it may differ from agency to agency, the creative

FIGURE 5.1 Personas for Programs Focusing on Moms

Moms at-a-Glance

These composite profiles are for illustrative purposes only.

"My involvement with my friends and different school groups is an important part of who I am. I'm not going to let being a mom keep me from reaching my goals. I want to help my son become his own person."

Maria Thompson (Gen Y Mom)
Occupation: Student
Age: 23
Single; One son

- Wants to teach her son good values and help him develop a strong sense of self so he can make good choices.
- Reads newspapers and women's magazines to stay informed.
- Considers doing the right thing for her child and staying active her biggest health concerns.
- Connects with friends through MySpace and text messages.
- Refuses to put her life on hold just because she has a child.

"It's important to achieve a balance between using discipline and modeling good values to help my children reach their full potential. Raising good, successful children is absolutely a woman's top priority."

Sally Park (Gen X Mom)
Occupation: Full-time mom
Age: 35
Married; Two daughters

- Keeps the family in line, and takes care of her parents.
- Pays bills, emails, and stays in touch with friends online.
- Makes her children's education a priority; saves for their college, and plans their annual family vacation around learning opportunities (e.g., museums, historical landmarks).
- Believes in doing things by the book, including monitoring her kids TV viewing and online activities.
- Prefers multiple communication sources, including traditional and new technology.

"I enjoy spending time with my family and seeing my kids' progress. Rather than go out to eat or see a movie, I like to attend my kids' practices, and make sure they participate in lots of extracurricular activities."

Nancy Bellingham (Baby Boomer Mom)
Occupation: Small business owner
Age: 46
Married; One daughter, one son

- Balances career with personal and family needs, but will go to work when sick.
- Shops at Target and often shops online to save time.
- Wants her kids to do great things and helps them be popular, fashionable, and competitive.
- Worries about rising health costs; stays physically active and tries to eat right.
- Stays current by reading the front page of the newspaper, and loves watching Lifetime Movie Network.

2

AUDIENCE INSIGHTS: MOMS STRATEGIC AND PROACTIVE COMMUNICATION BRANCH

Source: US Department of Health and Human Services, Centers for Disease Control and Prevention (2010).

brief has a long history of use in advertising agencies and design and public relations firms. Steel (1998) describes three objectives for a creative brief:

1. Give the creative team or program planners a realistic view of what their work needs to do and is likely to achieve.
2. Provide a clear understanding of the people the program must address.
3. Give clear direction on the strategies and tactics that will be most relevant to the priority group(s), inspire action, and lead to desired changes in behavior.

The users of the creative brief are the program planners or any other group of people responsible for designing the intervention. The goal of the brief is to influence the way this team approaches and solves the social puzzle in front of them. Steel (1998, p. 141) notes the metaphor used by Jeff Goodby when he compared the creative brief to a fisherman's guide (we might also think of it as a travel guide). The guide points us to the best places when we are in unfamiliar water, shows us where to fish, and has some ideas about the best bait or flies to use for the type of fish we are interested in catching. The guide does not do the actual fishing for us, but it does lead to a more enjoyable and successful effort than if we had just struck out on our own.

The creative brief was introduced to social marketing practice by Sutton, Balch, and Lefebvre (1995) as a way to integrate consumer research into the process of creating *consumer-based health communication* (CHC). These authors encoded the CHC process as one of answering the following questions. (The questions have been adapted slightly to the terminology of this book, and the answers here are based on the consumer research the authors conducted for the 5 A Day for Better Health program).

Who will be the priority group and what are they like?

- Between the ages of twenty-five and fifty-five
- Have a busy, hectic lifestyle
- Cut corners in meal preparation
- Value convenience in selecting and preparing foods

- Have health-oriented knowledge and attitudes about diet
- Are concerned about losing weight
- See cancer as the health problem to be most concerned about
- Watch local news, news interview shows, and prime time movies
- Listen to soft rock, classic rock, easy listening, and country and western radio

What action should members of the priority group take as a direct result of the communication? This question can also be expanded to include exposure or contact with other types of program activities, including product and service components. Note that in the following answer, the phrase "instead of" positions the proposed solution against a competing belief or action.

- Add two servings of fruits and vegetables "the easy way"—instead of "the hard way."

What reward [or value proposition] should the message [or product or service] offer the consumer?

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

How can this promise be made credible? This question is often stimulated by the consumer question, "Why should I believe the promise?"

- If I add two servings of fruits and vegetables the easy way instead of making it hard (action), then I will feel relieved and more in control of my life (reward) because
    - People I respect (models and spokespersons) who lead busy lives like me can do it.
    - I have seen lots of easy and quick ways to add fruits and vegetables to my diet.
    - I have seen and tasted easy and quick preparations of fruits and vegetables.
    - Adding two more is something I believe I can do.

What openings and vehicles should be used? In this question *openings* refers to the times, places, and states of mind when people are most open to learning about the new behaviors, products, or services we are offering.

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

What image [or personality] should distinguish the action? Now *brand* has become the more common term for this image or personality.

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

As this example demonstrates, the creative brief is a bridge between consumer research and strategic thinking. It takes all the relevant research information and transforms it into a short document that along with a persona informs, guides, and inspires the creative team and program planners. Lengthy research reports satisfy other informational and reporting needs. See the next example for an outline of a creative brief.

OUTLINE FOR A CREATIVE BRIEF

The social puzzle. In this section of the brief, create a frame that indicates how the puzzle should be viewed and the types of alternative solutions that are possible. Do the puzzle pieces include a lack of information or misinformation; access to products or services; behaviors that need to be adopted, increased, decreased, discontinued, or maintained; service systems that need to be redesigned; lack of opportunities to engage in desired behaviors; or policies that work against social welfare? The key is to consider the potential pieces succinctly.

Priority group. Each group or segment should have its own creative brief because the actions, benefits or value, supports, openings, and other issues should be different for each group. When they are not, review the segmentation criteria and choices—perhaps you should be combining them? Describe

the criteria and choices here, referencing back to the persona if it has been created already (also see the chapter 4 list titled "How to Tell If Your Segmentation Scheme Needs Work").

Objective(s). Social change objectives will usually be behaviors, but depending on the theory of change you are using, objectives may also include a change in attitude (to reduce the stigmatization of mental illness for example), a change in beliefs (human behaviors and industrial emissions do contribute to climate change), a change in the physical environment (safe bike paths for children to use to get to school), an increase in access to services (train more community health workers for certain geographical regions), and revised policy (increase penalties for trafficking in counterfeit drugs for malaria and tuberculosis treatment).

Situation analysis. Paint a picture of the challenge, or create a visualization that depicts the problem, its contours, and possible solutions. Limit this analysis to the problem and objectives of the immediate program; do not try to present a literature review. Are there similarities to other types of problems the organization has confronted before? Describe what has worked in the past to address the problem or solve similar problems among the priority group. What are you and other organizations currently doing that affect the puzzle or the solution? Present a scenario for an ideal solution—what would it look like (not a numerical objective but a view of what would be different in the lives of the priority group)? What are the roadblocks between "here" and "there"?

Competitors. Identify the other organizations that are trying to solve the same puzzle and their perspectives on it (their strategy and tactics). Identify the organizations that are trying to maintain the status quo. Are there organizations or companies that would lose something if the problem were solved (that is, that might be direct competitors)? Which organizations are trying to pull people in the opposite or a different direction from the desired direction?

Key value (or benefit). Identify the value that would be created for the priority group by engaging with the program offerings; identify it from the group's point of view (what need, problem, or dream is served by behaving differently, using the product, or accessing the service), not from the scientific or agency perspective.

Supports (or reasons why). Identify the things that will make the value proposition (benefit) relevant, compelling, and motivational for action by the priority group. Note that these supports do not have to be textual. The sight of others engaging in new behaviors, how the product is priced, the attitude of

service staff, where program offerings occur, the atmospherics of a direct encounter or experience with the sponsoring agency, an awareness of group norms—all these can become reasons why people will do certain things and not others.

Brand. Determine the characteristics of the behavior, product, or service the priority group should have in mind—what adjectives do you want people to associate with your offering? What campaign tone or personality will be helpful in conveying these characteristics? What features of the way messages, products, and services are designed will reinforce this branding approach? (We will dive into branding in chapter 7.)

Openings. Identify the times, places, and states of mind in which the priority group members are most likely to be attentive to and responsive to your offerings. The point is not to identify a single moment or media channel but to create a constellation of openings that are relevant for this priority group with respect to the target behaviors.

Creative considerations. Here you should list issues not covered already that can have an impact on strategic and tactical choices. These final considerations are often constraints that can help the program planners and creative team to avoid going off in the wrong direction. Some issues commonly included here are any restrictions on or expectations for the use of certain media; the availability of existing resources that can be incorporated into the program; whether organizational logos must appear on all materials; whether custom URLs can be used for digital media sites; the need for organizational clearances (when they should be obtained and what they will entail); cultural, literacy, or accessibility needs or concerns; budgetary guidelines; and the partner organizations whose materials, input, or approval will be expected to be included in the development process.

THE VITAL FUNCTION OF THE PLANNER

The question in many organizations is, who writes the creative brief? Researchers may not have the background or experience to make recommendations that are relevant to creative colleagues and planners. Creative staff and managers may have limited time and ability to review and digest research reports. What we often need in social marketing agencies are *gapminders*, or public health market planners. This idea is based on the *account planner* position that exists in many advertising

agencies (see Steele, 1998, for an excellent description of account planning). Account planners combine the jobs of researcher and strategic planner. This dual role has three key characteristics:

1. Planners know research and can apply it by creating program strategies and writing creative briefs—thus this task is not left to people, or committees, who don't understand the data, marketplace, or people.
2. Planners are *priority group advocates*—the person in every meeting who speaks for these people when they cannot speak for themselves. The planner has empathy with and insight into priority population members by virtue of being immersed in the data and their lives. The planner can see the world through their eyes.
3. Planners are involved throughout the program planning and delivery. They do not disappear after doing a formative research project or handing in a pretesting report. They continue to provide insights into the campaign, especially after it has started.

The role of the planner crosses the boundaries that often exist on program research and planning teams—planners can become a bridge. Research starts talking to implementation through the medium of the planner. Some of the tasks for an account planner in the corporate world are to

- Organize information about the consumer and the marketplace from every possible source, including client and agency data and secondary research.
- Prepare the creative brief.
- Represent the consumer during creative conceptualization (audience advocate). The planner may also interact with the creative or program team through the sharing of initial consumer responses to concepts or proposed strategies (concept testing is described later in this chapter).
- Present the work to the client or management. The planner informs these groups about the ways in which a consumer will react to specific tactics and why he or she will do so.
- Track the campaign performance and provide additional information to managers and program staff.

The formal job title of market planner will be found in very few public or nonprofit agencies. What I have outlined here, however, does summarize the key responsibilities of the person who fulfills that role in an organization, whether the role is formally recognized or not. Without someone's taking on this responsibility, agencies will continue to experience a *research-implementation gap*, with the result that research knowledge will not be developed to inform, or not be appropriately connected with, the implementation strategy. Indeed, this information may just be ignored. The key job of a public health market planner is to understand the research and distill the evidence into the critical piece of the puzzle for change: actionable insight into the people we serve. The point is not to fill in the blanks of the theoretical model we are using, or map the social ecology of everything that "could" be important to consider in program design, or notate pages of tables and figures from countless surveys asking every conceivable question. Instead, planners develop the nugget that comes from using research techniques designed to lead to inspiration, not replication or mindless repetition.

INSIGHT

What do social marketers mean by *insight*? Insight is contained in the world-changing sentences that state what a program must aim to be: its soul or strategy. In some cases this insight might be an understanding of how the priority group views the puzzle or its potential solutions that is radically different or has not even been considered by program planners (remember the ninth grader who brought true insight to a focus group of eighth graders); at other times it might be the uncovering of a single unique benefit that transcends the more practical or functional value we had in mind. Then there are the insights that lead to revised segmentation criteria (as in, "We didn't think that was important to so many people!"). Insight is what drives the great programs' success; the lack of it results in undifferentiated and disjointed activities.

My colleagues and I had several of these insights when developing a marketing campaign for the Georgia PeachCare for Kids program, a state children's health insurance plan that was funded to provide free or low-cost health insurance to all children under the age of nineteen in lower-income households. The objective was to enroll as many children from eligible households as was feasible given the program's overall budget. The previous advertising and public relations

TALKING ABOUT INSIGHTS

Consider these three examples of priority group insight as offered by social marketing program planners:

- truth® taps into the natural rebel in most teens and alerts them to the misleading marketing tactics of the tobacco industry, encouraging teens to be wary consumers that resist this deadly product.
- Messages for tweens should focus on helping tweens discover their passion. Tweens are engaged by messages of self-discovery and seeking out their identity. Both involved and uninvolved youth are attracted to self-discovery messages and, more important, want to feel good about themselves. Involvement in activities must be positioned as a vehicle for self-discovery and self-esteem enhancement. Additionally, the idea that everyone is good at something will be an important motivational message for uninvolved youth with lower self-esteem.
- Lack of top-of-mind awareness, physical invisibility, and perceived amount of effort and time posed obstacles to the target's very positive intentions and preferences for fruits and vegetables over faster, less nutritious foods. The target audience was very much driven by a perceived scarcity of time. The team set the following action: Add two servings of fruits and vegetables "the easy way instead of the hard way."

Now go back and take another look at these three insights from the truth®, VERB™, and 5 A Day for Better Health programs. Which one inspires you to try to figure out how the planners came up with it? Or which one makes you think, "I could really see a big program coming out of that!" That's your account planner coming out. And you likely favored one of the paragraphs over the other two—ask yourself why? And then consider all the other social change programs that appear to have no (identifiable) insight at all? How much of the work we do is a version of painting by numbers or following a recipe rather than engaging with people, through empathy with and insight into their reality, in order to give them opportunities to adopt healthier behaviors and change their world? The challenge of developing effective social marketing programs is this: we need to gain deep insights from our customers in order to apply disciplined imagination and creativity in collaboratively working with them to address their needs, problems, and hopes.

activities had been straightforward information dissemination projects, with messages aimed at parents and touting the financial and health benefits of enrolling children in the program. As we began exploring the issue of health insurance more carefully with parents, we uncovered two ideas that were working at a deeper level to influence the decision of parents to enroll their children in the insurance program.

The first insight concerned *peace of mind*. Most parents understood the functional benefits of insurance and that their child could receive treatment at the hospital if injured and would have access to certain preventive health services such as immunizations. What unlocked their desire to act on the offer was the expressed feeling or sense of peace of mind. Simply translated this came down to the sense that "with PeachCare coverage, now I can let my child be a child." That is, the parents would not have to worry about whether their child would be injured playing, would get sick, or would experience any other common health issues of childhood. They could stop being overprotective (or at least overly concerned) out of fear over whether health care would be available and what health care costs could do to them financially.

The second insight went a step further and was the bigger surprise for program administrators. Eligible parents who were not enrolled in the program believed that if they did enroll, they would "take away a slot" from an even more deserving (that is, an even lower income) family. They believed that since program resources must be limited, they could do without the benefits in order that another, more needy family could receive benefits. Of course the administrators were dumbfounded that people believed this, as it was never part of their previous message strategies. However, from the parents' perspective (and ours), it made perfect sense given their underlying assumption that government programs must have limited resources.

With these insights, a new marketing campaign was developed that focused on peace of mind as the suggested value of PeachCare, and the functional benefits were pushed into information brochures. And a major piece of the campaign focused on the fact that all families in Georgia who were eligible would be covered; there was no need to worry about some families being left out. The consequence was a threefold increase in enrollments in the first quarter of the new marketing effort (from 13,000 children in the first five quarters of the program to 36,000 children), which exceeded program projections and was soon after hailed as a model effort by national child welfare organizations. Ten years later the tag of

the program remains "Now you can afford peace of mind." Great insights can have long-term impacts as it turns out. As a later chapter will show, many other strong and sustainable brands are based on similar types of insights.

Insights change how we view the world, as well as provide some unique perspectives on how our priority group thinks or feels about an issue. Insights help us link marketplace and consumer reality with what could be—how can we get from where we are to where we, and the people we serve, want to be? And what is that shared design of the future—and how do we develop it? Someone who is thinking as a public health market planner is consistently addressing these questions. With insights to guide them, planners in social marketing and public health are the ones who pull together research and practice into a coherent strategy that results in more people-focused programs. I hope that when faculty consider and students demand the types of social marketers that they want to train or become (researchers or implementers), they won't settle for just half.

When we search for insights we are intent on discovering the underlying similarities that people share—the stories, metaphors, and archetypes, for example. In *Marketing Metaphoria*, Zaltman and Zaltman (2008) describe the Zaltman *metaphor elicitation technique* (ZMET) as one method of getting to a deeper level of insight. These authors used ZMET to analyze over 12,000 interviews of customers across market sectors and countries, and they found seven deep metaphors that emerged in the interviews regardless of the location, characteristics of the interviewee, or the topic of discussion (table 5.1). The seven metaphors are balance, transformation, journey, container, connection, resource, and control. Zaltman and Zaltman contend that by understanding these metaphors and how people use one or more of them to describe their own situations and how they construct their world, marketers can gain a deeper understanding of the psychological and social reasons people do what they do (or not), how they think about different approaches to solving problems or adopting new behaviors, and how these reasons then tie into their personal values and goals.

The metaphor elicitation technique is but one approach to uncovering these deeper insights to guide our work. Schieffer (2005) presents a number of projective interviewing techniques that might be used by social marketers. One is the *laddering interviewing methodology*. The goal of laddering is to first identify the associations that people have with the attributes, or physical features and characteristics, of our offering; then to move on to understanding their perceptions of the functional consequences or benefits of these attributes; and finally to explore

TABLE 5.1 Seven deep metaphors that shape people's perceptions, understanding, and actions

Metaphor	Context (how the metaphor affects thinking)	Examples
Balance	Justice, equilibrium, and the interplay of elements	• Ideas of equilibrium, adjusting, maintaining, or offsetting forces, and having things as they should be. • Includes physical balance, moral balance, social balance, and aesthetic and psychological balance.
Connection	The need to relate to oneself and others	• Feelings of belonging or exclusion. • Psychological ownership. • Feeling distant or disconnected.
Container	Inclusion, exclusion, and other boundaries	• Keeping things in, and keeping things out. • Involves physical, psychological, and social states. • Ideas such as privacy, protection, open or closed, security, fulfillment, vulnerability, financial and social capital, and memories.
Control	The sense of mastery, vulnerability, and well-being	• Feeling in control of our lives and circumstances (or not). • What our span of control is and our rights to make independent decisions. • Whether we can tame nature or are at its mercy. • How we create and enforce social norms, rules, and customs.
Journey	Meeting of past, present, and future	• Life as a journey. • Brief or long, fast or slow, uphill or downhill; many journeys are to the unknown; others have predictable outcomes.
Resource	Acquisitions and their consequences	• What is needed to survive. • Found in nature and man-made creations. • Family and friends. • Knowledge and information. • Products and services.
Transformation	Changes in substance and circumstances	• Changing states or status. • Surprising or expected experiences. • May be actively sought or avoided.

Source: Adapted from Zaltman & Zaltman, 2008.

the more abstract customer values such as being well-respected, security, fun and enjoyment, self-fulfillment, and a sense of belonging. The idea is that by understanding how our offerings connect to customers' values, we can create offerings and design behaviors that can be directly experienced by customers as they use the product or service or engage in the new behavior. The idea is not to stop questioning once we have an answer to the initial question, "Why would you do this behavior [or use this product or service]?" but to keep asking why until we reach broader (or deeper) values and motivations that are shared across groups of people, a methodological process also known as the "five whys" (Berger, 2009, pp. 25–26). This type of research can be especially useful for developing segments based on shared perceived benefits or values that also differ across groups of people.

Values, needs, and motivations have assumed greater prominence among marketers and other professionals who engage with the public on a regular basis. Rather than expecting that we will "motivate" people to engage in certain behaviors, buy specific products, or use certain services, we have to connect our value propositions with existing values, needs, and motivations, the ones people already—or intrinsically—possess. In searching for the benefits or value we should propose to people we serve, it can be useful to have some frameworks to guide our explorations. Table 5.2 highlights some examples of needs and values proposed by various sources. I include Maslow's *hierarchy of needs* (Maslow, 1943), as this formulation is often referenced in work that seeks to appeal to people. The essential idea is that people generally respond to new levels of needs as prior levels are satisfied, so that, for example, a person is less concerned about her reputation when starving (when physiological need is not satisfied) or in fear for her family's safety. Although this hierarchy is not meant to be an ironclad rule, you will often find examples of hierarchical thinking in program planning conversations: for example, "How can we be promoting physical activity with these people when they are afraid to go out on the street after dark?" Or, "How can we be encouraging sustainable behaviors when they are living in such wretched conditions?" Whether explicitly stated or not, such formulations reflect the presumption of a hierarchy of needs in which more basic ones must be satisfied before we can expect people to attend to value propositions that appeal to higher-order needs—such as for self-actualization.

The *human scale development* approach of Max-Neef (1991) was originally developed in Latin America and has inspired many social movements and grassroots organizations over the years. This may be attributable to the emphasis

TABLE 5.2 Examples of personal values used for change programs

Source	Needs and values
Hierarchy of needs (Maslow, 1943)	1. Physiological 2. Safety, predictability, and familiarity 3. Love, affection, and belongingness 4. Self-esteem and respect of others 5. Self-actualization or self-fulfillment
Human scale development (Max-Neef, 1991)	1. Subsistence 2. Protection 3. Affection 4. Understanding 5. Participation 6. Leisure 7. Creation 8. Identity 9. Freedom
Scale of values (Schwartz, 1992)	1. Universalism 2. Benevolence 3. Conformity 4. Tradition 5. Security 6. Power 7. Achievement 8. Hedonism 9. Stimulation 10. Self-direction

it gives to human creativity—a value that has reemerged in many marketers' consciousnesses with the advent of social media and their focus on consumer participation and co-creation of content (Lefebvre, 2007). As Max-Neef states, the human scale development approach "is focused and based on the satisfaction of fundamental human needs, on the generation of growing levels of self-reliance, and on the construction of organic processes with local activity, of the personal with the social, of planning with autonomy and of civil society with the state" (p. 8). This is, in short, a statement of values for development contexts ranging from basic subsistence concerns including physical and mental health, food,

shelter, and water to understanding, creation, identity, and freedom to dissent, to choose to be different, and to commit oneself to a course of action.

One final example of how values are organized in the literature is the work of Schwartz (1992), who focused on values that appeared in his cross-cultural research (see also Davidov, Schmidt & Schwartz, 2008). What emerged across the countries he looked at were such things as appreciating and protecting the welfare of people and nature (universalism), respecting customs and ideas imposed by cultures and religions (tradition), attaining social prestige and control over people and resources (power), and demonstrating personal success and competence according to social standards (achievement).

These examples are not meant to be exhaustive; yet they illustrate that the authors discussed in this section converge on certain needs and values but also offer unique perspectives. Moreover, just as we are likely to design better programs when we can select from a variety of behavior and social change theories to guide our work, we are likely to do a more sensitive job of generating insights and value propositions for different groups of people when we have an array of ways to think about values.

DESIGNING RESEARCH FOR EMPATHY, INSIGHT, AND INSPIRATION

Research conducted to inform the development of social marketing and social change programs is different from scientific research done to explore and test hypotheses. The difference lies in the outcomes that are expected from each, not in the rigor or methods that they might employ (though hypothesis testing requires more elaborate research designs). If our project is funded to generate new knowledge, test theories, or validate a scientific hypothesis, then we clearly need to use rigorous scientific methodologies to develop reliable data that make a valid contribution to the empirical literature. However, if our project is funded to create relevant and meaningful changes for people we serve through the development of behavior change programs, products, or services, understanding and empathy are the platform from which to develop insights to inform that development process.

Previous sections presented two recommended outcomes for research: personas and a creative brief. The following sections explore some of the ways such research might be conducted.

Phases of Formative Research

Formative research is research conducted prior to the full implementation of the social marketing strategy. As previously discussed, the value of formative research is directly related to its value in informing and guiding the development of strategies and tactics. Activities in this research include a situation analysis, segmentation studies and audience profiling, market analysis to determine positioning and branding strategies, concept testing, pretesting of program elements, and pilot testing of the complete program. In practice, formative research breaks down into three groupings:

Exploratory—in which the crucial element is to understand the priority group. What are the important things we need to learn before planning begins about the people we are to serve?

Concept testing—in which insights about options for the target behavior and its associated value or benefits are validated among members of the priority group. What will make the value proposition for the behaviors, products, or services we offer compelling and irresistible?

Pretesting—in which program developers look for reassurance that the messages, products, and services they have developed to facilitate and support behavior change are in fact relevant, acceptable, and motivating among members of the priority group. Did we come up with great ideas and tactics that are appealing, fit into their lives, and meet relevant needs, solve problems, or serve their aspirations?

A survey of the field of formative methods reveals literally hundreds of ways in which people have sought to understand members of their priority groups, develop group members' input into the program development process, seek and receive feedback from group members, and test various approaches to program implementation before full-scale implementation. This book does not attempt to provide anything near a complete review of this work; instead, it aims to expand the repertoire of techniques managers of social marketing and social change programs draw upon when conducting formative research studies.

Among the more popular forms of formative research methods I see being used across social marketing programs are in-depth individual interviews, the use

of natural dyads and triads, ethnographic or observational studies, intercept interviews, samples of convenience (especially snowball sampling), and focus groups. Of course when formative research is conducted by, or with support of, government agencies, many times the formative research methods are prescribed by the requests for proposals (RFP), which in turn are based on government policies regulating the collection of information from the public (for example, policies set by the Office of Management and Budget in the United States and other national personal and data confidentiality and privacy rules and regulations) and also on familiarity with and preference for certain approaches. Institutional review boards and other research oversight groups may also have biases toward certain methods over others. Such prescriptions have led to what I have called the *tyranny of focus groups*, which occurs when focus groups become the expected or prescribed modality for conducting all types of formative research. The use of focus groups, or any other research technique, regardless of population characteristics or the nature of the issues being explored poses threats to the *ecological validity* of studies (the idea that the methods, materials, and setting of a study should approximate and be generalizable to the real-life situation that is under investigation). Fortunately, this tyranny has weakened to the point where ethnographic methods now seem to be in ascendancy. However, we are still more likely to hear and read about focus group research methods in social marketing programs at our conferences and in our publications. The publication and conference presentations of focus group research no doubt influence the perceived norms for conducting social marketing research, even among academicians and practitioners in nonprofit settings, who face far fewer constraints than federal agencies do. While these methods have their place and strengths, I intend to demonstrate that there are many other methods that might provide more fruitful and insightful glimpses into the nature of our puzzles and our priority groups.

Formative Research Should Be a Conversation

A guiding principle for social marketing research is that it should be designed for us to have a conversation with the people we wish to serve. A second principle is that it should occur in as natural a setting as possible. Finally, formative research should focus on empathy, insight, and inspiration—not collecting data. The true value of research comes from

SOME TYPICAL METHODS FOR FORMATIVE RESEARCH STUDIES

In-depth individual interviews. These one-on-one conversations are often used when the subject matter is too sensitive to talk openly about in a group setting or involves private or confidential information that for ethical reasons should not be disclosed to others, or when probing techniques are called for to uncover deeper personal meanings or metaphors.

Natural dyads and triads. This hybrid of an in-depth interview and larger group process is useful for conversations with adolescents, people living in poverty, people from minority groups who may feel apart (disenfranchised) from the mainstream society, people whose language skills may be poor (because, for example, they are illiterate or the interview language is not their primary language). These dyads and triads are usually constructed so that a friend or relative of the primary interviewee is also present. Experience shows that the presence of a trusted other can facilitate developing rapport, is a prompt and reinforcer for more accurate self-disclosures, and can help in managing the anxiety and mistrust of being in an unusual social encounter (that is, an interview with a stranger).

Ethnographic (observational) studies. This work involves having researchers observing the behavior of people as they go about their usual routines in their daily lives. Observational research is based on the simple premise that "if you want to understand how a lion hunts, don't go to the zoo, go to the jungle" (Roberts, 2005, p. 184). This approach runs counter to the usual practice of recruiting people, bringing them into a viewing room, providing them with some food and beverages, and having a trained moderator facilitate discussion of predetermined questions. In some observational studies, great care is taken to ensure that the researchers are as unobtrusive as possible and do not interact directly with the people they are studying. However, when we want to deepen our understanding of what, why, and how people are doing what they are doing in a specific context, or at a particular moment in time, there is no rule that says we can't simply ask them why.

Intercept interviews. These techniques are most often used to collect information from a large number of people by using a predetermined script, or set of questions and, usually, by approaching them in high-traffic areas where we could reasonably expect many prospective members of the priority group to be

present (for example, shopping malls might be a place for finding tweens and teens, grocery stores and toy stores for mothers of young children, specific bars or nightclubs for their specific groups of customers, and waiting areas for various types of social services for the customers of those services). Such interviews are usually highly focused, brief (no more than fifteen to twenty minutes), and may be done by a number of interviewers who approach people (*intercept* them) and verify that they share characteristics of the program's priority group before conducting the interview.

Samples of convenience (snowball samples). This strategy can be a first-resort, or last-resort, source of information and inspiration. Samples of convenience might include our own family and friends, peers who have worked with similar puzzles or priority groups, neighbors, or people we are waiting in line with at the checkout counter. In short, anyone with whom we can have a conversation. While we recognize that these people may not be representative of our priority segment, we should also remind ourselves that many times we may have friends or relatives who are part of that group and who can provide us with additional points of reference that are outside our own biases and experiences. Samples of convenience can be used to first get some ideas about what other people think about the puzzle and potential solutions to it (for example, what people think about imposing a tax on sweetened beverages or about making it easier for people in poor neighborhoods to shop online and have groceries delivered to their doorstep) before we begin developing more formal research protocols and questionnaires. As a last resort, my colleagues and I have used convenience samples when faced with extremely short time frames in which to deliver program ideas or proposals for which there are simply two options: just write it out of our own heads or talk with anyone who might live in or close to "the jungle" to get a reality test on our ideas and work.

Focus groups. This is the default format of research strategy for many social marketing programs. Focus groups are typically approached by inviting seven to eleven members of the priority group to a group discussion that may be aimed at, for example, understanding their knowledge, attitudes, and beliefs about specific health behaviors or getting a deeper understanding of the types of challenges they face in their daily lives when they try to engage in healthier behaviors, use healthier or greener products, or access health and social services. Focus groups can also be used to test people's reactions to program strategies and creative concepts (*concept testing*), as well as to critique features and benefits of new products and services (*pretesting*).

- Its world-changing impact as we shift our view of pieces of the puzzle and discover new approaches to its solution
- The relevance and originality (or innovativeness) of the program we then design
- The results that follow

Roberts (2005, pp. 182–189) describes three approaches that he believes can transform the way organizations connect with people.

Climb a mountain. This solution is based on the observation, "If you want to look at a tree, stay on the ground. If you want to see the forest, climb a mountain" (Roberts, 2005, p. 182). This approach holds true as well for the theories we use to understand and solve puzzles. There is a predilection among researchers to aim for granularity in their analyses (to push the metaphor, they try to understand the composition of the soil in which the trees are growing). This approach is well suited for empirical research on the determinants of behavior change. In contrast, climbing a mountain is about understanding how the various pieces of the socioecological puzzle fit together and the systems that come into play as we think about social change.

Go to the jungle. "If you want to understand how a lion hunts, don't go to the zoo, go to the jungle" (Roberts, 2005, p. 184). This statement serves as a rallying call for the many researchers who champion observational methodologies over ones that take place in focus group facilities or in shopping malls. As we will see later, corporate marketers and designers have embraced this "go to the jungle" approach, in which they participate with people in their lives, whereas many social marketers continue to learn only from the lions in the zoo, where there is more control (and safety).

Think like a fish. A saying attributed to the Maori of Aotearoa, New Zealand, is, "If you want to catch a fish, first learn to think like a fish" (Roberts, 2005, p. 188). Roberts's point, and one that is echoed by many others involved in consumer research, is that developing insights into how consumers think about the problems and puzzles we have identified leads to more effective behavior change programs and socially beneficial products and services. Roberts points out that such insights are not often derived from focus groups in which questions are

posed to participants, but rather from interactive sessions where consumer-collaborators can make an immediate difference in the way we design, produce, and distribute our value propositions in all their various forms.

The remainder of this chapter offers a look at some examples of these approaches.

Climb a Mountain, or Moving the Conversation Upstream

Many social change endeavors confront the tensions that exist between, on the one hand, people and institutions that view social puzzles as arising from individually based determinants such as lack of information, low literacy levels, and an inability (or unwillingness) to engage in specific behaviors and, on the other hand, those who view these same puzzles as stemming from social determinants such as poor education, poverty, and predatory marketing practices (to name just a few). In approaching public health puzzles in particular, the trend is toward moving social determinants to the center of our attention as change agents. The World Health Organization (WHO) Commission on Social Determinants of Health states its position in these words:

> [I]nequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. . . . The Commission calls on the WHO and all governments to lead global action on the social determinants of health with the aim of achieving health equity. It is essential that governments, civil society, WHO, and other global organizations now come together in taking action to improve the lives of the world's citizens. Achieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it [World Health Organization, 2008].

Social change agents may be more or less open to this position (some will dutifully note that it moves us away from a focus on strictly behavioral outcomes). Yet it also entails shifting the perspective of many policymakers, researchers, and practitioners who have an individual-centric approach to solving puzzles. A related set of questions that requires our attention focuses on how to communicate about

social determinants with the public in ways that make the issue relevant to them and offer opportunities to improve their own health. After decades of public health messages that have focused on the importance of changing individuals' knowledge, attitudes, and behaviors, this will be no easy task (Niederdeppe, Bu, Borah, Kindig & Robert, 2008).

The debate about social determinants is driven by perceptions at the policy level as much as, if not more than, the research evidence. Research by Gollust, Lantz, and Ubel (2009) found that Republicans were less likely to support public health policies to prevent diabetes after reading news reports that people developed diabetes because of economic and social factors such as a lack of access to grocery stores and safe places to exercise in their neighborhoods. Reading the same news stories led Democrats to increase their support for the same policies. The Robert Wood Johnson Foundation (2010) commissioned research to gain a deeper understanding of people's different views of the causes of health inequalities across the United States. The conclusion of their work was that political perspectives were one of the most important influences on whether people viewed health status in primarily an individual or a social context. This led to deeper explorations of the differences between the Republican and Democratic perspectives with interviews of thirty-one congressional staffers and health experts, using ZMET, a method to uncover how people are alike with respect to certain ideas and behaviors (see Zaltman & Zaltman, 2008, for a more in-depth discussion of the technique and its applications). The research found stark contrasts between the two perspectives on health and social determinants. People with Democratic leanings use the metaphor of a *system* to think about health. Health is viewed as emerging from a complex and interrelated system that encompasses social, cultural, economic, and biological factors. Housing, food, energy, and health care are entangled in such a way that no change in any one component will be successful unless change occurs across the entire system. Democrats also use the deep metaphor of the *container*. They view low-income communities as isolated and self-contained units that lack the resources necessary for people to live healthier lives and think that these communities also face psychological and cultural barriers that make it difficult for them to reach out to the medical community. Their third metaphor to describe social determinants of health is *balance*. Here, ideas of equilibrium and maintaining or offsetting competing forces on people's health are the frame in which they think about solutions to health disparities. That the health care system is so "out of balance" is a deeply disturbing idea to them.

In contrast, Republicans fundamentally see the issue of health disparities as one of a *journey*. The idea that health status is a long and linear process that can be quite unpredictable frames their belief that progress, and attempts to change social determinants, must be viewed with a long-term perspective. And given how health status has improved tremendously for many people over the past century, this belief also gives them an optimistic perspective, rather than the anger Democrats express over current imbalances. Republicans also focus on personal responsibility for choices that are made along this health journey, but also acknowledge that some people may lack the means and ability to choose or follow a healthy path. This notion of *resources* applies to people in need and the limited resources that are available to society to address social determinants of health disparities. It is also the metaphor that underlies the idea of "getting the most bang for the buck," or a focus on what the return on investment will be. Research also found that Republicans use the *balance* metaphor—but in a very different way from Democrats. While Democrats see balance as giving everyone equal services and access to achieve equal levels of health across all communities, Republicans view this equality or balance as a set of scales where you have to take things away from some people in order to give them to others. Their idea of balance also refutes the notion that all people should have the same level of health; rather, they are more inclined to establish minimum acceptable levels, recognizing that individuals will make their own choices that will enhance or detract from their overall health status.

The insight that there are five deep metaphors, or frames, that characterize and distinguish different views on social determinants of health provides a level of understanding that we did not have before this research. As one social marketer commented when hearing this presentation, "I never thought I would develop empathy for Republicans." This may be one of the best expressions of how insight leads to empathy. But what about action?

Seven lessons were generated from this research to guide future discussions of social determinants.

- Avoid the traditional language used to describe social determinants (including the term *social determinants* itself) as it consistently tested poorly. However, the idea being expressed by social determinants does resonate with audiences—they just think about it in different ways.
- Be aware that discussions of social factors that affect health were more convincing when coupled with the importance of access to quality health care.

- Stick with just one or two strong and compelling facts to arouse interest and achieve maximum impact.
- Provide potential solutions; do not just identify the problems.
- Incorporate the role of personal responsibility.
- Mix traditionally conservative values with traditionally progressive values: for example, pair notions of personal responsibility with messages about opportunities.
- Focus broadly on how social determinants affect all Americans rather than a specific ethnic group or social economic class. Except among black respondents, messages that described disparities affecting racial or ethnic groups tested poorly. Yet black respondents raised concerns that these messages might reinforce negative stereotypes.

Move to the Jungle

Mining is considered one of the high-risk industries around the world. In response to three separate mining disasters that claimed multiple lives in the United States, the National Institute for Occupational Safety and Health (NIOSH) was directed by Congress to develop a national safety awareness program for miners on safe cutting and welding practices when repairing or maintaining equipment underground. In less than seven months the team assigned to this task had to come up with a response and program (Cullen, Matthews & Teske, 2008).

Realizing that the team had little expertise in the underground coal industry, that miners have a strong occupational culture, and that members of such cultures can be resistant to outsiders who want to tell them what and how to do things, the team selected nine active mines in which to conduct qualitative and ethnographic research. In addition to collecting quantitative data on injuries and incidents at each of the sites, the team sought to gain a thorough understanding of the culture in which the miners lived and worked. So, for example, in addition to collecting data from safety managers at each mine, team members also went underground with the miners to talk with them about preferred training tools and methods. The team supplemented these interviews with observation of miners at work underground, field notes, informal conversations, photography, videography, and questionnaires. All of these data were used to determine the rough

percentage of workers at each mine with less than one year of experience; current training practices at each site; preferences for training formats and materials; common beliefs and perceptions about methane, fires, and explosions; best practices and mine policies; attributes of role models and trusted spokespersons; experience with underground fires, explosions, and plane-cutting accidents; and knowledge of the recent mine disasters.

Because no team member visited every mine, the field researchers grouped their data and compared and contrasted individual mines, looking for both unique and common themes. This resulted in the creation of four concepts for new training products:

1. Hazard identification and reduction
2. Site preparation, execution, and cleanup
3. Personal safety
4. Best practices

Their attention to the occupational culture also provided the team members with insights into the positioning and tone of the training materials. The team concluded that the products must reflect these cultural values:

- The ability to do hard work and be productive is respected.
- Miners are special; not everyone has what it takes to be a miner.
- Miners are macho; it is a male-dominated culture.

The team also discovered uses of "tribal language"—a set of terms that reflected the specific attitudes and values of the miners (such as the respect they give to *coal hogs*). The team then incorporated this language into the training materials whenever possible to improve its relevance to the miners and reflect an understanding of their world.

This research led to the development of a marketing plan and the development of training materials. One component of these materials was a training video that used miners in three of the locations as both interview subjects and models for safely doing cutting and welding tasks underground. Other materials were developed along with the video and pretested among miners. One last piece

of evidence for the success of the research was related to the discovery of the miners' practice of collecting stickers for their hard hats. When the team appeared with "Coal hogs work safe" hard hat stickers, getting miners' time and attention to complete the pretest was not only easy but resulted in miners declaring to their buddies that they were now certified coal hogs.

Think Like a Fish: Positive Deviants

When designing formative research studies to uncover insights and generate new understandings about a social puzzle or the people we serve, we need to value deviancy more than conformity when thinking about whom we wish to have participate in the discovery process with us. An early task in most formative research is to recruit a representative sample of the priority population. If we think about this population sample as having a set of characteristics that is similar to a normal distribution (also recognizing that unless the sample is truly randomly selected, we will achieve only an approximation), we should ask the question, What will most of the people tell us about what most of them already do (and that we likely already know)?

If we want to learn something that is world changing or disruptive to our ways of thinking about puzzles or people, we might consider moving to the tails of the distribution. Although this approach is not widely appreciated, the idea of designing public health interventions around uncommon but beneficial health behaviors already practiced by some members of the community dates back to at least the 1970s (Marsh, Schroeder, Dearden, Sternin & Sternin, 2004; Wishik & Van der Vynckt, 1976). The practice of learning from *positive deviants* recognizes that there are individuals or groups of people whose uncommon ways of thinking and behaving lead to better solutions than those of their peers. This approach represents a break from the diffusion of innovations tradition in which new behaviors or ideas come from the outside and are promoted by a change agent to identified priority groups or people in need. Rather, the positive deviance approach assumes that innovative ideas often already exist within the system or puzzle, and that the change agent's role is to facilitate a process for the community to discover and spread these behaviors (Singhal, 2010). It is an asset-based, problem-solving approach that allows us to discover what may be the successful strategies and behaviors we should consider in our social change program (recall that Patterson, Grenny, Maxfield, McMillan & Switzler, 2008, as discussed in

THE POSITIVE DEVIANCE APPROACH

Marsh et al. (2004) describe the positive deviance approach as one that improves partnerships with communities by facilitating social mobilization around the health or social concern, gathering information from the community, and focusing on behaviors that are amenable to change. All of these purposes and processes are consistent with a social marketing approach and can lead to innovative approaches to social change. The process of identifying and learning from positive deviants can be broken into five steps:

1. Identify four to six people who have achieved an unexpected good outcome despite high risk.
2. Interview and observe these people to discover uncommon behaviors or enabling factors that could explain the good outcome.
3. Analyze the findings to confirm that the behaviors are uncommon and accessible to those who need to adopt them.
4. Design behavior change activities to encourage community adoption of the new behaviors.
5. Monitor implementation and evaluate the results [Marsh et al., 2004, p. 1177].

chapter 3, also recognized the importance of positive deviants in generating insights into behavior change). The positive deviance approach has been applied to such puzzles as newborn care, improving the nutritional status of children, influencing rates of contraception, safe sex practices, and educational outcomes (Marsh et al., 2004; also see the accompanying example in this section).

For example, Patterson et al. (2008, p. 36) described how a team from the Carter Center used the positive deviance approach in its mission to eradicate guinea worm disease. Working in an endemic area, the team was able to identify a village that rarely contracted guinea worm disease, despite the fact that those villagers used the same water supply as a nearby highly infected village. As they observed how people in this disease-free village interacted with the water supply

POSITIVE DEVIANTS FOR HEALTH CARE QUALITY

For over a year a large regional medical center experienced a noticeable decline in service quality scores, mostly due to patients and families feeling that they were not being treated with care, dignity, and respect by the staff. Two teams of employees who represented a cross-section of functions in the hospital were charged with finding positive deviants: those staff members who routinely scored high on customer satisfaction in areas where other staff did not. The focus of their inquiry was to identify behaviors that were both recognizable and replicable in contributing to these high scores. These teams conducted dozens of interviews with patients, family members, and colleagues, as well as web searches and calls to talk with colleagues from other hospitals. Once they identified the top performers, they spent time observing them to see what they did that others did not in their actions with patients and families. The team came up with five vital behaviors that when the entire workforce enacted them led to dramatic improvements in service quality scores in each of the next twelve months. The behaviors were to smile, make eye contact, identify yourself, let people know what you're doing and why, and end every interaction by asking, "Is there anything else that you need?"

Source: Adapted from Patterson et al., 2008, pp. 36–37.

compared to the people in the highly infected village, team members found one vital difference. The difference was that when each woman in the disease-free village returned home with her pot of water from the river, she then took an empty pot, covered the top of it with her skirt, and then poured the water through her skirt, creating a sieve that effectively strained out the guinea worm larvae. By observing the behaviors of these positive deviants, the team rapidly discovered a low-cost, low-technology method of filtering water to effectively reduce the burden of this disease.

The idea of positive deviants is useful not just for creating new program ideas but also for refining program targeting and improving existing service offerings. Shekar, Habicht, and Lathan (1992) selected 100 children who were either at the highest or the lowest end of growth patterns for their age and weight in Tamil Nadu, India, and compared them with 120 children at the median level of the

growth charts. The Tamil Nadu Integrated Nutrition Project at that time served over one million children in rural south India and had been in existence for six years. As the investigators looked closely at the determinants of growth in these three groups—and especially the disparities among them—they were able to develop a rationale for differential targeting of services to the "negative deviants" and to the "median growers." In particular they found that gender discrimination in child care, breast feeding, treatment of diarrheal disease, and maternal empowerment needed to be targeted by redesigned service offerings for the negative deviant population. Among the median grower group, the most significant insights were to develop programs that focused on supporting the hygienic use of non–breast milk supplements and improving family wealth.

The idea of the positive deviant is similar to a concept in design research—the *extreme user* (Brown, 2009). Extreme users are often observed and consulted with to help designers appreciate the needs of even the most challenging users. For example, when designing new kitchen tools for OXO, a team spent time at the local arthritis foundation in order to talk with and observe how people with arthritis tried to interact with existing tools. Then as team members began redesigning some of these tools, such as a potato peeler, they tested these tools by giving them to people with arthritis to try out. What they discovered was that tools that people with arthritis preferred also turned out to be ones that everyone liked as they fit so comfortably into their hands. The truth that emerges from work with extreme users is that if you can meet their most challenging needs, you may be meeting the needs of the other 95 percent of people as well. So the lesson for change agents who are looking for insight into and inspiration for solving puzzles is to go to the extremes and not settle for the middle.

Think Like a Politician

As early as 1988, Murray and Douglas (1988) noted the important role social marketing could play in alcohol policy. They identified the key audiences for this enterprise as being policymakers, media, and the public. Their analysis led them to call for a three-step marketing effort: a long-term strategy to prepare policymakers, the media, and the public for policy change; a short-term strategy to take advantage of opportunities to initiate policy change as they arise; and a broad marketing effort to encourage public support for the policy once it has passed into law. Yet they did not offer insights for action on any of these fronts individually or collectively.

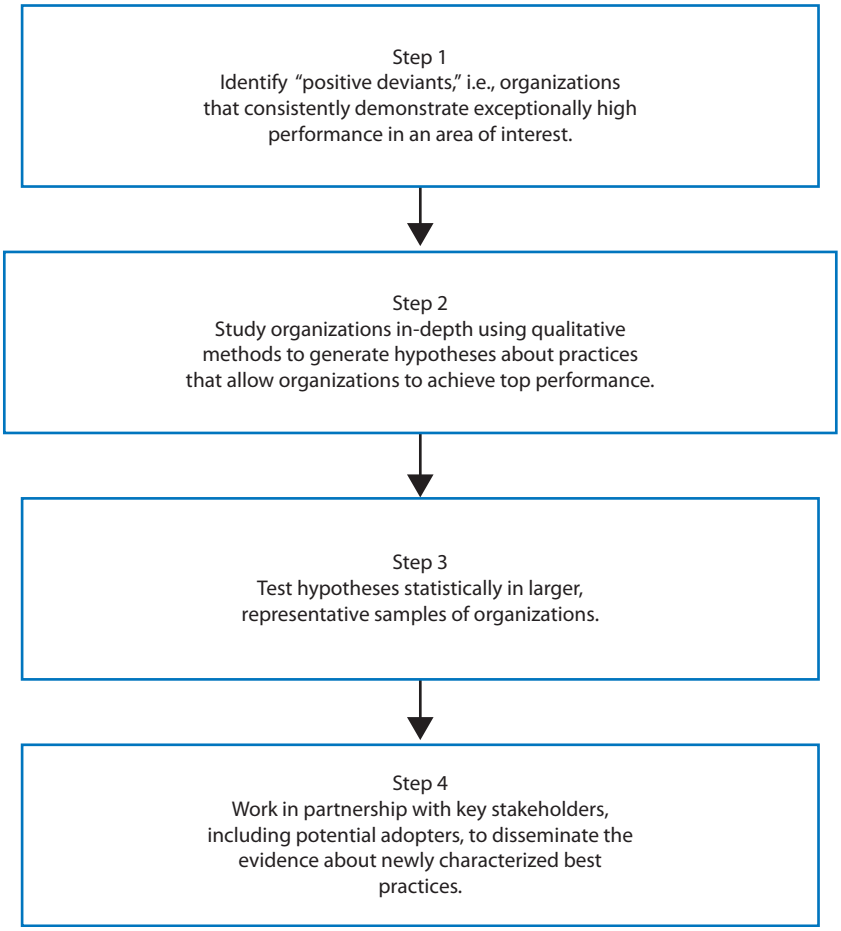
DEVIANT ORGANIZATIONS

The concept of positive deviants is not restricted to individual behavior change; it can be quite useful when trying to increase the uptake of innovations across organizations. Bradley et al. (2009) describe an approach to improving the quality of health care that focused on organizations that consistently demonstrated high performance in the areas of interest (see figure 5.2). They identified practices associated with top performers, tested hypotheses about these practices and their relationship to performance in larger samples of organizations, and worked with the stakeholders to promote the adoption of these practices across the health care sector. They contrasted the positive deviance approach with the outcome research and the quality improvement action research approaches. Although each of these latter approaches has its strengths and limitations, these authors argue that the positive deviance approach integrates the strengths of these other approaches by mixing qualitative methods with broader-scale statistical analyses. Because the solutions discovered by the positive deviance approach are already embedded in real-life implementation issues and the organizational context in which they are observed, they do not need to be grafted onto existing organizational culture and norms. Related to this is that the positive deviance approach focuses on learning from exceptional current practices rather than on the iterative process of experimentation and feedback. This may speed up the innovation discovery process as well as influence the spread of innovations throughout the industry as these innovations inherently have social proof validity (Singhal, 2010). Especially for public health practice, the idea of shifting from a *research into practice* approach to a *practice into research for practice* model would be a positive step for improving how people and agencies learn from each other.

Two more recent studies have looked at the question of how to apply social marketing principles to meet the information needs of policymakers. Sutton and Thompson (2001) conducted in-depth interviews with twenty-nine policymakers. They found that

- Policymakers are overwhelmed by the large quantity of research directed toward them and perceive that it lacks relevant and useful information.

FIGURE 5.2 Steps in the positive deviance approach for improving organizational practices



Source: Bradley et al., 2009.

- The research they receive fails to meet their needs because it does not draw differences or provide implications for policy options that can be used to support particular positions.
- Policymakers have confidence in peer-reviewed articles. However the extended timelines (publication lag) and limited accessibility of this research force them to rely more often on less credible sources of information.

- Policymakers' inability to access information when they need it often results in policy decisions being made without data.
- The unavailability of timely, accurate data is largely attributable to a system that policymakers say is broken. Some policymakers use their personal networks (or people they consider "informed experts") to close this gap.

Sutton and Thompson conclude that social marketers must recognize and respect policymakers as a priority group in policy work and that research findings should be designed as a product or service to meet their needs.

In another project, Sorian and Baugh (2002) conducted interviews with 292 state government legislators and legislative staff about the ways they acquired information about health policy issues. Among their findings was that 35 percent of the policy-related materials these respondents receive are never read, a result that is in part determined by the timeliness and relevance of the information to current policy debates. Legislative staff are more likely to read the details of policy reports, whereas legislators are more interested in one- or two-page briefs with short, bulleted paragraphs. Nearly 84 percent of policymakers report preferences for trusted sources of information such as a professional association, a state group, a foundation, or a state or federal government agency. And while the debates flourish among policy researchers about discussing the implications of their research, 89 percent of the respondents indicated a desire to know how researchers view the implications of their findings, and want to see or hear researchers' recommendations, even if they do not ultimately follow that advice. Finally, survey participants felt overwhelmed by the amount of information they receive and expressed an interest in ways to identify research and key experts in specific fields. The key takeaway messages for the authors of this study were that policymakers should not be underestimated in their ability to understand the strengths and limitations of research. Timeliness and relevance to current debates is a key factor in policymakers' attentiveness to policy research. And finally, these audiences have various information needs and communication preferences that need to be addressed by social marketing program designers and implementers.

Putting Innovation into Your Research

Learning and applying some of the techniques that have been described here will take time and effort. In some cases, such as applying the Zaltman metaphor

elicitation technique, it will require hiring researchers who are particularly skilled in using the desired method or attending specialized training seminars and workshops. Here are some research suggestions you can implement rapidly and at low cost:

- Limit group interviews to no more than three participants at once—now they'll have time to tell you something in depth.
- Start the research before you meet the participants; ask them to bring pictures of situations in which they feel they are at risk for engaging in risky behaviors, and then have them talk through these situations with you—keep asking, "Why?"
- Interview the extreme users or practitioners of your product, service, or behavior rather than the group representing the normative middle—what makes these extreme individuals different from the people in the middle? What makes them similar to each other?
- Go out with participants and have them give you a guided tour of their life.
- Have participants draw a picture of what their life would be like if they consistently engaged in a healthier or more socially responsible behavior. (Hint: be sure to ask questions about where and when they experience barriers and rewards—both self-generated and those offered by others or encountered in everyday life.)
- Ask for participants' cell phone numbers ahead of the research session and get their permission to ping them (via SMS) several times a day to understand what they are doing and where they are to get ideas for how and where the behavior or product you are offering would fit into their life (or not). Then discuss those findings with the participants in the interview or group and, together, look for insights into solutions.

SUMMARY

Social marketing research should aim to understand people from their unique point of view, employ methods that allow for listening and developing empathy with them, and arrive at insights that can drive program strategy. This approach

can be very different from the usual methods that involve asking questions to conduct a form of satisfaction research (validating whether our preconceived ideas and approaches are appropriate to the audience that will receive them). Formative research needs to be thought of as an opportunity to engage in conversations with people in our priority groups and to learn from them. This chapter looked at ways to "climb the mountain," "go into the jungle," and "think like a fish" in order to have the conversations that allow us to develop empathy, insight, and innovative solutions to social and health puzzles. It emphasized that we can learn about solutions from the people we serve, especially that segment dubbed the positive deviants. It ended with some practical ways to quickly and inexpensively adopt some of these practices into your research efforts.

KEY TERMS

account planner
archetype
creative brief
deep metaphor
depth deficit
empathy
ethnographic studies
formative research
insight
laddering
needs
persona
positive deviant
research-implementation gap
sample of convenience
satisfaction research
say-mean gap
values

DISCUSSION QUESTIONS

1. How would you create a research project that climbed the mountain, went into the jungle, and ended with thinking like a fish? What methods would you use and with what kinds of people? Where would you conduct the research (in what settings)? What would you expect to learn? How would you go about ensuring you had uncovered valid insights about their perceptions and possible solutions to the problem?

2. Using the list of formative research techniques presented in this chapter, discuss and highlight the relative advantages and disadvantages of each one. What are the strengths and weaknesses of each one for developing understanding, empathy, and insight?
3. Break into small groups, and select one or more social puzzles. Discuss how you would go about identifying and observing positive deviants. Who are they, and what might they be doing—and where? If feasible, go into the jungle, find them, and document their practices for a report back to the larger class.
4. How does the idea of deep metaphors influence the way you would conduct research? Discuss how usual research practices reflect one or more of the seven metaphors presented in table 5.1; that is, how ideas about balance, connection, containers, and transformation, for example, structure the way we think about, understand, and conduct research?
5. How does the idea of ecological validity relate to doing exploratory or formative research? What are some examples of research that may not have ecological validity? Does not having ecological validity undermine generalizations that can be made from that research—why or why not?

Chapter 6

The Consumer Experience as the Marketer's Touchpoint

The weekly marketplace of a village in western Kenya proves a great opportunity to immerse oneself in people's daily lives. (Image courtesy of the author.)

Learning Objectives

- Discuss four methods for disrupting your usual approach to thinking about a problem.
- Distinguish among the three major types of formative research.
- Discuss how formative research can be used in partnership and stakeholder development.
- Give examples of novel ways to collect information in formative research settings.
- Identify the strengths and weaknesses of alternative approaches to analyzing qualitative data.

The previous chapter focused on methods to move beyond describing and understanding people and to begin to develop empathy and insight with the people we wish to serve. This connection with people does not end with an insight, it only begins. The best social marketing programs are the ones that constantly seek and respond to people's input throughout the entire research and development process, not just at certain prescribed times with focus groups or other group interruption techniques. New collaborative tools and social media make such co-creation opportunities more accessible and inexpensive. Designing the research and development process as one with many touchpoints with priority groups helps to focus the work and build ownership that will likely lead to more sustainable efforts.

Your work to gain a thorough grounding in methods of understanding the people you wish to serve continues in this chapter. It presents a variety of techniques that can deepen social marketers' understanding of, empathy with, and insight into the people they serve. Some of these techniques are drawn from the design research area, which has been described as "a set of methods and practices aimed at getting insight into what would serve or delight people" (Laurel, 2003b, p. 17). The chapter then looks at the use of focus groups as an exploratory tool when primary and secondary information about a social or health puzzle is anecdotal or nonexistent, and it presents different ways that formative research has been used with uncommon priority groups. Finally, it looks at several methods for interpreting qualitative data, focusing on conjoint analysis as a methodological approach to segmentation.

One of the hallmarks of the social marketing approach is its focus on developing a customer-based perspective on public health and social puzzles and their solutions. In our work, as we develop a segmentation approach, we are also doing research to understand people and develop empathy and gain insight into the puzzle we face. As discussed in chapter 5, this *formative research* process can be divided into three distinct phases: (1) exploratory, (2) concept testing, and (3) pretesting. Each of these phases is directed toward understanding a specific set of questions. Although the details of these questions may vary with the type of puzzle, the priority segments, prior organizational experience, theories in use, and past research, their overarching goals can be summarized as

- *Understanding*. What are the important things we need to learn about the people we are to serve before planning begins?
- *Insight*. What will make the value proposition for the behaviors, products, or services we offer attractive, relevant, and compelling?
- *Reassurance*. From the people's point of view, did we come up with great ideas and tactics that are appealing, fit into their lives, meet relevant needs, solve problems, or serve their aspirations?

GOING OUT OF OUR HEADS

When William McComb was president of McNeil Consumer Healthcare, he said of the state of consumer research: "We slipped from our obligation to know what consumers are thinking . . . into believing they are like us; from there we slid further into believing we can think for them and understand their actions" (quoted in Zaltman, 2003, p. 131). The key dynamic that confronts all of us marketers, whether we are in the commercial, public, or nonprofit sector, is to overcome our own knowledge and experience with a problem in order to understand and develop an empathy with people we wish to serve (whether these people are known as priority segments, audiences, constituents, consumers, or clients). This understanding and empathy should lead us to gaining their perspective on the issue and potential approaches to addressing it. In the first phase of formative research, understanding, the methods and tools we use are meant to change our world (Nielsen, 2007) or disturb ourselves (Starbuck, 2006).

Nielsen (2007) states that the best research methods are those that change our (the researchers' and program designers') world. Before we simply jump to doing

the satisfaction research I described earlier, in which we confirm our a priori hypotheses, we should shift to unearthing new truths from people. A second criterion for research is whether it provides the quality and depth of insights into people's behaviors that can direct and drive the development of our offerings. Nielsen's point is that any form of research should be judged by the practical implications the research findings have for the work and the way the team views it. World-changing research sets a direction for our program, often one that nobody expects at the beginning. It results in actionable ideas for developing and implementing important aspects of the project. And it provides not just new insights into our chosen segments but also a depth to these insights that drives a strong strategy.

An example of such insight, and the inexpensive solution it generated, comes from a project my colleagues and I were asked to design to help reduce the incidence of statutory rape in a state. A full-day briefing about the problem by experts from the health department, epidemiologists, lawyers, law enforcement, school administrators, and others all led to the same conclusion and recommendation for the project: tell these perpetrators to *stop it* or *else* (arrest and jail time).

They were unanimous in their opinions, which were solidly based on their command of the data and the stories from their own and their colleagues' experiences. Yet we urged them to give us a week or two to conduct some research among the types of men they considered the "likely perpetrators." So, with no research budget, we drove down to one of the places with the highest reported incidence of statutory rapes (a seaside town popular with high school and college students on weekends) and asked men what was going on. Their response was world changing: "The way some of them get dressed up and are served [liquor] in the bars, who thinks about them being underage?" When we reported this finding back to the group, there was an "Aha" experience because they had "never thought of that before."

No, the campaign itself didn't end statutory rape or literally change the world. But it did present a way for people to think and talk about a problem that was not often raised in public. It also led to less of the blaming and shaming approach to the issue and the development of a more open discussion (using billboards in the bar and nightclub areas as prompts) along the lines of "if she looks a little young, she probably is": something that friends could say to friends as a way of reminding men of what they already know—sex with an underage woman is illegal, no matter

what she looks like and where you meet her. And it started with a research-based insight that was world changing for the people responsible for the campaign.

Disturbing Ourselves

Starbuck (2006) discusses the process by which social science research leads to the production of knowledge. He notes that it is only by challenging our assumptions through questioning that we can begin to gain a perspective on the situations we are studying and discover the implicit assumptions that may underlie our hypotheses and methods. Starbuck is a great proponent of disturbing ourselves, and he suggests several approaches. We can

- Change our vocabulary or grammar—with simple things such as talking about *people* rather than *audiences*, and *serving* people rather than *targeting* them.
- Investigate situations with the aid of more than one type of data (often referred to as *triangulation*) and not rely on only doing a survey or convening focus groups or conducting in-depth interviews.
- Use group advocates and storytelling to be a counterweight to the logic and facts presented by the scientific or empirical perspective. That is, when examining the possible causes and solutions of a problem, give as much weight to the ways people perceive the problem as to the quality of the scientific evidence.
- Study *extreme users* who can help expose overlooked issues, and also discourage overgeneralization or stereotyping of a particular group of people. This approach looks to *positive deviants* for relevant insights into how they adopted positive behaviors that can be used to help others adopt these behaviors as well (see chapter 5).

It is unfortunate that most formative research becomes a scientific and objective exercise rather than one aimed at developing empathy with the people we serve. As Hastings (2007) has noted, successful behavior change programs require us to understand where we are and to establish achievable objectives and milestones for getting to the desired outcome. This is difficult, if not impossible, to do without conferring with the people for whom we are designing programs, products, and

services. That is not to say that we cannot move forward without input from people, and in fact the literature and history of behavior change programs and the introduction of new products and services is full of such examples. But to move forward successfully we need to, as best as possible, experience the world as our priority group does and not the way we think they should.

Research and Empathy

As I showed in the last chapter, many researchers are adopting techniques that foster a deeper understanding of how people construe meaning in their lives and that put researchers *in the jungle* and not behind a two-way mirror. Tim Brown (2009), one of the practice leaders in design thinking, notes that connecting with people, or empathy, is the most important difference between academics and practitioners. In one example of this connecting process, Brown (2009, pp. 50–53) describes the approach of the IDEO design firm to codesigning a new wing for a hospital. It began with one of the staff taking the "patient journey" from presentation at the emergency room through the initial examination. This journey was also videotaped from beneath his hospital gown so that the designers and hospital staff literally had a patient's-eye view and could experience the numerous places and times in that journey where modifications could be made to the physical layout, procedures, and processes to improve the patient experience.

Listening

The theme of listening stretches through the entire arc of social marketing development. Yet in many programs the desire to understand people prevents us from listening to them. At first glance this may seem contradictory. Yet what often happens in the research phase of a social change project is that we come up with many questions we want to ask the people we intend to serve with our program. In some technically proficient and resource-rich environments, this desire translates into randomized surveys of populations designed to elicit responses. Surveys, however, do not provide texture to people's lives. In other contexts this search for understanding leads agencies to mine existing databases that include health information, media habits, and other consumer attitudes and preferences. Information from these databases limits the questions we can ask to

understand consumers (because these data were collected by other groups, often for other purposes) and, of course, precludes any direct input from people.

The third most common path that program planners choose to help themselves understand people consists of exploratory focus groups. In countless projects with which my colleagues and I have had direct experience, the planning for these focus groups has involved generating an extensive list of questions that is then pared back to a number deemed sufficient to fill up the 90 to 120 minutes of each session. Assuming an average of nine participants in a session, allowing time for introductions, a warm-up, and logistical matters, and also assuming that everyone is to be given equal time to talk, the planners will have fewer than ten minutes to "listen" to any one person (see the focus group guide later in this chapter for an illustration of usual practice). When we step back and look at how we design our approaches to understanding people, developing insights into their problems, and generating alternative solutions to them, I believe we can do better. The next sections are steps in that direction, using people's daily experiences as a guide for where and when social marketers need to create touchpoints with them, rather than interrupting their lives with artificial experiences often referred to as "research."

People-Focused Research

What do we know about the people we serve that we did not know yesterday? That is a very useful question for program managers and planners to be asking themselves every day. It underscores the notion that research to understand the people we serve should not be limited to the slice of time we mark off for planning. Continual sensing and probing of what people are thinking about, worrying about, and looking forward to need to be embedded into an organization's culture. Though some researchers and program planners will declare that they do not have access to the people whom they seek to serve, the fact is that they are not taking the time to find them and then to listen to them—a symptom of the expert mind-set. Outside of a focus group discussion or a structured community event, even staff who work at the local level rarely have any interactions with the people who make up their constituencies and beneficiaries. In the face of such divisions between people and staff, Lefebvre (1992) recommended that organizations could (without using resources to develop highly structured protocols) simply challenge each staff member to talk with ten representatives from his or her priority group every week.

The topics and the ways they are talked about are less important than the fact of having the conversations. Indeed, if we do not prescribe questions for staff to ask in these encounters, they may have the opportunity to listen. In the next sections we look at some other methods to get closer to people.

Context Mapping

Context mapping is an approach that considers the context in which people engage in certain behaviors or use specific products or services. *Mapping* means capturing what happens temporally (events in the time immediately before and after a behavior is practiced or a product or service used), spatially (the physical surroundings), and experientially (the emotions that are directly linked to engaging in the specific behavior or using certain products or services). To develop a context map, Kernahan and Abbing (2011) recommend inviting people to self-document their lives for seven days through the use of images, text, web, e-mail, or SMS, and also prompting them with daily questions. The types of data to be supplied and the ways researchers collect them are designed into the process to be followed by the participants. For example, to test whether physicians will use SMS and apps to interact with patients who have difficulty complying with a medication regimen, we might schedule a focus group, but before the group meets, we might ask the physicians to respond to SMS prompts we will send them at random intervals of the day. These SMS messages might ask them what they are doing right now and to send an SMS back to us telling us, on a 1 to 9 scale, how busy and rushed they feel right now and whether they have the time to check their Facebook page in the next hour. As they answer these and other probes and do other simple tasks, we can begin to get an idea of the time pressure and work-flow issues in relation to their using these systems. Now when they arrive for the focus group, we have some shared experiences to talk about, and everyone can get down to solving the problems of how can physicians make the time or be motivated to respond to SMS, use an app, or think about an app for contacting a patient. What these conversations give us now is a richer understanding of daily life, anecdotes, and important feelings and needs associated with specific types of behaviors, and a better appreciation of contextual factors that may be important to consider or target in our social marketing program. We often talk about the importance of context as a determinant of behaviors, but we rarely seem to devote much time to understanding it in all of its manifestations and as people experience it. Context mapping guides us to that understanding.

In Context Immersion

Spending several hours, or several days, meeting with people where they live, work, and socialize can uncover new insights and opportunities for program development. The idea is to shift our mode of understanding from asking questions to observing and listening. Brown (2009) finds that in contrast to most offices, where people are busy at their desks or in meetings, many design firms are empty. Where is everybody? Especially at the beginning of almost every project they are in the field watching "what people do (and do not do) and listening to what they say (and do not say)" (p. 43).

Self-Documentation

This technique can be useful for observing behaviors and processes over a long period of time or for understanding the nuances of community life when we cannot be on the spot. In many applications of this technique, several people from a priority group are recruited and then given digital cameras or video recorders, voice recorders or journals, and other capture technologies along with instructions to record information and activities that are relevant to the research project. For example, in developing programs to address neighborhood safety and crime concerns, residents from different age groups were recruited and given disposable cameras to make a visual record of what they considered "unsafe" or "safe," of what they liked or hated in their community, and places or areas that they considered to be priorities for improvement.

These individuals were then invited to a group meeting in which they could discuss their images with staff from the project and with each other. These meetings resulted in not only establishing a visual representation of the neighborhood's problems, but also in opening dialogues about residents' perceptions of the problems so that staff could listen to the concerns of different age groups and look for areas of common concern or unique approaches to solutions.

Journey Maps

One method that can be particularly useful for behavior change programs is *journey mapping*. A journey map is a diagram that illustrates the steps a person goes through to engage in specific behaviors or to use specific products and services, such as the hospital patient's journey described earlier. The journey map

CHANGING UP THE USUAL INTERVIEW PROCESS

IDEO suggests several ways to enrich interviews with people and gain a deeper understanding of their perspective.

Show Me

When you are in the interviewee's environment, ask him or her to show you the things he or she interacts with (objects, spaces, tools, and so forth). Capture pictures and notes to jog your memory later. Or have the Interviewee walk you through the process.

Draw It

Ask participants to visualize their activities through drawings and diagrams. This can be a good way to debunk assumptions and reveal how people conceive of and order their activities.

Five Whys

Ask "Why?" questions in response to five consecutive answers. This forces people to examine and express the underlying reasons for their behavior and attitudes.

Think Aloud

As they perform a process or execute a specific task, ask participants to describe aloud what they are thinking. This helps uncover users' motivations, concerns, perceptions, and reasoning.

Source: Adapted from IDEO, 2011.

identifies a number of *touchpoints*, or places where there is an opportunity to engage the person in some way. Lefebvre et al. (1995) used this idea of mapping to determine the critical points during the day (which they called *apertures*) when people would be thinking about and making food choices. This allowed these researchers to understand where messages and behavioral alternatives to choose fruits and vegetables would be most relevant and likely to be acted on.

Understanding such apertures, or touchpoints, can suggest when and where to position program messages, products, and services.

EXPLORATORY FORMATIVE RESEARCH: ONLINE HEALTH INFORMATION BEHAVIORS

I have devoted a great deal of attention to the role of formative research in generating understanding and insight; however, it is also important to recognize that there are times when program developers start out with little to no relevant information on which to base even the most basic program decisions. (Is the perceived issue really a problem? Who is likely to be affected, and how? Is there something we can do to address it or protect people from it?) The exploration phase of formative research is most often undertaken when (1) the data available from secondary sources are insufficient for a clear understanding of the issue, and (2) very little is known about the priority population's views of the problem. In the first instance, new or emerging issues and trends may be well in front of efforts to develop systematic research studies into their causes, impacts, or possible solutions. For example, infectious disease outbreaks necessitate rapid assessments that may preclude the development and fielding of population surveys. In other cases, there has not been adequate research conducted beyond epidemiological surveys and surveillance and a few academic studies to understand much more than the size and scope of the problem and the populations that may be affected by it. Here I look at the important question of online health information and its potential influences and impacts on health-related behaviors.

The Internet has evolved from a data exchange system for researchers to a global web in which almost 2.3 billion people now participate (Miniwatts Marketing Group, 2012). One of the most popular uses of the Internet is as a tool to search for health information. For example, the Pew Research Center's Internet & American Life Project surveys have consistently found that looking for health information ranks as one of the most popular online activities behind e-mail and using a search engine. About 80 percent of adult internet users searched online for health and medical information in 2010 (Pew Internet & American Life Project, 2012). The demographic groups most likely to seek health information online are women, non-Hispanic whites, younger adults, and people

with higher levels of education and income (Fox, 2011a). The three most common reasons for people to go online for health information are these:

1. They provide unpaid care for a loved one.
2. They have, or someone close to them has, faced a serious medical emergency or crisis.
3. They are living with a chronic disease or disability.

Another interesting finding from the work of the Internet & American Life Project is that people who have tried to lose weight or quit smoking, have become pregnant, or have experienced other recent changes in their physical health do not report going online for health information any more frequently than the average adult. The project's data also document that 48 percent of all online health information seekers report that their last search was done for someone else and only 33 percent say it was for themselves.

Searching for health information on the Internet is but one aspect of online health behavior. The evolution and growth in popularity of social network sites (SNS) such as Facebook, MySpace, Bebo, Orkut, Twitter, and other platforms have reached the point where 66 percent of online adults use them (Hampton, Goulet, Rainie & Purcell, 2011). Not surprisingly, the use of SNS for health topics has kept pace. Even back in 2004, Eysenbach, Powell, Englesakis, Rizo, and Stern had noted over 25,000 electronic support groups in the health and wellness section of Yahoo Groups alone. Fox (2011b) found that 62 percent of adults who are online (or 46 percent of all US adults) report visiting any type of SNS for health-related information:

- Twenty-three percent of social network site users (11 percent of adults) have followed their friends' personal health experiences or updates on an SNS.
- Seventeen percent of SNS users (8 percent of adults) have used an SNS to remember or memorialize other people who suffered from a certain health condition.
- Fifteen percent of SNS users (7 percent of adults) have gotten health information from an SNS.

These surveys provide a broad perspective on how American adults are using the Internet for health-related issues. However, the nuances and details of how people use the Internet for specific health information purposes cannot be explored in any depth from these data. Yet as Fox (2011b) notes: "Many people find the internet to be a valuable tool, whether they are using it to search for a quick answer or gain a deeper understanding of a new treatment option or prescription. The internet is also . . . a way to tap into our instincts to gather together, help other people, and be helped ourselves."

One concern over the proliferation of health information on the Internet has been the expansion of direct-to-consumer (DTC) advertising from print and television to this medium in the form of internet advertising, branded websites, and sponsorship or involvement with patient SNS. (The United States and New Zealand are the only industrialized countries that allow DTC advertising (Almasi, Stafford, Kravitz & Mansfield, 2006.) The implications of DTC advertising have long been a concern of US health care professionals and policymakers. For example, over ten years ago nearly 25 percent of people reported asking their physician for a drug they had seen or heard advertised; three-quarters of them received the requested prescription (Wilkes, Bell & Kravitz, 2000). Wilkes, Bell, and Kravitz (2000) also noted the concern that DTC advertising may not only influence prescription practices of physicians but may also have a negative impact on the patient-provider relationship. For example, a DTC advertisement may stimulate a conversation on the pros and cons of a specific pharmaceutical agent the patient recently saw on television or in a magazine, with the result that the patient's symptoms, treatment options, and related concerns receive little attention during the limited clinical contact time. Iizuka and Jin (2005) have also documented that higher DTC advertising expenditures are associated with an increase in patients seeking medical treatment across all demographic groups.

These studies underscore a need to better understand how online health social networks and internet DTC advertising and promotions may influence different segments of the population and how this influence may translate into utilization of health care resources. They also raise the question of how best to engage with SNS as potential tools to improve health and improve clinical outcomes (for example, by creating tools and services that can be integrated or linked to the sites, improving adherence to treatment regimens through enhancements in social support networks, and countering misperceptions or misleading claims about treatment options). Only recently has social marketing been applied to this issue,

therefore its role in addressing this problem must still unfold. However, in the accompanying focus group guide we illustrate a protocol developed for using focus groups to explore the issues of online social networks for health and internet DTC advertising on different segments of consumers. This protocol contains both some general guidelines and typical approaches for conducting focus group research, as well as illustrates some of the ways in which marketing insights are elicited from participants.

A FOCUS GROUP MODERATOR'S GUIDE FOR EXPLORING THE ROLE OF ONLINE HEALTH COMMUNITIES IN HEALTH DECISION MAKING

Welcome (5 minutes)

Thank you for coming today. The purpose of this focus group is to learn more about how people use online health communities and other online resources to make health decisions.

Your experience and perspectives are very important to us, and we genuinely appreciate your time today. This session will last about two hours.

First, I want to cover two housekeeping items:

- *Audiotaping*. You have probably noticed the microphones in the room. They are here because we are audiotaping today's session. At the end of all our focus groups, we want to summarize our findings. I want to give you my full attention and not take a lot of notes, so I will refer to the tape when writing the summary.
- *Client observation*. Behind me is a one-way mirror. Some of the people working on this project are observing this discussion so that they can hear your opinions directly from you. However, your identity and anything you personally say here will remain confidential. Your names, addresses, and phone numbers will not be given to anyone, and no one will contact you after this group is over. When we write the summary, we will not refer to anyone by name.

Before we begin, I want to review a few ground rules for today's group discussion:

1. *Honest opinions*. Most important, there are no right or wrong answers. We want to know your honest opinions, and those opinions might differ. This is fine. We want to know what each of you thinks about the issues we discuss.
2. *Speaking*. Please try to speak one at a time. I may occasionally interrupt you when two or more people are talking in order to be sure everyone gets a chance to talk and that responses are accurately recorded.
3. *Cell phones*. As a courtesy to everyone, please turn off your beepers, cell phones, and pagers or place them on vibrate.
4. *Restrooms*. If you need to go to the restroom during the discussion, please feel free to leave; however, I'd appreciate it if you would go one at a time.
5. *Questions*. Do you have any questions before we begin?

Warm-up (5 minutes)

I would like to begin our discussion by asking you to introduce yourselves. Please tell us:

- Your first name.
- Your favorite online source for health information.

I'll start. I'm _____, and my favorite source is _____. Let's continue to my left. [*Allow the group members to individually share information about themselves, keeping time so that no more than five minutes is used for this process.*]

Questions	Probes or Follow-ups
Membership and Reasons for Joining	
1. How often do you search for health information online?	• What types of information do you search for (for example, illness information, treatment options, and so forth)? • Who is the information for—yourself or someone else?

2. What online health communities have you heard of? By online health community, I mean a site where patients and others gather to learn about and discuss health issues or illnesses.	• How did you learn about these communities?
3. What online health communities have you joined in the past five years?	• How active are you in these communities? What does it mean to be "active"? • How many people are members of these communities? • What types of people belong to these communities (for example, patients, caregivers, health care providers)? • If you had to pick your favorite online community, which one would you choose? Why? • [ALTERNATIVE] If you could be a member of only one online community, which one would you pick?
4. What first motivated you to join an online community?	• What were your other reasons for joining? • [IF NEEDED] How important was your health status in the decision to join a community? A family member's or friend's health status? • For those who've been affected by an illness—personally or through loved ones—at what points during the illness did you join an online community (for example,, suspicion, initial diagnosis, treatment decisions, and the like)?
5. Are there any of these communities you haven't visited in the past six months?	• Which communities have you stopped visiting? • What prompted you to stop visiting those communities?
Community Selection	
6. How did you learn about the online communities that you joined (for example, from a provider, family	• What characteristics or features did you look for when choosing a community? • What features were most important to you?

member, friend, advertisement, other website, and so on)?	• What characteristics or features did you want to avoid? • Did you compare similar communities before selecting one?
7. When selecting an online community, how concerned were you about its reputation?	• What does it mean for a community to be "reputable" or "trustworthy"? • [IF NEEDED] How can you tell if a community is reputable? • How easy or difficult was it to find reputable communities?
Activities and Participation	
8. How often do you visit your favorite online community?	• Do you visit on a regular schedule? • [IF YES] What schedule do you follow? • [IF NO] What prompts you to visit?
9. What types of activities do you participate in within your communities (for example, share links or news, ask questions, post personal health updates, chat with others, and so on)?	• What activities are most helpful to you? • Do your communities have any special tools available (for example, symptom tracker, physician locator, diary, and the like)? • [IF YES] How often do you use these tools?
10. How easy is it to share information within your online communities?	• How well can you control who views the information you share (for example, only a subgroup of members)? • How well can you control the types of information you receive and view?
11. How concerned are you about privacy within your communities?	• What do you do to keep your personal information private? • How does the community keep your information private? Who has access to it? • How would you know if the community sponsor wasn't protecting your privacy? • How have privacy concerns affected your participation?
12. How often are you an active participant (for example, someone who posts information or moderates discussions) versus a passive participant (for example, someone who reads or searches for information)?	• How do you decide whether to actively share information, lead discussions, and so forth? • What would make you more likely to actively participate in your communities?

Discussion Topics	
13. What are the most common or popular topics discussed in your communities?	• How are the topics chosen? • What types of topics are most useful to you? Least useful? • How well do your communities meet your information needs?
14. How easy or difficult is it to understand the information that others share?	• How often do they use unfamiliar terms? Clinical language? • When have you needed outside resources to help you understand information that others shared?
15. How often do you learn new information from online communities?	• How often do you learn about new resources (online or offline)? • What would you say is the most important thing you've learned so far?
Treatment Options and Information Sources	
16. How often do people discuss treatment options?	• What types of treatment do people discuss (for example, medication, surgery, behavioral therapy)? • What types of information do people share (for example, personal experiences, news articles, medical reports)? • When a treatment option is discussed, how often is there a balance between the advantages and disadvantages of the treatment?
17. How often do people discuss prescription drugs in your online communities?	• What types of information do they discuss (for example, drug comparisons, side effects, and so forth)? • Who provides information on prescription drugs (for example, patients or members, providers, pharmaceutical reps)? • How often does someone share his or her personal experience of taking a drug? • When prescription drugs are discussed, how often is there a balance between the advantages and disadvantages? • What sources do they cite?

18. How often do people cite sources when discussing treatment options?	• How often do they include links to these sources?
19. When you learn about a treatment option from your communities, what next steps do you typically take?	• How often do you seek out more information on the treatment? • Where do you look for more information on the treatment? • How do you decide if those sources are credible or trustworthy?
20. How have you used information from your communities to make treatment decisions?	• How often do you share this information with your health care provider? How has he or she reacted to it? • Walk me through your decision process.
Outside Participants	
21. How often do nonmembers participate in your discussions (for example, health care providers, pharmaceutical reps)?	• What types of individuals participate? • How do they identify themselves as nonmembers? • How comfortable are you having these individuals participate in discussions?
Branded Drug Communities	
22. Have you ever joined or visited online communities sponsored by pharmaceutical companies?	• [IF YES] Which communities did you join or visit? • [IF YES] Why did you choose to join or visit those communities? • [IF NO] Why not?
23. How are these communities different from others that you've joined?	• Are you more or less active in them than in other online communities?
24. What types of information do these pharma-sponsored communities share?	• How easy or difficult is it to understand the information? • How trustworthy are these communities? How confident are you that your information remains private? Why do you say that? • When these sites mention a treatment option, how often is there a balance between the advantages and disadvantages of the treatment?

Closing Questions
25. How would you explain the advantages and disadvantages of online health communities to a friend?
26. If you could create your ideal online health community, what would it look like?

Closing (2 minutes)

Thank you again for participating in today's group. Your experiences and input were extremely valuable in helping us to understand how individuals participate in online health communities.

Four Uncommon Examples of Formative Research

Understanding the various methods and tools that are available to us to better understand our priority groups, and to test our strategies and tactics with them, leads us to consider the question: What do we do with all these choices? The cases presented in this section illustrate how a variety of techniques can be combined to inform program decisions. I have deliberately selected these cases to underscore the point that formative research applies to everyone: it is not something that we should use only with the people we used to call *target audiences*. As in the previous chapter where I described approaches to understanding policymakers, here I extend the focus to other groups who are critical to the success of our programs.

Formative Research for Stakeholder Development

Creating partnerships or coalitions at the national, state, and community level is a well-described process (Butterfoss, 2007; Butterfoss, Kegler & Francisco, 2008; Nicola & Hatcher, 2000; Wolff, 2001). Developing or expanding these interorganizational relationships is rarely recognized as a marketing problem, despite

the decades of research in business-to-business marketing that could directly inform the process (Dearing, Maibach & Buller, 2006; Maibach, Abroms & Marosits, 2007). The National Bone Health Campaign is a program in the United States that encourages adoption of bone-healthy behaviors among girls aged nine to twelve and supports and enables these behaviors among their parents. After their first five years of work, the sponsors began a ten-month planning process to develop a phase 2 strategy. A key piece of this planning focused on an analysis and strategic development of their stakeholders (Lefebvre, 2006). The analysis included

- An evaluation of the campaign and input from current partners.
- A review of focus groups conducted among boys, girls, parents, health care providers, teachers, coaches, and food service personnel that were concerned with perceptions of and suggestions for credible influential sources and distribution channels for campaign messages and products.
- An environmental scan of research studies and media coverage of selected national public health campaigns to discover the types of roles and visibility partner organizations had in these efforts.
- Interviews with key opinion leaders.
- Exploratory assessments and concept testing with stakeholder groups, including two strategic planning meetings with key stakeholders (regardless of whether they were current partners in the campaign) that were primarily concerned with partnership formation and development.

One lesson that emerged from this work was the importance of bringing partners into the planning process earlier, as they can be insightful and creative in co-creating distribution and promotion plans, rather than simply handing them a plan to implement. Potential partners also have contributions to make in creating behavioral and product attributes and benefits, contributions that are often untapped by programs they are involved in. A third lesson was the value of partners in developing insights into the perceived costs and benefits of engaging in the bone-healthy behaviors for either children or their parents, children's and parents' perspectives on access and opportunities to engage in these behaviors, and how and through what channels messages could be promoted.

Lefebvre (2006) concluded the analysis with six recommendations for the marketing of partnerships:

- Recognize that partners need to visualize how their participation makes a unique contribution to the success of the sponsoring organization as well as to a particular campaign.
- Have key decision makers in the partner organization and in the campaign management team agree to both an initial commitment to participation and action and a periodic reassessment of that commitment.
- Have the flexibility to adapt campaign needs and expectations to a partner organization's capacities and resources.
- Create opportunities for organizations to interact with each other outside a partnership relationship.
- Devote time and effort toward developing tools and technical assistance support (especially for marketing) to help partners engage more fully in the campaign's activities.
- Demonstrate and publicize successes to partners, other stakeholders, and the priority groups (in this case, teens and their parents).

Formative Research for Enacting Nutrition Policy Changes in Schools

Efforts to curtail or reduce the increasing prevalence of obesity among children often focus on schools as an important place for interventions. The majority of these interventions have used nutrition education in classrooms or sought to increase levels of physical activity in schools (Perez-Rodrigo & Aranceta, 2001; Shaya, Flores, Gbarayor & Wang, 2008). Other programs have employed social marketing and integrated classroom, community, media, and lunchroom efforts to improve food choices among schoolchildren, including altering school policies (Foster et al., 2008; Lefebvre, Olander & Levine, 1999; Story, Nanney & Schwartz, 2009).

Enacting policies to ban or restrict unhealthy food and beverage products at schools or to increase the amount of time in the school day that is devoted to nutrition education or physical activity requires changing the attitudes and behaviors of a very specific group of people: school board members. Working with three research partners, California Project LEAN carried out formative

research that included a literature review, key informant interviews, and a quantitative survey of California school board members (McDermott et al., 2005). Additional formative research activities included an analysis of California's major newspapers to evaluate how they covered adolescent nutrition policies, a review of contracts that California's twenty-five largest school districts had with soda companies, and another look at the results of a previously conducted survey of the prevalence of fast foods in California high schools and student access to healthy foods at school.

Once the data were compiled and analyzed, a series of strategy sessions (*note:* not focus groups) were held with school board members and other stakeholders (such as state organization leaders and superintendents) to present the data and discuss their implications. The two behavioral objectives for school board members were that they would (1) bring school nutrition-related issues to the board agenda, and (2) establish policies that support healthy eating. A two-year implementation included distributing brochures and fact sheets, holding nutrition policy training workshops, publishing professional articles, and conducting promotions through websites and list servs. The investigators reported statistically significant improvements among school board members in their support for banning à la carte food sales and fast-food sales in all schools. There was also evidence that newspaper coverage of school nutrition policy issues increased, that nutrition-related issues appeared more frequently on school board meeting agendas, and that healthy school food policies were being adopted at both the school district and state levels.

McDermott et al. (2005) point out that this progress represents a substantial shift in the "market share" of nutrition-related issues among school board members, a shift that if it were occurring in the commercial sector would have a major impact on product sales and revenues. However, sustaining this trend faces strong countervailing forces, including (1) pressures on school budgets that continue to dominate board meetings, and (2) competition for space on agendas from other issues (academic achievement, teacher and administrator performance, and other health and safety matters, to name but a few).

Formative Research Among Families

Obesity Among the blind spots that accompany considering only individual determinants and behavior change is the lack of attention given to how family

members and significant others influence, and are influenced by, each other's behaviors and how to incorporate this knowledge into social change programs. For example, although there are literally thousands of projects designed to reduce overweight and obesity among children, the role of parents, while widely recognized, is subject to little marketing research. Rhee, DeLago, Arscott-Mills, Mehta, and Davis (2005) administered a questionnaire to 151 parents who presented at a pediatric practice with a child between the ages of two and twelve whose weight was above the 85th percentile for age and gender (62 percent of these children had weights that were above the 95th percentile). The questions focused on demographic information about the child and the parent and information about parental beliefs and behaviors concerning the child's weight and whether it presented a health problem. The outcome of interest was how these beliefs and behaviors coincided with the parent's stage of change with respect to his or her children's weight (stages such as, "thinking about making lifestyle changes to help my child lose weight," "likely to make lifestyle changes in the next 6 months," or "currently making changes in my child's dietary behaviors or physical activity level more than 50 percent of the time"). These researchers found that nine parents were in the action stage and another forty-nine were in the preparation stage (combined this represented 38 percent of all the parents). Another 44 percent of the parents were in the precontemplation stage, and 17 percent were in the contemplation stage. However, the researchers noted that the older the child, the more likely it was that parents' beliefs that the child's weight was a health problem and perception of themselves as being overweight would be associated with greater parental readiness to make changes. These findings highlight that even though interventions may be developed and directed toward overweight and obese children, one should not presume that parents of these children are in any way thinking about or prepared to support these efforts at behavior change—or that they even recognize the problem.

Organ Donation Jones, Reis, and Andrews (2009) examined whether concordance of attitudes about organ donation was linked to discussions among student-parent dyads and whether these were reflected in each person's decision to become or not become an organ donor. The authors recruited from a student population, and the student participants were then asked to recruit one of their parents to also complete the survey of attitudes, intentions, discussions within the family, and decisions about organ donation and whether these decisions had been

shared with family members. They found a high degree of concordance between the responses of parents and their children, who largely shared a generally positive attitude and intention toward donating their organs. Family discussion was noted to have a small, positive effect on attitudes toward donation, but the result was limited by the small sample size and also the generally positive attitudes and intentions among respondents. The authors do note that more data about communication within dyads about various health and social topics could provide useful information to guide the selection of priority groups and the development of strategies to improve personal and social well-being.

The Analysis of Qualitative Data: Transforming Information into Knowledge and Insight

Even the most avid proponents of using qualitative research methods can be overwhelmed by the task of sorting through interview and focus group transcripts, internet postings, pictures, audiorecordings, videos, and collages, not to mention the slices of conversations that have lodged themselves in researchers' brains. Especially when research is conducted in collaborative ways, or co-created, with people from the priority group or stakeholders (or both), the tasks of making sense of the enormity of input and then extracting valid and useful conclusions can be daunting. There are many different ways to conduct an analysis of qualitative data. *Thematic content analysis* and *narrative analysis* are two approaches. Simons, Lathlean, and Squire (2008) demonstrated the strengths and limitations of each approach by first applying thematic analysis to the transcripts of twenty-four interviews with nurses. Transcripts were read and broken down into small units of text that were then organized into categories. The authors noted that these categories were not solely properties of the textual units themselves but were influenced by the literature and background reading of the coders, the researchers' experience and values, and the respondent's culture and local practices. This process identified the goal of nurses when in the treatment process with a patient as being to bring about positive change for the patient. However, a number of factors were also identified that enhanced or detracted from nurses' ability to bring about change.

Simmons et al. followed up the thematic analysis with a narrative analysis of the same transcripts. They found a pattern of alternating roles as active agent or passive participant that nurses constructed in their encounters with patients.

They noted, as have others, that using more than one approach to analyzing qualitative data can deepen understanding or put a slightly different emphasis on the results.

Hsieh and Shannon (2005) describe three broad approaches to content analysis: a conventional approach in which coding categories are derived from the data (as in the Simons et al., 2008, study), a directed approach that uses relevant theories or research findings to create the initial coding categories, and a summative analysis that involves first counting and comparing content and then interpreting the underlying context. For exploring and understanding how people see their problems and possible solutions, it appears that the conventional type of content analysis may be more appropriate.

Unlike quantitative studies, in which data analysis begins once all the data are collected, in qualitative research researchers can start analyzing data during data collection (interviewers, moderators, and clients do not walk away from a session as *blank slates*). Pope, Ziebland, and Mays (2000) stress that this sequential, or interim, analysis has the advantage of allowing the researchers to go back and refine questions, develop new hypotheses, and pursue emerging ideas or insights in more depth. They say: "Crucially, it also enables the researcher to look for deviant or negative cases; that is, examples of talk or events that run counter to the emerging propositions or hypotheses and can be used to refine them. Such continuous analysis is almost inevitable in qualitative research: because the researcher is 'in the field' collecting the data, it is impossible not to start thinking about what is being heard and seen" (p. 114). Yet many researchers who conduct qualitative research strongly resist any attempts to alter protocols or interview guides until all the interviews or groups are completed, going as far as not allowing transcripts to be reviewed by anyone until the end of the data collection process. One wonders what methodological purity is being served by taking such a position.

We can quickly appreciate the time and effort it takes to conduct thorough analyses of interview and group transcripts, perhaps more time and costs than many programs have to offer or expend. Several software packages have been developed for qualitative data analysis that can reduce these costs, including the QSR NUD*IST Vivo (Nvivo) (Richards & Richards, 1994) and ATLAS.ti (Muhr, 1997; also see Hesse-Biber & Crofts, 2008). Such software can code and retrieve data, and allows a sophisticated analysis of the text and the underlying codes or categories.

While there are various approaches to content analysis, and software that can be used to analyze transcripts to extract key themes and other variables, being able to create inspiration is the art of the research process. The next section describes one low-tech, low-cost method many groups use to extract themes from a variety of input sources (also see the framework approach to data analysis in the accompanying box). It is important for researchers to recognize that throughout the process of qualitative analysis, they will run up against the biases of the stakeholders who have one perspective on the puzzle, the views of the researchers who want to bring an idealized version of data analysis to this task, and the force of social norms and collaborative dynamics among the people tasked with making sense of the data.

FIVE STAGES OF DATA ANALYSIS IN THE FRAMEWORK APPROACH

Pope et al. (2000) present a framework approach that was developed in Britain for applied or policy-relevant qualitative analysis. The process is intended to answer specific questions posed by policymakers in short time frames. Note the overlapping of these ideas with those in the text, though the indexing and charting steps have less immediate importance for idea generation and program design.

Familiarization—immersion in the raw data (or typically a pragmatic selection from the raw data) by listening to tapes, reading transcripts, studying notes, and so on, in order to list key ideas and recurrent themes.

Identifying a thematic framework—identifying all the key issues, concepts, and themes by which the data can be examined and referenced. This is carried out by drawing on a priori issues and questions derived from the aims and objectives of the study as well as issues raised by the respondents themselves and views or experiences that recur in the data. The end product of this stage is a detailed index of the data, which sorts the data into manageable, labeled chunks for subsequent retrieval and exploration.

Indexing—applying the thematic framework, or index, systematically to all the data in textual form by annotating the transcripts with numerical codes from

the index, usually supported by short text descriptors to elaborate the index heading. Single passages of text can often encompass a large number of different themes, each of which has to be recorded, usually in the margin of the transcript.

Charting—rearranging the data according to the appropriate parts of the thematic framework to which they relate, and forming charts. For example, there is likely to be a chart for each key subject area or theme, with entries for several respondents. Unlike simple cut-and-paste methods that group verbatim text, these charts contain distilled summaries of views and experiences. Thus the charting process involves a considerable amount of abstraction and synthesis.

Mapping and interpretation—using the charts to define concepts, map the range and nature of phenomena, create typologies, and find associations between themes with a view to providing explanations for the findings. The process of mapping and interpretation is influenced by the original research objectives as well as by the themes that have emerged from the data themselves.

The last point about mapping and interpretation leads to a recommendation that the *research and insight team* (or account planners), whether an existing group or one created for this specific project, consist of people who can ensure a balance of perspectives. This team might have diversity in gender, race, socioeconomic status, education level, and field experience, and also include members of the community, and all these people should bring with them analytical and conceptual aptitudes and skills suited to the task of making sense of the data. It is also useful to check that members of this team are not bringing strong biases or preconceptions about the determinants or alternative solutions to the puzzle.

What I have found particularly useful is to pull the team together for a four-hour or daylong session to talk about the data and what team members have read or heard that resonated with them. The IDEO group, for example, recommends having the staff tell stories of what they saw or heard during the research or as they reviewed the information. These stories are not summaries of information but are to be focused around real people and their lives. Chapter 5 presented an example

of this type of story in describing how a focus group on sexual health education elicited eye-opening information. When telling these stories it is important to avoid generalizing to an entire group from one example, prescribing how people should behave or feel, hypothesizing about reasons why a situation may have occurred, judging whether the story (or any of its implications) is appropriate for the task at hand, and evaluating the story's reliability or validity. By going around the room and having participants tell stories one after the other, until these accounts become forced or repetitive, the team begins to develop a sense of the areas or themes it might be important to zoom in on. Sometimes these sessions involve making notes on Post-it notes and sticking them up on the walls in groupings that may help people to begin to visualize how different pieces of the stories may fit together.

Identifying patterns among stories and other data should help the team members to develop insights from what they have discussed and what they have in front of them. These insights might include unexpected or world-changing findings from the research, and overarching themes about how people view the problem and possible alternatives. Ultimately, these findings and themes should shed light on program design.

Creating categories, or themes, under which observations and insights can be grouped is a method for exploring the commonalities, differences, and relationships among the data that have been collected. Post-it notes again come in handy; stuck on a wall or a large sheet of paper they allow themes from stories, other data points, and insights to be easily rearranged until each grouping is expressing a specific theme.

As these themes emerge and are validated by the group, the next step is to use them as the scaffolding for understanding the puzzle and to explore alternative program strategies to address them. As this framework of understanding emerges in the group discussion, it will suggest opportunities for program implementation. Capturing these opportunities for later in-depth discussion in planning meetings is the next step. In my experience, trying to push forward and completely explore an opportunity and all its ramifications for programming is better left to separate meetings. If this process has been followed in one long group session, getting to the point of having major opportunities as a final product of the day is a well-deserved outcome. Try to identify as many opportunities as possible rather than taking time to refine ideas.

In one or more follow-up sessions, these opportunities can then be the agenda around which participants will brainstorm solutions and program strategies and

SEVEN RULES OF BRAINSTORMING

Defer Judgment

There are no bad ideas at this point. There will be plenty of time to judge ideas later.

Encourage Wild Ideas

It's the wild ideas that often create real innovation. It is always easy to bring ideas down to earth later!

Build on the Ideas of Others

Think in terms of *and* instead of *but*. If you dislike someone's idea, challenge yourself to build on it and make it better.

Stay on Topic

You will get better output if everyone is disciplined.

Be Visual

Try to engage both the logical and the creative sides of the brain. Drawing pictures or diagrams may help participants understand an idea (as one of my students put it: "When in doubt, draw it out!").

Have One Conversation at a Time

Allow ideas to be heard and built upon.

Go for Quantity

Set a big goal for number of ideas and surpass it! Remember, there is no need to make a lengthy case for your idea because no one is judging. Ideas should flow quickly.

tactics. Although subsequent sessions may be shorter (for example, sixty to ninety minutes), I find that having an initial session that carves out half or all of a day for data analysis emphasizes that the activity is important, that people should come to the meeting prepared to work and to shut out distractions, and that there is explicit support from management to spend sufficient time in the research phase to get the project off to a strong start.

Concept Testing

Concept testing is a venerable tradition in the advertising industry but was long in coming to social marketing practice. For many years social marketers employed various methods of exploratory research and would pretest materials to ensure that they were attention grabbing, understandable, and able to elicit reactions from the intended priority group. However, in between these two steps were activities based on an expert-driven philosophy in which the planners determined what the target behavior would be, what would motivate someone to engage in it, and what features of the message or product would attract people's attention. Of course, given that these planners were well educated in behavioral theories of change and had years of experience, why shouldn't they make these decisions themselves? I hope by now that question is readily answered. Using an approach that omits the perspective of the people it is intended for is undoubtedly what leads many social change programs to be less effective than they could be.

Social marketers who recognized this gap between knowing and doing started incorporating concept testing into their touchpoints with the people they served. *Concept testing* occurs after the planning team generates and assesses a variety of possible behaviors and value propositions or benefits based on the available evidence, the insights generated from the research, and their own knowledge and experience with similar problems or population groups. Each *concept* consists of a simple sketch or drawing that is accompanied by one of the alternative behaviors matched up with one of the value propositions or benefits. Although it may seem obvious to planners that certain behaviors and value propositions go together, mixing different value propositions with several different behaviors helps to draw out other people's perspectives on the issue as well. Most often these concepts are then presented to groups of people in the form of concept boards, each of which displays an image, a behavior, and a value proposition. The images used should

also vary and not be tied to any one behavior or value proposition. They also should not be high-quality reproductions; many advertising agencies use sketches or grab images from stock photographs or photo-sharing websites. Both staff and participants need to be reassured that the images are not intended to be critiqued as art; rather, their value lies in the types of responses and emotions they evoke from the viewers. The goal is for each concept board to generate a discussion among the participants. That discussion produces the data that can help to guide the selection of behavior, value proposition, tone, and emotional appeal for further development.

The value of concept testing in the development of branding, positioning, and strategy cannot be overstated. When I am asked how and where to spend research dollars if a program is limited to doing just one formative research task, my response is always to put them into concept testing. Yes, there may be more that we could learn through exploratory research, but we can always draw on our collective experiences and conduct some informal conversations with members of priority groups when budgets are tight. Conversely, if we were to pretest materials only based on our best hunches and some informal guidance, and the materials then turn out not to be compelling and motivating (though our focus group participants will usually tell us they like them anyway), we are left with either starting over again or implementing a program that will generate a lukewarm response from our priority group and stakeholders.

The goal of concept testing is not to come up with a "winner." The concepts are developed and presented to people to generate discussion and evoke responses. In general, I recommend that concepts be discussed by groups of people, but not in a standard focus group format or setting. Instead, I encourage program designers to imagine the situations priority group members will be in when they see or hear these concepts—whether they involve adopting a new behavior, stopping a current one, using a product, or accessing certain services. Once we have imagined a few archetypical contact situations, the logistics for arranging concept testing should try to match or simulate what we expect will happen in a real-world situation. For example, if we are talking with HIV-positive men about a campaign to increase conversations about safe sex practices, we might be better served by testing our concepts at gay bars or in other locations where men who already know each other, or at least may have had an opportunity to talk with each other, constitute the group participants—rather than selecting a group of strangers to sit together in a conference room. Similarly, best practices from the commercial sector tell us that when

doing concept testing with children, teenagers, people who have lower incomes, and people belonging to disenfranchised or disadvantaged groups, having them participate with people they know, even if it is just one friend or acquaintance, allows them to be less mistrustful and more forthright and honest with their comments and judgments.

The intent of most concept-testing sessions is to generate as much conversation as possible about the ideas, behaviors, and value propositions or benefits that are presented. Highly structured moderator guides should be avoided. The more people are interacting with each other and staying on the concept being presented, the better the session is being managed by the facilitator. Moderator guides for concept testing are usually sketchy and may include only some introductory and closing comments and some standard language and probes to introduce each concept board and start the discussion about it. Good practice is to limit a concept-testing session to no more than five concepts to allow ample time for a group discussion, rather than trying to conduct a series of minisurveys. From a creative development point of view, the value of concept testing is learning how people talk about the behaviors and value propositions we are offering, especially the words and metaphors they use as they critique our work. It is the type of session in which social marketers get to practice the ideas of humility and of learning from the people they serve. Indeed, I have seen scripts for PSA campaigns that consisted entirely of excerpts drawn from the concept-testing participants. In other cases the key behaviors and value propositions ultimately chosen for a program have been entirely different from the concepts we brought into the concept-testing groups.

Concept Testing: Learning from a Lesson

Some confusions that can arise when doing concept testing are illustrated in the development of the Food Friends social marketing campaign, directed toward parents with low incomes and their children enrolled in preschool programs (Bellows, Cole & Anderson, 2006). In their report on this project Bellows, Cole, and Anderson (2006) discuss program development and what they refer to as pretesting of "tagline messages." Testing of taglines and logos is commonplace in many types of marketing programs, not just social ones. However, I encourage people to first test concepts that can then form the basis for tagline development, as well as branding, positioning, and strategy development. Concept testing is

often mischaracterized as a process reserved only for message development. Yet it is also valuable in creating or redesigning products and services and working through pricing and distribution or accessibility issues from priority groups' points of view. If program planners do not understand what the core behavior and value proposition or benefit is for each of their priority groups, then creating an integrated campaign in which all the pieces reflect this insight is next to impossible.

After pretesting seven potential taglines, Bellows et al. (2006) narrowed their choices down to three messages for testing with parents, preschool teachers, and experts.

1. Make friends with new foods.
2. Family fun with new foods.
3. Enjoy new foods today for good health tomorrow.

This chapter will not delve into how and why these taglines are not a good fit with the idea of concepts as I have discussed them here; nor will it attempt to modify them, though you should certainly feel free to play with them. That the researchers intended to use these "messages" as the basis for decisions about materials development signals that they were serving a purpose similar to a concept's purpose. The lesson for this chapter's discussion of concept testing lies in these researchers' findings.

Bellows et al. (2006) asked their three groups of respondents to rate, on a scale of 0 to 5, the perceived ability of each of these three taglines to encourage parents to offer new foods to their child. Such a rating procedure allows one to quantify results, but here it meant that the opportunity to collect valuable information through a group discussion was lost. (Having people rate concepts before opening up a group discussion can, however, be a useful way to assess initial reactions of participants before they are exposed to group norms and a group process that often leads to conformity.) Gathering ratings also typifies the stance in many agencies that collecting numbers gives planners something solid to base decisions on and that these decisions are somehow more objective and valid than ones that arise out of grappling with the intricacies and subtleties of people's opinions.

The results in this instance showed that Spanish-speaking parents overwhelmingly favored the third option ("Enjoy new foods today for good health

tomorrow"), while the English-speaking parents rated the second option ("Family fun with new foods") significantly higher than the other two. To further complicate matters, the preschool teachers rated all three taglines about equally, whereas the forty-five experts the researchers tested the taglines with rated the first option ("Make friends with new foods") as significantly better at encouraging parents to offer new foods to their children (so if you ever need evidence that testing concepts with people is more important than asking experts what they think about them, be sure to keep this example nearby). After referring to the answers to open-ended questions on the survey and consulting further with the experts, who decided among other things that option 3 was too long, the decision makers for this project went on to select "Family fun with new foods" as the basis for materials development. So much for a people-driven approach.

Conjoint Analysis

Conjoint analysis is a quantitative method used to assess the relative value users place on specific features of a behavior, product, or service (Green & Srinivasan, 1990; Spoth, 1989). It provides a useful complement or alternative to concept testing, especially when you can use relatively large samples of the priority group in making decisions about the most relevant features and benefits to focus on with behavior, product, or service offerings. A distinguishing characteristic of this approach is that it allows marketers to assess how features and benefits are valued when considered jointly, rather than one at a time. Conjoint analysis may be particularly useful in considering such questions as

- How to best design and package a product or service to meet the needs of intended users (or redesign an existing behavior, product, or service offering, such as physical activity alternatives, recycling containers, or smoking cessation services).
- What the anticipated demand for a product or service might be at different levels of cost or other pricing elements (for example, geographical distance or the length of the commitment needed to participate in a program).
- Which features and benefits should be emphasized in promoting a behavior, product, or service to specific segments of a population (Spoth, 1989).

The use of conjoint analysis allows us to uncover how potential users create value from a behavior, product, or service by assessing how they weight different attributes, and more important, how these attributes are traded off against each other. Spoth (1989) demonstrated the utility of conjoint analysis in the development of a low-intensity smoking cessation program. After reviewing the smoking cessation literature, capturing adult smokers' preference ratings on potential program attributes, and conducting interviews with smoking cessation clinic facilitators and worksite benefit managers, a comprehensive set of program components and attributes was developed for conjoint analysis (for example, various price points, program duration, inclusion of stress management or weight loss components, method of nicotine reduction, reward techniques, flexibility of the format, recommended behavioral alternatives to smoking, methods of support, and sources of program endorsements). A telephone survey of worksite benefit managers, the decision makers for purchasing the program, was used to get one reference point for attribute preferences. Telephone interviews were also conducted with smokers to gain their perspective on the relative importance and combination of activities. The results of these conjoint analyses were then used to guide revisions of the existing program and the introduction of new program components.

In another application of the technique, Spoth, Ball, Klose, and Redmond (1996) demonstrated how to identify differences in program preferences among population segments to then tailor program offerings. Two hundred and twenty parents of sixth- and seventh-grade students in economically distressed rural counties who indicated they might (or definitely would) be interested in participating in family skills-focused prevention programs were the focus of this effort. The conjoint data were collected from these participants by telephone interviews and addressed such program features as meeting length, duration, time of meetings, travel distance to meetings, program focus, facilitator background, type of support, and sources of program endorsements. In all, thirty-nine individual features were assessed, and the strength of preference for each of them, both individually and based on a combination of other features, was collected. A cluster analysis of these data was used to identify parent segments based on their preferences for program attributes. These clusters differed by the preferred program duration, type of facilitator, program content, and who endorsed it. This study demonstrates the unusual approach of segmenting a priority group by understanding people's program preferences. Although unusual for social marketing, the

study is also important in demonstrating how to conduct segmentation after one learns what peoples' preferences are with respect to our behavior, product, and service offerings.

Conjoint analysis techniques have been shown to have broad utility for social change efforts such as those involving household preferences for energy-saving measures (Poortinga, Steg, Vlek & Wlersma, 2003), public preferences associated with wind farms (Álvarez-Farizo & Hanley, 2002), preferences of older adults for environmental attributes of neighborhood open spaces and walking programs (Alves et al., 2008; Brown, Finkelstein, Brown, Buchner & Johnson, 2008), identifying determinants and demand for male circumcision to reduce HIV transmission in South Africa (Bridges, Selck, Gray, McIntyre & Martinson, 2011), and for water supply quality in Sri Lanka (Pattanayak et al., 2006), understanding which characteristics of vaccines affect their acceptability (Stockwell et al., 2011), and determining the health care system characteristics that are desired by a rural population in Thailand (Sricharoen, Buchenrieder & Dufhues, 2008). As a quantitative technique that can be used among a relatively large sample of the priority group, conjoint analysis is a tool that merits more research and more application to exploring preferences of people, developing segmentation schemes that are responsive to differences in these preferences, and then elaborating the features and benefits that should be reflected in the program offerings to each segment.

Pretesting

Pretesting has been considered one of the hallmarks of the social marketing approach. Among its many purposes, pretesting is used to uncover whether materials and messages attract and hold people's attention; whether they are credible, understandable, memorable, and linguistically and culturally relevant; and whether they focus on behaviors that our priority group believes they have the confidence, skills, and opportunities to engage in. Pretesting is also used to ascertain whether prototypes of our products and services meet many of these same criteria. Pretesting, or *usability testing*, is also a feature in the design of many web-based and mobile interfaces, and it is often used to test survey questions and other assessment instruments (Collins, 2003). Depending on budgetary resources, pretesting might also be expanded to carrying out various types of pilot tests or presenting alternative forms of products and services in controlled or field conditions.

PRETESTING AT THE BEGINNING

Andie Knutson, chief of the Experimental and Evaluation Services Branch in the Division of Public Health Education of the US Public Health Service, wrote of the need for pretesting of health education materials in the 1950s, long before social marketing appeared in print or practice:

> We would all agree that information about the wants and interests of a group should be considered in preparing materials for their use. Unfortunately, however, such information is not always available, and programs cannot always be held up while it is being collected. In situations like this, a few interviews with members of the intended audience may suggest ways of reorienting materials to tie in better with existing wants and values of the group.
>
> We have found it helpful to ask people to read our materials before they are completed. Then we try to focus a discussion around questions like these: Is the problem one that concerns them individually and as a group? Is it one they want to do something about? Do they feel they can solve it? Does the solution proposed jell with what they want to do about it? Does it conflict in any way with other things of value to them or things they are striving for?
>
> A final question I would urge you to consider in pretesting is this: Is the action recommended in accord with the way individuals in the intended audience usually behave? If not, efforts made to carry out the action could lead to conflicts in personality or adjustment, or to conflicts in social behavior.
>
> It is not sufficient for health education to tie in with existing patterns of motivation. What is presented must help individuals to achieve health goals with a minimum of disruption of their ways of life [Knutson, 1953, p. 196].

Sage advice that is rediscovered by each generation of professionals in the field.

As noted earlier in this chapter, many program developers rely on pretesting as their opportunity to receive feedback from the priority group prior to final production of the materials and implementation of the program. However, what often occurs in practice is that this reliance on pretesting may lead to the exclusion of people in earlier stages of the process, with excuses such as, "We don't have the access, time, resources, or staff to adequately engage people throughout the development process." In these cases, pretesting is required. However, if program developers are including people as co-creators throughout the process, pretesting becomes a disaster check. By this I mean that if we have been listening to people, consciously applying that understanding and insight to our planning and development process, and checking in with them along the way to see if our concepts and ideas resonate with them we should expect few if any surprises at the end of the process.

Lapka, Jupka, Wray, and Jacobsen (2008) note three primary methods used in pretesting environments: focus groups, in-depth interviewing, and cognitive response testing (CRT). CRT is the one technique we have not addressed yet; it is a structured interview with an individual as he or she reads, listens, or views stimulus materials. While engaging with the material, the individual is rehearsed and reminded to verbalize his or her thoughts, feelings, and reactions out loud, so they can be electronically recorded or transcribed by the interviewer. As these authors note, this technique can be especially useful when trying to understand the language and ideas used by members of the priority group so that they can be incorporated into the materials. Thus the overall aim of CRT pretesting is to understand how people perceive and interpret the key words and phrases that are used to describe the problem and frame the recommended actions. Lapka et al. (2008) describe the use of CRT to develop materials that could be distributed if a terrorist attack using biological, chemical, or radiological agents occurred. They discovered that many terms and concepts were difficult for people to understand, including *transmission* and *contagious*. People also did not understand the symptoms the materials were referring to—such as *going into shock* and *respiratory failure*—as signals to take emergency action. The timelines for certain diseases to manifest themselves and knowledge of vaccinations or antibiotics to prevent or treat contagious diseases, such as plague, were also problematic for many people. While many observations of this sort may be self-evident to communication and marketing people, be assured that they are major news to most medical professionals and scientists. Indeed, what pretesting can sometimes offer program

WHAT DIALECT DO YOU DUB?

In many multilingual and multicultural countries, there is a level of appreciation for the need not only to translate information into different languages but also to do so in contextually appropriate ways—we do not simply change the words but also transform the message in culturally and linguistically relevant ways.

In the Arab world, for example, the dialect used in dubbing a foreign language movie or television show can make it a hit or a flop. The standard Arabic used in classrooms has not been found to be the answer to all genres or to appeal to the mass audience advertisers are seeking. Spindle (2011) documents how a Turkish soap opera, *Noor*, that originally flopped in Turkey, became a breakout hit across the Arab world when it was dubbed and rebroadcast in Syrian Arabic by a Saudi Arabian broadcaster. Focus groups and convenience samples are routinely used to uncover, for instance, whether Arab children prefer a British children's show dubbed in Syrian Arabic or classical Arabic (the latter). The American crime series *Law & Order* was laughed at when dubbed in the Egyptian dialect of Arabic, bored people in the Lebanese dialect, and finally worked in the Syrian dialect.

What marketers are attuned to is creating and testing material that is responsive to people's preferences. There are many calls for professionals to be linguistically and culturally appropriate, or sensitive to differences among various ethnic or racial groups, rather than treating them as homogeneous. It might be more productive to encourage all these professionals to become better marketers.

designers is the opportunity to develop evidence that what experts and administrators want to say and how they want to phrase it may not be the most effective choice and could actually impede appropriate responses from the general public.

A CONTINUUM OF TOUCHPOINTS

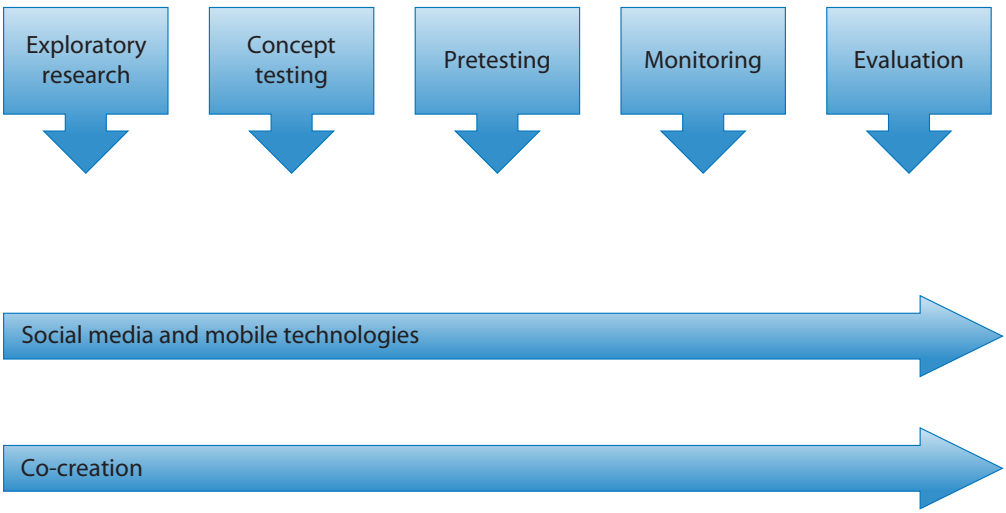
The classic models for listening to people have usually focused on the use of exploratory, or formative, research and pretesting (Andreasen, 1995; Hastings, 2007; Lee & Kotler, 2011). What I have stressed in this chapter is the need to also focus on testing

concepts and strategies for implementation of social programs and behavior change. Too often program planners assume they can develop the correct answers to puzzles once they have gathered information from multiple sources and perspectives. I recommend you always test your assumptions first, not after commitments are made and resources are expended to go down a certain strategic route and to settle on what the "best" benefit or value offering might be, how to position and brand the offering, and how to fashion a program around the marketing mix (the focus of the next three chapters). However, there is a risk of listening too long and frequently to people, peers, partners, and stakeholders in the early stages of program development: decision makers can become paralyzed with fear that they will be second-guessed or contradicted all along the process. And unfortunately, that is the way people seem to think (Kahneman, 2011). When we see a very bureaucratic process taking form around puzzle solving, a seemingly endless cycle of research being undertaken to retest ideas and solicit another round of ideas from people and stakeholders, we can generally conclude that the perception of the planners—and their higher ups—is that they are operating in a high-risk environment. Using many methods and techniques to gather data and not relying on just surveys or focus groups can be an important mitigation of uncertainty. However, we will never be certain until we go into the jungle with our program. Having the courage to move beyond research is what separates social change agents from those who support the status quo.

Indecision about how to move ahead can be at least partly resolved if we think about research as a navigation tool rather than a discrete process with a beginning and end in which the puzzle and its solution now have perfect clarity. Figure 6.1 illustrates the idea that research need not be thought about in discrete timeline stages (shown in the upper row of the figure). Rather, new social technologies allow social change agents to be in regular communication with members of the priority population throughout the entire project life cycle. We can also integrate members of the priority group into our team for co-creating value propositions, offerings, and program design and for monitoring and evaluating the program with us. (In chapter 10, I will talk more about implementing monitoring systems to assess program implementation, market response, and progress toward outcomes.)

Establishing multiple touchpoints with priority group members throughout the program life cycle is something we need to consider doing. Creating these touchpoints also provides us with the navigation aids we need to establish and participate in relationships with our priority group members, rather than aiming

FIGURE 6.1 A continuum of touchpoints for listening and responding to people during a project life cycle



things at them (cf. Desai, 2009). The near ubiquity of social and mobile technologies is making our staying in touch with people, and their staying in touch with us, much less costly. Already many programs consider a presence on one or more social network sites a requirement of a media plan. Yet using that presence to create interactive dialogues with the people we serve, and not just as another channel to push messages through, is hampered by the same fear noted earlier: What will they say to us? And more important, What if we don't like what we hear? (Lefebvre, 2007).

Social and mobile technologies allow us to develop efficient ways to stay in touch with people we serve throughout the program life cycle and to open up opportunities for them to become active participants in the process. We might also conduct focus groups after the program has launched to gauge early reactions to it; develop surveys to see whether people we preselect to be a cohort (or sentinels) are exposed to the program, understand the value proposition, and are talking about it with others; or even bring people onto our planning team to co-create the entire process with us. Listening to and understanding the perspectives of people we serve does not have to stop, nor should it, when the last pretesting session is completed.

SUMMARY

We have looked at different ways in which marketers can use research to disrupt their usual ways of thinking and gain alternative perspectives on puzzles and their solutions. The key idea is that research, or listening to people, is not something that should happen only at the beginning of a project. Indeed, many different methods, including the use of social media, can be employed by program designers to establish touchpoints with people throughout the program planning, delivery, and evaluation process. Several examples have illustrated how techniques such as focus groups can be used to gain insights from groups not usually considered priority groups in many programs. Many of the techniques develop rich qualitative data, and a number of approaches, including the use of computer software, can be used to make sense of these data. Concept testing emerged as one of the least understood and used research methods in social change programs. The bias that "experts know best" can be hard to counter unless we have a chance to confer with the people we serve. The use of conjoint analysis as a way of understanding user preferences for product and service features is an area largely unexplored by social marketers, yet it appears vital to their interest in meeting and serving people's needs and preferences. The pretesting of materials that many people equate with formative research should be viewed as establishing another touchpoint with people, and not as an isolated activity. And I want to remind you that research does not have to come to a hard stop at a certain point in marketing programs; social and mobile technologies are enabling us to create multiple touchpoints that extend throughout the life cycle of a project.

We now need to explore how to most effectively and efficiently use these touchpoints to understand the changing perceptions, needs, and lives of the people we are serving.

KEY TERMS

brainstorming

cognitive response testing

concept testing

conjoint analysis

context mapping

disruption

exploratory research

framework approach

in context immersion

journey mapping

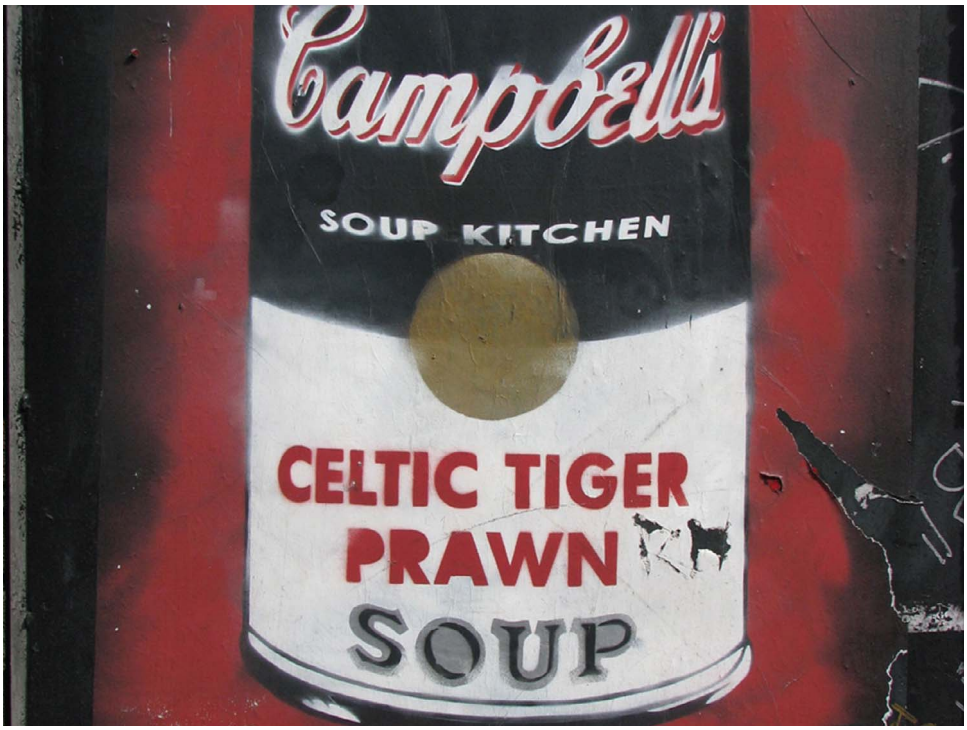
listening
narrative analysis
pretesting
qualitative data analysis
self-documentation
thematic content analysis
world-changing research

DISCUSSION QUESTIONS

1. Review the "Focus Group Moderator's Guide for Exploring the Role of Online Health Communities in Health Decision Making," and then, using the many alternative approaches discussed in chapters 5 and 6, discuss and design some alternative methods that might be used instead of, or to complement, that focus group methodology. What types of formats might you use, with what types of people, and what questions or probes would you use to get at world-changing ideas?
2. Select one of the design research techniques described in this chapter (context mapping, in context immersion, self-documentation, or journey maps) and use it in an $N = 1$ study for one day or apply it to an existing problem in your workplace. Decide how you will design the instructions, carry out the project, analyze the results, and report insights and recommendations to the class or project team.
3. Select an emerging public health or social issue. How would you design a study for doing conjoint analysis of that issue? What people would be the priority group members? What would be the behavior, product, or service of interest? How would you go about creating and scaling preferences?
4. What strengths and weaknesses do focus groups bring to the tasks of (a) exploring and gaining new knowledge about a puzzle and possible solutions, (b) generating understanding and insight into members of the priority group, (c) disrupting our usual ways of thinking about a problem, and (d) pretesting program materials? How would you recruit people, design questions, and analyze the data differently in each of these scenarios?

Chapter 7

Strategic Positioning and Brands



This street art in Galway, Ireland, reminds us that corporate branding practices can provide positioning approaches that work locally. (Image courtesy of the author.)

Learning Objectives

- Describe the elements of a positioning strategy.
- Discuss the value of brands for behavior change.
- Identify three examples of the use of brands in marketing behavior, product, and service offerings.
- Outline the features of a brand strategy document.
- Discuss research that demonstrates the efficacy of brands in social marketing programs.

The decisions that should focus social marketing efforts are those of positioning and branding. Regardless of the size, budget, and scope of a social marketing effort, positioning and branding are either deliberate choices or ad hoc results of project execution. Positioning is a result of insight into priority groups and competitive analysis. A positioning statement answers the questions, Why should I learn or try a new behavior, product, or service? What advantage does it offer me over what I currently do? Thinking about behaviors, products, and services from a brand perspective focuses marketers, again, to think about them from the people's point of view and to understand what they mean to consumers in their reality (not the reality of social convention or of social scientists).

What should become clear as this discussion transitions from segmentation and competitive analysis and also empathy and insight to positioning and branding is that these latter two concepts can help us take what we have learned so far and use it to anchor our program strategies in the realities of the marketplace and the minds of people we serve.

POSITIONING

Positioning involves the distillation and integration of three types of information and data: (1) our understanding of our priority group and the most important points of view and insights that we have derived from that, (2) our appraisal of our organization's strengths and weaknesses, and (3) the knowledge we have gained through competitive analysis. The challenge of creating a positioning strategy is finding one or more unique ways in which our organization's strengths

and abilities create more relevant value propositions for our priority segments than those the competition can offer. This means we must understand not only what people find beneficial about our offerings but also how they view the competitive offerings, whether these are other behaviors they can engage in or other products and services they can use. Then we can see, from these people's point of view, whether and how our offerings can be more valued than the ones offered by the competition. In terms of planning behavior change programs, the challenge of positioning comes down to answering these questions:

- What relevant behavior can we ask people to engage in rather than the one they are currently doing or the alternative ones suggested by other people, organizations, and social or cultural mores?
- How can we make this behavior more compelling, relevant, and potentially more valuable to people when they practice it, in comparison to the other alternatives?

In general, a positioning statement might take this form: "We want [*our priority group*] to see [*the desired behavior*] as [*descriptive phrase*] and as more important and valuable to them than [*the competitive behavior or point of differentiation*]." An example of a positioning statement comes from the VERB™ campaign, which addresses twelve- to thirteen-year-old *tweens*: "We want tweens to see regular physical activity as something that is cool and fun and better than just sitting around and watching TV or playing video games all the time."

What seems like a straightforward exercise, especially given the simplicity of the statement we want to end up with, is often not approached with the level of analysis and thought that it demands. If choosing a priority group is the first critical decision in developing a social marketing program, the positioning statement is the second critical one. Positioning, when done well, is the DNA of the marketing plan—it should be expressed in every activity the program planners subsequently develop. It is based on a thorough understanding of the competitive landscape, whether our offerings are behaviors, products, or services. Positioning involves understanding the exact need people are searching to meet, the exact problem they are trying to solve, or the exact aspiration they have for themselves or others (for example, their children, their group or organization, or their constituents). Learning and expressing the unique *point of differentiation* (POD) between what we

are offering and what people already have available to meet their need, problem, or aspiration is often the challenge. This POD might take the form of a tangible benefit or short-term gain, or it could be an emotional benefit, preferably a positive one, that encourages people to engage and stick with the new behavior. Working through the complexity and opaqueness of some of the possible answers to the question of the unique value or benefit and POD for the behavior we are encouraging, or discouraging, is a hard job, and this is where planners may default to top-down or scientific platitudes such as "good for your health" or "good for the planet." They simply cannot, or will not, develop the depth of empathy that allows a value or POD to emerge from the research. And there will also be times when a unique and compelling value and POD seem beyond reach; you may have to accept this and move on with planning from a weaker positioning platform.

Positioning is not our telling people about our program and why they should adopt new behaviors, use our products, or access our services. Positioning occurs when people locate our offerings, value propositions, and us in their own minds (Neumeier, 2006; Ries & Trout, 1981). Are we looked at as a frivolous pursuit, something too far removed from their daily lives to merit time or attention, an integral part of meeting families' needs to help children grow up healthy, or something that brings humor and color to people's day? The correct positioning strategy is the one that finds the window into what people are most likely to resonate with and value, and then selects the most important thing to talk about with respect to our behavior, product, or service. Whereas many communication efforts attempt to be all things to all people and overcommunicate by offering numerous possible benefits and reasons why people should change, positioning is different: it is the art of selection (Ries & Trout, 1981). The consensual process it takes to make this selection, just as in selecting a priority group, is what makes it such a critical decision for social marketers.

POSITIONING CONCURRENCY AS AN HIV RISK BEHAVIOR

The application of positioning to products and services has a somewhat obvious logic, given the tangible attributes and competitive factors that we can usually use to differentiate one product or service from another. Creating positioning strategies for behaviors is more complex. This section presents an example, a case study about PSI's work in tackling the HIV infection rate in Zimbabwe (PSI, 2010). In the early 2000s, after the battle against HIV/AIDS had already raged for over twenty-five

years, data began to emerge that the major driver of the epidemic in sub-Saharan Africa was concurrent sexual partnerships (CSP), or having two or more ongoing sexual partnerships over time (Epstein, 2007; Halperin & Epstein, 2004; also see chapter 5 in this book). For many organizations that were trying to contain and reduce infections, this meant that an entirely new strategy had to be introduced to their behavior change programs. Strategies centered around "use a condom," "be faithful," "be abstinent," and "avoid risky partners and situations" were no longer enough. Now the focus needed to shift, perhaps dramatically given the evidence, to CSP. And as the list of existing strategies suggests, many preventive behaviors were already being offered and thus in competition with each other (and this list does not include the various efforts to teach refusal skills, condom negotiation skills, and other more complex patterns of behavior for people in specific types of situations) along with all the other behaviors involved in having sexual experiences. And these behaviors reflect just one sliver of people's everyday lives.

After the PSI team selected urban women aged sixteen to twenty-four, urban men, and rural men (both groups aged twenty-five to thirty-nine) as the priority groups, team members reviewed what they knew about each of these three segments and asked themselves questions:

Why do the people in each of these groups have concurrent sexual partners?

What do they gain from this?

What costs do they believe they incur (monetary or social, or both) from engaging in this behavior?

It was through analyzing the responses to these questions that the team could make a decision about the relevant and compelling benefit for *not* having CSPs. For the female segment, they found that CSPs were a way to gain material luxuries (such as cell phones, cash, housing, and transportation) even though these women were not proud of what they did to receive them. The positioning statement that emerged was "[For this woman] not having concurrent partners shows real independence and focus, earning her respect and admiration from friends and family."

The two male segments shared similar perceptions of the benefits of CSPs as giving them sexual variety, self-confidence, and status among their peers. Yet the fear of having their extramarital relationships discovered and the monetary costs of maintaining their CSP relationships were also clear. That led to this positioning

statement: "[For these men] not having concurrent sexual partnerships helps them realize their ambitions without fear, improving their relationship at home and status among their peers."

In both cases the desired behavior was "avoiding CSP," and the positioning was not against other competitive behaviors (use condoms, be abstinent, be faithful) but rather was focused on realigning benefits associated with non-CSP behaviors. One product that was created for the men was a radio series, *Dr. Love*, with relationship advice for men to improve their current relationship and lack of intimacy. For the women, a lecture series featuring tips and stories from successful women in the community sought to demonstrate that success was a result of personal drive and effort, not purchased with someone else's money.

CSP as a risk factor for HIV was barely known among Zimbabweans, and though concurrent sexual partners were prevalent this behavior was rarely discussed. To address these issues, mobilize social influences to reduce CSP prevalence, and shift the social norm, the positioning strategy led to the decision to create a radio campaign that was constructed around this message platform for men—"There's no pride in risking one's future. Make it your business to discourage overlapping sex partners among your peers"—and this one for women—"Luxuries come at a cost. They're not worth my self-respect and independence. I choose not to have more than one partner at the same time."

To summarize, positioning is the process of differentiating our program's behaviors, products, and services from those offered by the competition. It is not about communicating our offering and value propositions or benefits to people; positioning is selecting the right information and conveying it to our priority group members so that they are more likely to choose our offering over other options available to them. The positioning statement also serves as the DNA, or touchstone, for future decisions about strategy and crafting tactics and messages.

BRANDS

Brand is perhaps the most misunderstood term in marketing practice, including social marketing. For many people *branding* includes the development of a name, logo, tagline, graphic identity package, and other physical manifestations of an organization or specific program. The idea that a brand is used primarily to attract attention and visually differentiate one's product from the competition is a simplistic view of modern marketing, but as de Chernatony (2009) notes,

even the American Marketing Association's definition reflects it. When many people in the commercial, nonprofit, and public sectors say "let's brand it!" they typically create a fanciful or catchy name, enlist a graphic designer to develop an eye-catching design with appropriate colors, and then slap this name and graphic on all their materials in order to "brand them." You may recognize producer-oriented thinking in these behaviors—even if agencies then take these brand executions out to pretest them among members of the priority group and sometimes even other stakeholders and partners. For example, *The Heart Truth* campaign was developed with the idea of creating a unique identity for heart disease among women (to counterbalance the many campaigns that had portrayed it as a disease more likely to afflict men) and creating an emotional connection with women. The campaign name was intended to give a sense of urgency and reality to the problem among women, and a red dress became the graphic element, paired with the tagline "Heart disease doesn't care what you wear." Pretesting of the name, logo, and tagline was reported to capture women's attention and establish the heart disease and women link (Long, Taubenheim, Wayman, Temple & Ruoff, 2008; Wayman, Long, Ruoff, Temple & Taubenheim, 2008). Whether this brand led to behavior change is an open question.

In his overview of the evolution of brand thinking in marketing, de Chernatony (2009) sees a shift from using brands as differentiation and a subsequent progression through stages of positioning, personality, vision, and added value. He offers this definition of *brand*: "a cluster of values that enables a promise to be made about a unique and welcomed experience." Similarly, our understanding of brands and branding in social marketing has evolved from logos to icons and avatars; from taglines to conversations and relationships; from mnemonic devices to associations; from individual consumers to tribes and building communities; and from frivolous to social object (Evans & Hastings, 2008b; Lefebvre, 2009b). This is a remarkable amount of progress given that it was only in 2003 that a session titled "Is There a Role for Branding in Social Marketing?" was held at an Innovations in Social Marketing conference and, in a footnote to history, most senior social marketers at the conference decided that there was not (McDivitt, 2003).

Brands for Social Marketing Products and Services

Brands have a much longer history of use in social marketing programs with a predominance of products and services in their marketing mix than they do in

programs focused on behavior change. As noted in chapter 2, brands have been considered an essential aspect of the social marketing approach to family planning, where they may differentiate programs from the competition, create a trustworthy or warm personality for a product, or add value to health services by association with quality care. Mulwo, Tomaselli, and Dalrymple (2009), for example, documented how low perceptions of public sector condom brands among university students in South Africa (ineffective, smelly, and "infectious") led the students to prefer to engage in unprotected sex rather than use the condoms. Branding of a mosquito repellant (DEET) in a soap-like product to increase sales led to a 45 percent reduction in malaria among users, approximately equal to the results of using insecticide-treated nets (ITN), and when combined with ITN use resulted in a 69 percent reduction (Rowland, Freeman, Downey, Hadl & Saeed, 2004). Branding in malaria control projects has also been used for ITNs and treatment sachets (Schellenberg et al., 1999). The Sun Quality for Health (SQH) franchise in Myanmar likewise used branding to market tuberculosis detection and treatment (Lönnroth, Aung, Maung, Kluge & Uplekar, 2007). This effort increased tuberculosis notification and had an 87 percent treatment success rate. Notable was the ability of SQH to reach the poorest groups in Myanmar (those with a yearly per capita income of less than US$120); 67 percent of all patients came from this lowest income category. The lesson here is that branding should not be restricted by perceptions of the receptivity of the poor to such approaches—or that it is not needed.

Brands and Positioning

Among the most successful marketers, branding is the process of fulfilling the promise of the positioning statement. The brand also becomes a vehicle through which to deliver the value proposition, or answer to the basic consumer question of "Why should I choose this behavior, product, or service over the alternatives?" (Blitstein, Evans & Driscoll, 2008). Branding is a psychological concept, not a graphic design one. Neumeier (2006) states that the fundamental goal of branding is to create trust between marketers and consumers. It is the gut feeling that someone has about your behavior, product, or service. He emphasizes that brands are not what we tell people they are; brands are what people say they are. So if we are not consistently listening to the people we serve there may a significant disconnect between what we think our value proposition is and what people are actually experiencing in the real world (if they are exposed to our

offering at all). An insightful observation by Neumeier is that a brand happens while we are busy doing something else. That is, even if we have not been deliberately focusing on creating a brand, the behavior, product, or service we offer already has one in the minds of consumers. We need to understand that brand and then mount whatever efforts are necessary to reposition it.

OUTLINE FOR A BRAND STRATEGY DOCUMENT

Organizing all your relevant brand strategy information into a brief (three- to five-page) brand strategy document is a matter of selection and succinctness. If you cannot express your brand positioning and strategy in a few pages, imagine the difficulties you will have communicating it to anyone else. An outline of this type can be used for organizational branding as well as for the branding of programs, behaviors, products, or services.

Mission: A clear and concise statement of the purpose of the organization or goal of the program, product, or service.

Objective: A specific target or goal for the brand.

Competition: Identifies key organizations that compete for funding or visibility or position in the audience's mind. (Additional sources of competition are described in chapter 4.)

Priority group: Core users, or potential users, of the brand on whom success depends. The brand is built upon satisfying the needs and expectations of this group.

Positioning statement: A short, descriptive statement that articulates what the brand stands for and how it differs from the competition.

Positioning platform: An aspirational statement that serves as the foundation for brand positioning. What are we striving for?

Brand essence statement: A statement that evokes the brand and user relationship. It answers the question, How is this brand significant in the lives of its core users?

Brand character: A summary of the traits that describe the look, tone, and feel of the brand. It is a description of what the brand is today and what it is striving to become.

Brands and Behavior Change

Evans and Hastings (2008b) have offered a framework for thinking about brands in the context of behavior change, case studies of the ways branding has been incorporated into public health programs, and empirical approaches and evidence for their usefulness in public health behavior change programs. Their work is a collection of viewpoints on brands, from evaluations of the truth® youth smoking prevention and the National Youth Anti-Drug Media campaigns in the United States to case studies of the VERB physical activity campaign in the United States, the Help anti-tobacco use effort in Europe, the Mentally Healthy campaign in Western Australia, and several HIV and malaria campaigns in developing countries. Throughout these discussions, there is a keen awareness that branding is more than graphics and slogans; that it must include the development of *brand equity* for desired behaviors (that is, achieve high awareness, foster loyalty, and have a unique and appealing identity and personality) and be supported by people's experience with the value of choosing a desired behavior over what they currently do (the competition) (Lefebvre, 2009b). In response to the question of why anyone would need to brand a behavior—an idea that is well off the beaten path for most people, who talk about brands only in relation to products and services—Evans and Hastings's (2008c) answer is clear: "Branding provides a mechanism to increase the salience and perceived value of the target behavior in the mind of the consumer" (p. 28).

As just one example of how this approach has been implicit in public health, public health practitioners have long discussed how to make tobacco smoking less attractive, appealing, and "cool" to youth. It has been recognized for decades that tobacco companies have done an excellent job in branding smoking behavior as well as the products themselves (though *brand* has not usually been part of the public health vocabulary). But people rarely stopped to ask how this happened, or how they could use similar techniques for branding nonsmoking behavior, until the truth® youth campaign began to reposition youth smoking through exposing tobacco company manipulations and aligning nonsmoking with the rebelliousness of teenagers (Healton, 2001; Sly, Hopkins, Trapido & Ray, 2001).

Brands can be distractions from planning programs if they devolve into arguments over word choices and colors. Yet, if done strategically and with the goal of facilitating behavior change among people in the priority group, there is

mounting evidence that the answer to the question of whether brands are useful in increasing the effectiveness of social marketing programs is yes.

The Pakistani Experience

The decisions and tactics that are used for branding in social marketing programs were examined using three case studies extracted from over twenty years of experience in marketing contraceptives in Pakistan (Samad, Nwankwo & Gbadamosi, 2010). The first project established Sathi as a high-quality but affordable condom for low-income Pakistani men that eventually reached 100 million in sales. The Sathi brand was subsequently folded into the Greenstar social franchise of private providers that was established to increase the acceptance and use of family-planning and reproductive health care products among low-income Pakistanis. Greenstar was supported by an NGO that also promoted local hormonal contraceptive brands, Nova and Novaject (earlier experiences in Bangladesh had shown that using local language names to brand oral contraceptives resulted in controversy over their perceived product quality). Thus there was both an umbrella branding strategy for Greenstar and a family of individual brands, including Sathi, Nova, and Novaject (a case of having a *brand architecture* rather than a single brand). The third evolution of the project involved the adoption of a manufacturer's model for sourcing contraceptives (that is, using commercial contraceptives already available in the market). The Key Social Marketing (KSM) Project, as it was called, involved greater private sector involvement and contributions in order to increase the use of contraceptive methods through promotion and distribution activities.

Samad et al. (2010) note that three different branding strategies were used in these cases, strategies that are applicable in many different circumstances and social change programs. The first approach to branding, illustrated by the Sathi example, is to develop a new brand designed for the unique characteristics of a local market (whether this is a country, state, or community). Another approach to branding is to create an umbrella brand that can be applied across all offerings of the social marketing program; for example, Greenstar was used to brand all clinics in the social franchise that provided family health consultations and also for generic promotion of contraceptive methods (that is, the specific names of the available contraceptive products were not used in communication activities to build awareness and demand for these products). The third strategy, illustrated by

KSM, is to promote an existing commercial brand. The latter approach is often considered to be a more cost-effective and sustainable approach than an NGO-based model in which the costs of condoms are subsidized by donors, although as Samad et al. note, products marketed using the manufacturing model appear to be as dependent on donor support as products marketed under an NGO model.

Samad et al. (2010) found that the evidence supported the notion that branding facilitates the design and implementation of social marketing campaigns. Branding was helpful in developing a long-term marketing strategy and had the additional benefit for the implementing organizations of providing leverage for attracting additional funding. These authors also stated that using a brand strategy was effective in increasing contraceptive usage, but did not report any data to support this conclusion.

The *Stand* Brand

The Ohio Tobacco Prevention and Control Foundation created the brand *stand* as part of its statewide comprehensive tobacco control program. This program took its inspiration from the truth® youth smoking prevention program, in which branding was the essential strategy and was significantly related to successful program outcomes (Evans, Wasserman, Bertolotti & Martino, 2002; Evans, Price & Blahut, 2005). Evans et al. (2007) summarized the stand brand strategy for the prevention of tobacco use among youth as

- Giving a voice to youth to make informed decisions and establish a social movement against tobacco use
- Promising to make a difference in the lives of important people around them by standing up against tobacco use
- Inoculating youth against tobacco use
- Offering an alternative nonsmoking teen lifestyle

The intention of the study conducted by Evans et al. (2007) was to test whether brand equity acts as a protective factor to prevent smoking initiation (see chapter 10 for more discussion of measuring brand equity). Baseline data were collected using a telephone survey (with random digit dialing) to reach eleven- to seventeen-year-old youths in Ohio; follow-up surveys of youths who agreed to be

recontacted were done in each of the following two years. The investigators found that respondents who reported greater brand equity at baseline were significantly less likely to be smokers at both follow-up periods. This relationship remained statistically significant even after controlling for sociodemographic variables and whether one or more of the respondent's closest friends smoked. Evans et al.'s analysis of four brand equity subscales found that *brand awareness* (the associations youth had with stand), *brand loyalty* (youth's reported willingness to be public in their support of stand) and *brand leadership* (the reported popularity of the brand among their peers) were independently associated with not having initiated smoking at both follow-ups; *brand leadership* had the strongest effect. *Brand personality*, or the subjective norms associated with stand, had a strong preventive effect on smoking initiation at the first but not at the two-year, follow-up. The researchers concluded that these results supported previous research suggesting that brand equity acts as a mediator of the relationship between exposure to tobacco countermarketing programs and reduced smoking initiation among youths.

Brand Equity and the VERB Campaign

The VERB campaign was a national effort in the United States, launched by the Centers for Disease Control and Prevention, that used mass and social media, school and community activities, and national partnerships to promote free-time physical activity among children nine to thirteen years of age. The campaign had 74 percent awareness among this priority group after its first year of implementation. Campaign awareness was associated with increased positive attitudes about physical activity and reported free-time physical activity, associations that were strengthened after two years of implementation (Huhman et al., 2005, 2007). Price, Potter, Das, Wang, and Huhman (2009) looked at the question of whether the brand equity of VERB mediated these relationships and could extend the generalizability of results obtained in tobacco use prevention programs. Using data from the nationally representative samples of nine- to thirteen-year-olds that were collected as part of the program evaluation, Price et al. (2009) found support for brand equity as a mediator of physical activity behaviors. Specifically, using a median split analysis, they found that youths in the high brand equity group were more likely to hold positive attitudes toward physical activity, reported greater intentions to be physically active (by an almost two to one margin), and engaged in more free-time physical activity compared to children in the low brand equity group.

BUILDING BRANDS WITHOUT MASS MEDIA

Social change programs are not the only ones that have to figure out how to develop a brand with little or no mass media budget. In fact, large consumer companies, especially in Europe, have been working on this puzzle for years. Joachimsthaler and Aaker (1997) looked at several of these firms that have successfully built brands without mass media and came to a critical conclusion: senior managers can drive the brand-building process by incorporating brand building into their strategic plans (that is, it becomes part of the strategic DNA). This finding is in opposition to the practices of many companies in which brand management is assigned to a lower-level staff person who lacks the authority and incentives to think strategically. In other cases brand management is handed over to an outside advertising or public relations agency, a move that results in an even greater distance between corporate strategy and the brand. Moreover, the inclination of the agency and the incentives it has cause it to focus on mass media.

The prescription for building a brand without mass media is straightforward. First, the brand must have a clear and effective identity that is understood and has buy-in throughout the organization. This identity will provide the guidance and touchstone for determining which programs and communications reinforce and support the brand and which ones are confusing or detract from it. The latter are the ones that everyone agrees should not be implemented.

The second step is to create and build visibility. Especially at the local level, visibility can range from events in which the program brand is visible to the way that local media cover the brand's stories in action. For example, sponsorship of local youth sports teams in certain neighborhoods can bring a brand closer to a priority group, and a local reporter might describe how the sponsorship has improved the competitiveness of the team or made other significant improvements to the neighborhood. Creating and building visibility take time, but this is where the creativity of staff, partners, and volunteers can be tapped and mobilized.

The third strategy is to find ways to engage and involve people with the brand. In the era of social media this idea has become almost a mantra among brand builders, and that points to the soundness of the approach. Once a brand identity is developed, make it visible through all the touchpoints you can

possibly have with members of the priority group as they go about their everyday lives (the journey mapping technique can be useful in figuring this out). Ignite staff creativity with the challenge of making the brand ubiquitous in many little ways, rather than delegating creativity to outsiders who will interrupt people's day with mass media advertisements. And finally, look around your area and see what the strong local brands are—what are they doing that you might copy?

Brand Challenges

The use of brands confronts unique challenges when applied in many nonprofit and most public sector settings. Evans and Hastings (2008a) note that the fluid, informal, and multiple networks that characterize many public health initiatives make it difficult to sustain focus on a brand. Other issues they cite are that most campaigns lack the long-term outcomes and funding for building brand equity; instead, campaign staff have an *intervention mentality* that focuses on the present rather than on building the level of trust people have in the sponsoring organization. To this list I would add that branded campaigns often lack brand advocates (managers with authority to make decisions for the brand), that brands can be affected by staff turnover at senior and operational levels that undermines campaign sustainability, and that support for a branded campaign can be eroded by the introduction of superseding or competing public health priorities (such as bioterrorism and pandemic preparedness).

Some people in poorly funded social change efforts will protest that they do not have the resources of a Coca-Cola, McDonald's, or Nike to effectively create a brand. They will also be the first to question the levels of funding for efforts such as truth® youth and VERB, while still believing that high budgets lead to better brands. Who would not want to have a huge media budget, top (and expensive) creative talent, and a massive distribution system to build not just bigger brands but a better world? Fortunately, the relationship between resources and brand equity and efficacy is not so linear. For example, in the 2006 EquiTrends consumer survey of brand equity among US consumers (Neff, 2006), Reynolds Wrap, with a $7.5 million annual media budget, was the number one consumer brand among the over one thousand brands tested with 25,666 respondents.

Coke, Pepsi, McDonald's, iPod, and Nike? Not even in the top ten. Who besides Reynolds Wrap made it into the top ten? WD-40 (number six with $25,400 in media spending), Heinz ketchup (number seven with a $413,800 budget), Ziploc bags, Ziploc containers, Clorox bleach, Hershey's candy bars, Kleenex tissues, Windex glass cleaner, and Campbell's soups.

A spokesperson explained that the number one ranking was due to Reynolds Wrap's ability to meet consumer's expectations for the product, including its innovations and overall quality. Looking at the top ten list I would add that they all offer simple and predictable solutions to serve the person who is confronting the everyday hassles of life. The point is that the best-known and valued brands are not what the hype leads you to believe. And it is the hype, not the promise of better results, that prevents people and organizations from taking lessons of branding to heart.

Branding in social marketing offers any number of research questions, including these: Do brand equity effects increase as exposure to the program increases? How do relationships between brands and people change over time? Are certain groups more responsive to brand effects than others? How do various program tactics (mass media, social media, community activation) compare in how well they strengthen such aspects of brand equity as awareness, leadership or popularity, loyalty, and personality? Are brand equity effects more useful for changing certain behaviors rather than others? How can brand equity be used in social change programs to enhance the appeal and effectiveness of products and services? The implications so far are clear; social marketers need to think about brands now more than ever.

CREATING DIGITAL BRANDS

It is impossible to talk about brand strategy anymore without talking about the digital presence of a brand. The nature of the web, especially the ability of friends and foes to support or critique a brand using their own content, makes it imperative to consider the unique context of the digital brand. However, if an organization or program does not have a web presence, it likely does not exist for many people (and the number it does reach offline is getting smaller every day). The digital brand consulting firm Razorfish suggests seven desirable attributes for digital brand DNA from the consumer point of view:

Fresh: Does it inspire a feeling or emotion? Is the brand's digital home new, current, beautiful, smart, fearless, impactful?

Adaptive: Does it respond to your involvement? Is the brand's behavior mutable, intuitive, quick, interactive, Web-native, data-savvy?

Relevant: Is it useful or appealing to you specifically? Is the site or campaign tailored, meaningful, useful, targeted?

Transformative: Does it raise your expectations of the brand, or the Web? Is the digital experience disruptive, innovative, surprising, memorable, pioneering?

Social: Is it worth borrowing, sharing or contributing to? Is the brand designed to be modular, portable, engaging, communal, shareable, buzz-worthy, newsy, democratic?

Immersive: Do you lose track of time? Is the experience seamless, involving, entertaining, usable, convenient, multi-sensory?

Authentic: Does it seem genuine? Does the brand feel transparent, coherent, consistent, humane? [Friedman, 2007].

The digital brand needs to have more vitality and versatility built into it than a brand does that is fully controlled by static and repetitive presentations in print, audio, and video formats. Brands today have to be engaging and interactive, and understanding those needs is a major step forward for many organizations involved in social change efforts. Making a commitment to go digital is the hard part.

SUMMARY

Positioning and branding are critical marketing ideas that focus managers on distinguishing or differentiating their behavior, product, or service offering from the alternatives available to members of a priority group. Positioning results directly from the competitive analysis; brands, in contrast, are created and reside in people's minds. Positioning and branding can be dismissed as expensive, fancy tools that have no place in social change programs. Yet brand building does not have to be expensive, does not have to involve multimillion-dollar mass media

campaigns, and can be done on the web in inexpensive and novel ways. And brands will exist in people's minds whether you have tried to put them there or not. Several recent studies demonstrate the power of public health brands to significantly influence behavior change, and there are many research questions that brands pose for social change efforts. Finally, in the new social media world, positioning is no longer about positioning a company name or logo but instead is about positioning behavior so that people want to help spread stories about it.

KEY TERMS

brand

brand character

brand essence statement

brand strategy

positioning

positioning platform

positioning statement

DISCUSSION QUESTIONS

1. Smoking cigarettes was positioned and branded to teenagers for years by tobacco companies as the "adult, cool" thing to do. The truth® youth campaign did much to disrupt this brand strategy for smoking by repositioning smokers as people who were being cynically manipulated (and killed) by tobacco companies for their own profits. What type of behavior—linked to product use—can you describe today that has a similar positioning and brand approach (for example, the product promotions and advertisements associate users of the products with certain socially desirable or aspirational behaviors)? How would you go about attacking this brand with your own behavior change program?
2. A clinic program has been losing market share (attendance) for several quarters, there are sporadic complaints from clients about poor service, and the staff are uncertain about what to do next. How would you talk about rebranding this program to begin to attract clients back to it? What steps would you take to identify the existing brand, and among whom? And what would be the core elements for a low-cost rebranding campaign?

3. Select a service offering or behavior change program, and describe it from the perspective of two different priority groups. Answer these questions for each group:

   Why is it important to you?

   How is it relevant to your life?

   What problem does it solve?

   How is it better than other ways you have (or could have) solved the problem?

   What feelings do you have when you think about the behavior or program?

   Now take these answers and write the positioning statement and brand statement for the product or program. (Note that service offerings might include such things as free childhood immunizations, regular HIV testing, breast-feeding classes, or a web-based smoking cessation program; a behavior change program might involve a smartphone app for weight loss, regular monitoring of blood glucose levels among people who are prediabetic, or increasing people's physical activity level.)

Chapter 8

Embedding Marketing in Programs and Organizations

Developing Strategy

The core approach of social marketing is a strategy that delivers value or a benefit that a person—such as this Zimbabwean shopper—can experience in his or her life. (Image courtesy of the author.)

Learning Objectives

- Explain the major purposes of a social marketing plan.
- Identify ten questions to ask when reviewing a marketing plan.
- Describe the major components of a marketing audit.
- Recognize significant organizational indicators of weak marketing practices.
- Compare demarketing strategies with other policy approaches to behavior change.

Much of what has been passed off as social marketing over the years can be better referred to as *1P marketing*. That is, many of these programs have focused on only a promotion (or communication) strategy and have not incorporated a true marketing mix to arrive at integrated programs tailored to specific priority groups. This chapter focuses on how product (that is, a behavior, physical product, or service) features, price (both as incentives and costs), and place (access and opportunities) can be explored and fashioned into strategy statements that support or extend the original positioning.

Chapter 3 reviewed a wide variety of theories and models for researchers and program planners to pull from in developing social marketing strategy. Researchers with hypothesis testing and theory confirmation as major priorities will often argue for sticking to one theory or model with which to "test" a social marketing intervention. Practitioners will usually lean toward eclectic theorizing, picking and choosing theories that fit the problem and proposed alternative solutions. An example of this latter approach is given by Fraze, Rivera-Trudeau, and McElroy (2007) as they describe their approach to selecting theories to apply to an HIV prevention effort aimed at getting physicians to adopt routine screening of their HIV-infected patients for HIV transmission behaviors and to deliver HIV prevention messages. Fraze et al.'s exploratory research found that physicians in private practice do not regularly receive information about prevention for HIV-infected patients. Therefore these researchers made the decision to focus on physicians in private practice who were either primary care physicians who delivered ongoing care to at least fifty

HIV-infected patients a month or who were infectious disease specialists as their priority group.

Focus groups and individual interviews with physicians who met one of these criteria confirmed the researchers' initial findings about access to information. This problem and its potential solution led them to look more closely at the diffusion of innovations model and at social-cognitive theory for ideas. Insights from the focus groups about physicians' preferences for learning this information from peer opinion leaders through specific communication channels, and also physician interest in work-flow suggestions, helped refine the researchers' development of tactics.

This example illustrates that creating *marketing strategy* is a series of steps in which what is learned at earlier stages informs ideas, but does not dictate them. This iterative process of *understanding* what the problem is from the priority group's point of view, *informing* those observations with relevant theoretical models and previous research, *adopting* hypotheses about the solutions that may be of most value to the priority group, *testing* these ideas and prototypes with the group, and then *refining* the concepts and offerings continues until the complete puzzle is solved. The outcome of marketing strategy development is the *marketing plan*. We can think of a social marketing plan as a translation document that considers

1. The understanding of the social puzzle (for example, the epidemiology of a targeted disease and current knowledge about its determinants and potential solutions)
2. The context in which the intervention will take place
3. Organizational strengths and competencies
4. Partners' capabilities
5. Behavioral determinants
6. Priority group insights

The marketing plan delivers program ideas and approaches to achieve changes among members of priority groups, or segments, and also details the tactics for using the resources available to capitalize on the most vital opportunities and insights.

CREATING A MARKETING STRATEGY

What distinguishes a marketing approach from other ways of developing interventions and social change programs is its focus on a strategy that delivers a behavior, product, or service that people experience as a value, or benefit, in their lives (see figure 2.2 in chapter 2). The question the marketing strategist needs to answer is, What is the potential value (benefit) we are offering to people for meeting their needs, solving their problems, or achieving their goals? All of the primary and secondary research we have done should provide us with the insight to answer this question from our priority group's point of view—not according to what the science, policy, or experts might dictate as the right thing to do.

We can then use what we have learned about the determinants, context, and consequences of the behavior or social change we are focusing on to frame our strategy to offer value to people in ways that fit into their lives, the world around them, and our resources. For example, in thinking about a program to help teenage girls reduce their risk of osteoporosis as they age, the value of "preventing problems later in life" will not be appealing to or effective with these girls—even though some of our partners might like it. Being more physically active and consuming more calcium-rich products may be the right behaviors from a scientific point of view, but to a thirteen-year-old they are less meaningful and valuable. The marketing strategy needs instead to link specific desired behaviors to what these girls find valuable to them. Drinking more low-fat milk to reduce excess calorie consumption from sodas, looking and feeling good about themselves, and exercising as way to manage stress—these are the types of concepts that need be tested to decide what value proposition makes most sense to this group and is likely to lead to behavior change.

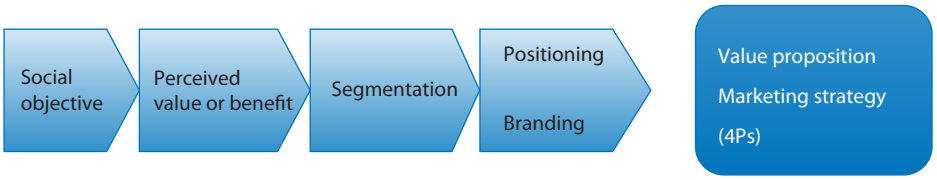
Once we have tested and developed our core concept or value proposition (engaging in *x* will help me achieve *y*), positioning and branding this proposition can fine-tune our effort by, again, placing it within the context of people's own lives so that it becomes relevant to them. Even for products and services such as family-planning offerings and clinic franchises, the positioning and branding of the value that these products and services offer to people (such as quality, trustworthiness, easy access, or low cost) should be carried out before the first orders for the products are placed or the location of the clinic is selected. These tactical marketing decisions all flow from the value proposition, the position, and

the brand strategy (what our brand stands for in the minds of our priority group) we establish as part of the marketing plan.

Supported by a unique value proposition that we can offer people when they adopt desired behaviors, products, or services, and knowing how to brand that value, we can use the 4Ps heuristic to consider the specific behaviors, products, and services we will offer; the incentive and cost considerations we should include in our formulation; the access and opportunity issues that might affect people's ability to try the behavior, product, or service; and the designs we will choose for communication programs and personal experiences that are appealing, reinforce our brand, and support people in finding and experiencing value from our offerings. I will discuss the 4Ps in more detail in the next chapter. First, we need to understand how to make decisions about the elements of the marketing mix we will focus on.

Though the process for developing marketing strategy appears to be straightforward (figure 8.1), too often practice leads to shortcuts in which tactical decisions are made about individual elements of the plan—such as what products or services to offer, what behaviors to focus on, whether to use social media or just to offer incentives to people—before a strategy is created. Not only should our strategy be grounded on the value proposition but also, in practice, we should work on developing four supporting strategies that focus on each of the elements of the marketing mix: What features of the behavior, product, or service do people find most appealing and valuable? What price elements encourage, or remove barriers to, engagement? What places could be provided or enhanced to increase opportunities to engage in desired behaviors and increase access to products and services? And what communication activities will reach people and influence and support them to engage with us? While the final marketing plan need not have a strategy for

FIGURE 8.1 The process for developing a social marketing strategy



all four of the marketing elements, deliberately setting out to explore and create one for each of the 4Ps helps to prevent the default option that is usually a "better product or service" for a designer, an "incentive" for an economist, a "space" for an urban planner, or a "message" for a communicator.

GUIDING QUESTIONS FOR DESIGNING PROGRAM STRATEGY

Who are the priority groups or segments?

What will each of them do?

How will they do it?

When are the best times for them to do it?

Where are the best places for them to do it?

How will they be rewarded for engaging in it, and how much will adopting the behavior, acquiring the product, or using the service cost them?

Why would they do it?

Who is going to be responsible for each part of the effort?

How much will the effort cost?

Learning from a Marketing Master: McDonald's Rediscovers Its Mojo

After years of neglect of its brand promise, attacks on its products from various outside groups, and tactical shifts that seemed to set the company adrift, McDonald's regained its footing, and by January 2009, it had achieved its fifty-fifth month of increases in global same-store sales. In a year when other stocks had been battered in the global financial crisis, it was one of only two Dow Jones index stocks whose value had risen. What was the secret behind this renewed success? Andrew Martin (2009) of the *New York Times* looked behind the scenes and found it on a single sheet of paper.

The new "Plan to Win" is treated as sacred inside the company. It lays out where McDonald's wants to be and how it plans to get there. The entire strategy is not based on new consumer insights or dramatic shifts in operations and management. Rather, it goes back to the fundamentals and revolves around the 5Ps: people, product, place, price, and promotion. (Note that this fifth P is usually added in marketing service industries where the *people* who engage with clients or patients are a crucial element for success.)

What, you might ask? A sacred text based on the usual marketing mix? Yes, it seems that even the most successful brands in the corporate world sometimes forget where they come from. The noteworthy idea here for social change agents and policymakers is that this is a great case study of what happens when a company—or your organization or agency—rediscovers marketing or applies it for the first time. Here is the "Plan to Win" as it appeared in the 2006 McDonald's *Worldwide Corporate Responsibility Report*. Note that it is not just a set of statements, but it also addresses ownership; that is, the responsibilities for making success happen.

People—Our well-trained people will proudly provide friendly, accurate and fast service that delights our customers. We have a responsibility to maintain an inclusive work environment where everyone feels valued and accepted, to provide training and other opportunities for personal and professional growth, and to promote job satisfaction.

Product—We will serve food and beverages people prefer to enjoy regularly. We have a responsibility to give our customers quality product choices and to partner with suppliers that operate ethically and meet our high standards of social responsibility

Place—Our restaurants and Drive-Thrus will be clean, relevant and inviting to the customers of today and tomorrow. We have a responsibility to manage our business in an environmentally-friendly way and to constantly seek ways to make a difference in the community.

Price—We will be the most efficient provider so that we can be the best value to the most people. We have a responsibility to maintain our values and high standards as we provide food that is affordable to a wide range of customers.

> **Promotion**—All of our marketing and communications will be relevant to our customers and build our brand. We have a responsibility to maintain and build trust with all our stakeholders by ensuring that our marketing and communications efforts are truthful and appropriate [McDonald's, 2006].

Whether you are new to social marketing or an old hand at it, it would be a useful activity to put the essence of the marketing strategy for your organization or program, your sacred text, down on a single page. If you cannot, then perhaps you need to revisit it.

The case of McDonald's rediscovering its marketing roots can raise the passions of some social and public health advocates, who bristle at the idea of being compared to companies they see as the enemy in their struggle to pursue social improvement goals. However, the point of the example is not to endorse any particular company but to try to learn what works in marketing and then to transform that knowledge into more effective social change activities. That even global brands such as McDonald's can lose sight of marketing strategy but then reassert their commitment to it with measurable results is a lesson in how powerful a marketing approach could be in our work.

Learning from our competitors and the ways that they use marketing can directly inform social change efforts. In the tobacco control arena, for example, Ling and Glantz (2002) called for the improvement of tobacco control efforts by applying tobacco industry marketing and research strategies to public health interventions. They searched previously secret industry documents, including over one hundred marketing research reports, for clues to industry strategies. Their major insight for tobacco control advocates was the need to divide markets and define priority groups based on people's attitudes, aspirations, activities, and lifestyles when planning tobacco control campaigns and creating tobacco control messages. With the benefit of a social marketing point of view, this conclusion seems self-evident. But this example points to the resistance many people in public health have had to the idea of using marketing in their programs—until they learn what the competition is doing. Yes, many social marketers were calling for segmentation long before 2002, but it took the experience of seeing the practice with their own eyes, and seeing how effectively it had been used against their cause, to move tobacco control advocates to cross the line and begin to use

market-ing research to design more effective tobacco control efforts. Similarly, social marketers who work in the environmental arena would certainly benefit from understanding how "green" commercial marketers are thinking about their practice (Peattie & Crane, 2005; Rex & Baumann, 2007).

Questions a Marketing Plan Should Answer

There are many different ways to organize a program or marketing plan. What distinguishes a marketing plan from other types of plans is the use of the marketing mix, or 4Ps, heuristic. As I said at the beginning of this chapter, it is common to discover that a program described as social marketing is a 1P effort, usually concentrated on developing and disseminating messages. What does not receive enough attention is that many other types of programs, for example ones using economic levers to change behaviors, also reflect a 1P focus—in this case price. Still other programs have focused on place, making investments in improving access to services or resources to improve health behaviors—for example, by making fresh fruits and vegetables more accessible or creating bicycle lanes—yet have left the "but will they come and use them?" question unaddressed.

The marketing mix heuristic is useful for seeing whether we are missing critical opportunities to influence behaviors. I recommend that program staff take the time to work out the marketing mix for each priority group before jumping into writing the entire marketing plan. Table 8.1 illustrates this approach for a program on osteoporosis prevention in which there are three priority groups: parents of children in grades 3 to 8, children in grades 3 to 8, and the health professionals who care for the children. Under each column heading (product, price, place, and promotion) the key insights and tactics for each group for that part of the marketing mix are identified. You can see how the behaviors for parents and health care professionals are closely tied to supporting particular behaviors among the children. The key promotion, or information, needs identified for parents are likewise addressed by the health care provider strategies. In the price column the idea of easiness comes up—for the children with respect to fast foods and for the parents in terms of finding it easier to provide healthier choices and physical activity options. And in the place column it becomes clear that each group will require tailored communication approaches to reach its members and that program partners and influencers have a critical role to play in creating new opportunities for children to try calcium-rich foods and engage in more physical

TABLE 8.1 Determining marketing mix strategies for three priority groups for an osteoporosis prevention program

Priority group	Product	Price	Place	Promotion
Parents of children in grades 3 to 8	Behaviors • Provide calcium-rich foods and encourage weight-bearing physical activity to ensure their children's short-term and long-term bone health.	Perceived barriers • Costs and time constraints. • Perceived lack of control of what their children will eat or the amount of physical activity their children will participate in. • Lack of knowledge of how much calcium and physical activity their children need. Perceived benefits • Open to making changes to promote their children's long-term bone health. • Want to make sure they are doing the best for their children; want to ensure their children's health—now and in the future. • After being made aware of other calcium options,	We will use various message channels to disseminate information; these include • Point of purchase through grocery stores. • Health care provider dialogue. • School communication. • Media outreach. • Retail partnerships.	Parents need to be made aware of the daily requirements for their children's calcium intake. They need to understand the variety of calcium-rich foods that are available. Parents also need to understand the diverse range of weight-bearing physical activities and the simplicity of adopting them. Promotional elements and formats may include • Fact sheets. • Long-lead magazine articles. • Prepared grocery lists. • Point-of-purchase coupons and displays. • Family lifestyle resources and tools. Stakeholder organizations need to be used to develop

		parents considered it simple and "easy" to add calcium to their child's meal plan.		and disseminate these resources and tools.
Children in grades 3 to 8 (ages 8 to 14)	Behaviors • Consume the daily recommended requirements of calcium and participate in at least 60 minutes of weight-bearing physical activity to ensure short-term and long-term bone health.	Perceived barriers • Lack of awareness of how much calcium and weight-bearing physical activity they should be (or are actually) participating in. • The concept of long-term health is not a priority. • Widespread availability of "junk food" and the relative ease of making unhealthy choices. • Dependent on others to reinforce their health and physical activity habits. Perceived benefits • Awareness of the link between calcium and bones. • Eating healthy and participating in physical activity will help them manage their weight and improve their appearance.	We will employ various message channels to disseminate information; these include • Targeted retail outlets (such as convenience stores, teen retail outlets). • Health care provider dialogue. • Teachable moments through school communication and extracurricular activities. • Media outreach. • Interactive media and entertainment. We will also work with partners to improve access to calcium-rich foods and opportunities for physical activity by working with key influencers in children's lives.	Children need to think first and act upon choosing calcium-rich foods versus other less nutritious options. Children also need to adopt weight-bearing physical activity into their daily routines. Promotional elements and formats to make these choices popular and "top-of-mind" include • Point-of-purchase promotions. • Tangible incentives through interactive media and retail partnerships. • Entertainment storyline promotion.

(*Continued*)

TABLE 8.1 Determining marketing mix strategies for three priority groups for an osteoporosis prevention program (*Continued*)

Priority group	Product	Price	Place	Promotion
Health care professionals who routinely treat children (pediatricians, nurses, general practitioners, physician assistants, and so forth)	Behaviors • Promote the daily recommended requirements of calcium-rich foods and 60 minutes of weight-bearing physical activity to ensure the short-term and long-term bone health of children (their patients).	Perceived barriers • Lack of time with patients. • Other health care issues take priority. • Bone health is not a top-of-mind issue. • Lack of materials available for them to distribute to their patients. Perceived benefits • Belief in the relevancy of the issue. • Concern about their patients' long-term health.	Targeted outreach to health care professionals on bone health needs to use proven health communication channels to disseminate information. These include • Medical journals. • Conferences and symposia. • Continuing medical education (CME) credits. • Interactive media channels (such as PDAs and online media). • Industry partnership outreach.	Health care professionals need information that will maximize the limited time they have with patients and help them to take advantage of those teachable moments when they can incorporate bone health messages into their practice. Promotional elements and formats to make these interactions possible include • In-office "take one" brochures. • In-office video programming. • Tangible incentives to give to their patients (such as coupons or product samples). • Posters.

activity. I have found that laying out the marketing mix for each audience like this allows staff to better visualize and understand how some program elements will be similar and others will be different, perhaps dramatically different, for each segment. This chart also identifies the tactics that need to be budgeted and planned out in detail as the marketing plan is drafted in more detail. And it makes it easier to draft a marketing plan that is specific to each priority group, rather than what I too often see: an overall plan in which the priority group is a blend of all the segments, and the ideas listed are not linked back to the specific segment for whom they are intended.

PRINCIPLES FOR SUCCESS IN SOCIAL MARKETING PROGRAMS

Kotler and Lee (2008) suggested fifteen principles for success in developing social marketing programs. These principles make useful touchpoints for turning a broad strategy into concrete program elements. In the following list Kotler and Lee's principles are italicized, and each one is followed by my commentary and suggestions.

1. *Take advantage of prior and existing successful campaigns*. In your environmental scan, be sure to include such campaigns in your literature review and also check out other secondary research (expert interviews, peer recommendations) and apply lessons from them to your own campaign. However, also be aware that few of the accessible descriptions of successful campaigns tell the real story about how they got to that success and that's usually where the lessons are. When doing this, avoid the dead end of looking only for programs that focus on your issue with your priority groups; search for campaigns focused on your priority groups, and don't worry about the issue. It's what was learned about these people, how that shaped a program, and how people responded to the program that will give you valuable insights.

2. *Start with target markets most ready for action*. Almost every behavior change approach will echo this sentiment, and it is a correct one. Yet you also need to focus on the people most in need of assistance as well as the people who are critical to the success of your program. (And please stop referring to them as *targets*. If you respect their dignity and ability to make choices, they might be less inclined to try to avoid or ignore you.)
3. *Promote single, simple, doable behaviors—one at a time*. Again, this is a basic principle for any effort to change the behavior of an individual. But what model do you use when you are trying to change the behavior or hundreds, thousands, or millions of people? I suggest it is rarely a model based on individual theories of change. And be sure to avoid preaching the science-based healthy behavior and focus instead on what's relevant to the people (cf. Sutton, Balch & Lefebvre, 1995).
4. *Identify and remove barriers to behavior change*. This approach to social marketing may have its time and place, but those times and places are less frequent than this advice would lead you to practice. Identifying deficits and making lists of barriers seems to be in the DNA of many program planners; instead, practice some positive deviancy and test whether building on aspirations and assets suggests different strategies and approaches. If nothing else, you'll have a more diverse collection of concepts to test with your priority groups and partners.
5. *Bring real benefits into the present*. Another well-known principle of behavior management, and one recently rediscovered by behavioral economists, is that people prefer immediate consequences to delayed ones. Not that this is always the case, but it is a good rule of thumb. Also realize that benefits don't have to be shouted out for people to understand and respond to them.
6. *Highlight costs of competing behaviors*. The size of the consequence (or the expected size of it) is a major determinant of whether a behavior is acquired or not. However, you may be more successful focusing on creating positive expectations than attempting to get people to undertake a rational appraisal of costs and benefits. And also remember that some behaviors may be more determined by social factors than they first appear to be.

7. *Promote a tangible good or service to help target audiences perform the behavior*. This serves as an apt reminder that products are not just the 4Ps of pamphlets, posters, PSAs, and publicity. Strive to create products and services that help people change and are not merely channels to inform them or expose them to messages. An analysis by the Community Preventive Services Task Force (2010) found that the addition of a product to a communication campaign for such issues as child safety, physical activity and obesity, sun safety, and smoking cessation increased adoption of healthy behaviors among people above what was seen among people exposed only to the communication campaigns.
8. *Consider nonmonetary incentives in the form of recognition and appreciation*. The search for incentives to encourage new behaviors often leads to monetary incentives, the default position for many change agents (see the discussion of price strategies in chapter 9). Learning a little more about what else motivates people is worth looking into (cf. Stern, 1999).
9. *Make access easy*. For services and products, I agree. But social marketers also need to ensure that their audiences have the opportunities to try new behaviors, practice them, and then be able to sustain them. Otherwise, behavior change is just an idea. This is where thinking about and targeting environmental, structural, and policy barriers makes sense.
10. *Have a little fun with messages*. Kotler and Lee do point out that for some types of organizations even a little bit of fun might be out of bounds. But be careful not to make the message a joke or to let the fun overshadow the intent of the message ("I laughed so hard I didn't pay attention to what they were saying"). And of course some people may not get the joke, and that can lead to an entirely new set of problems.
11. *Use media channels at the point of decision making*. This is always a good strategy, though I prefer to think of this as just one of several openings (the right time, place, and frame of mind) that we need to be present in. For example, research notes that a person living in the United States makes more than 200 decisions about food a day (Wansink & Sobal, 2007)—plenty to aim at for obesity prevention programs.
12. *Try for popular/entertainment media*. Getting back to the "have a little fun" idea, *entertainment education* can certainly play a role in communication

efforts—if you can get your priority group members to come and pay attention. But for scalable behavior change, I suggest using media to reach people wherever they are, and then worry about what type of media to use.

13. *Get commitments and pledges*. This is another classic behavior management tool for individual behavior change that finds many applications, such as behavior contracts. It is a little more difficult to apply with populations, but not impossible. It is also a way to introduce incentives into a social marketing program.
14. *Use prompts for sustainability*. Kotler and Lee are referring here to sustaining behavior, not the sustainability of social marketing programs. I suggest that you need to think about both forms of sustainability from early on in the process, which means thinking about creating prompts for groups that are critical to the long-term success of the program. (I will return to marketing and the sustainability of programs in chapter 13.)
15. *Track results and make adjustments*. Just be sure you are monitoring and evaluating the important things, not simply what is easy and measurable. Will you be able to answer the questions, So what? Who cares? (I will get back to this issue in chapter 11.)

The prescription for effective planning of social marketing programs bears a remarkable similarity to health promotion scholars' conceptualization of effective practice. Consider the ten principles for health promotion programs put forth by Freudenberg et al. (1995). Effective programs, or interventions, should

1. Be tailored to a specific population within a particular setting.
2. Involve the participants in planning, implementation, and evaluation.
3. Integrate efforts aimed at changing individuals, social and physical environments, communities, and policies.
4. Link participants' concerns about health to broader life concerns and to a vision of a better society.

5. Use existing resources within the environment.
6. Build on the strength found among participants and their communities.
7. Advocate for the resources and policy changes needed to achieve the desired objectives.
8. Prepare participants to become leaders.
9. Support the diffusion of innovation to a wider population.
10. Seek to institutionalize successful components and then replicate them in other settings [Freudenberg et al., 1995, pp. 297–299].

The congruence between these principles and those advocated by me and by other social marketers is striking. When you find yourself involved in a debate over whether marketing is or isn't compatible with "public health approaches," it would be instructive to pull out this list and compare not perceptions but realities. It can be tempting to try to deconstruct which principles come from a purely marketing perspective and which emanate from health promotion theories. As one who participates on both sides of this distinction, the answer lies in what both social marketers and health promotion researchers learn when they apply theory to practice with purpose. That is, when the plan is developed from sound theory and formative research, the test is what happens on the ground (one of my rules is "the map is not the terrain"). Learning and systematically incorporating these lessons into our next experiences are the hallmarks of any sound business or social change practice. For marketers of all stripes, this means paying attention to our fundamentals.

Reviewing a Marketing Plan

When we are creating a marketing plan or reviewing our final version of that plan, we should be able to give clear answers to the following nine questions:

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Who are the members of the priority group(s)—and what segments within each group are the focal points for the program? For example, a program designed to serve low-income, urban women has a less sharply defined focus then one designed to serve

low-income, urban women who are concerned about their children's educational progress. When you doubt whether the focus is specific enough, look at the persona created earlier in the research process (chapter 5), if there is one. If a persona has been established, be sure it is front and center early in the marketing plan so anyone reading the plan has an understanding of exactly whom the program is designed to serve.

What will they do? Specificity of target behaviors is important because programs that set out to encourage people in generalities to eat better, conserve energy, or be more physically active are usually less effective than more specific ones (such as specific ways to reduce fat in the diet, conserve energy in the home, increase walking, or decrease time in front of screens). When program designers do not have a deep understanding of their priority group, the program objectives often end up as a list of behaviors that are either overwhelming or irrelevant to many people in the priority group. When the research has been done well, and the creative brief is well thought through, then these behaviors will have been selected because they are high leverage, relatively easy to do, and supported by the social and physical environment in which people live. Specifying behaviors will also guide and improve monitoring and evaluation activities.

How will they do it? The process by which people will incorporate new behaviors into their lives, or stop practicing others, needs to be understood from the people's point of view, not just in theory. Creating a journey map of this process can help to identify the decision points people have that might influence their engagement in behaviors or their purchase and use of certain products and services. It may also identify some social and physical constraints that need to be addressed by the program as well.

When are the best times for them to do it? The plan should identify specific times when people may be more open to engaging in the target behaviors, purchasing the product, or using the service. Depending on the circumstances and offering, these times may be points when people have easier access to opportunities to make the desired effort, when they are in certain frames of mind where the offering and value proposition are more relevant, or when they are at certain points in their lives where the target behaviors, products, or services become more salient to them or at particular moments in their daily lives where a newly adopted behavior can become part of established patterns.

Where are the best places for them to do it? Once people want to engage in new behaviors or discontinue other ones, will they have access to products and

services to help them do it? If the physical resources are available for them to do so, then opportunities to remind them, facilitate engagement, and support them need to be addressed in the plan. The admonition to "Just do it!" may make great advertising copy or campaign slogans, but it is not a marketing plan.

How will they be rewarded for engaging in it, or how much will it cost them? The marketing plan should address the most relevant incentives and costs that people associate with adopting a behavior, acquiring a product, or using a service. Note that tangible rewards or incentives are not the same as the internal benefit or value people attach to a behavior, product, or service. For example, a chance to win $1,000 when a person joins a Quit & Win smoking cessation competition is not a substitute for the intrinsic reasons (values) many people have for quitting. But the prize can attract attention, pull people in who might otherwise not avail themselves of supports to quit smoking, and build word-of-mouth promotion. Using incentives or rewards can become a problem, however, if external rewards lead people to try new behaviors, products, or services in the absence of any internal motivation, a situation referred to as *overjustification* or a *crowding-out* effect. A meta-analysis of the use of incentives linked to engagement, completion of a course of action, or achieving certain levels of performance (for example, abstaining from tobacco for thirty days) found that incentives significantly undermined intrinsic motivation for engaging in a similar task in free-choice situations (Deci, Koestner & Ryan, 1999). As Deci et al. (1999) concluded, rewards can undermine people's responsibility for motivating themselves and undermine their self-determination both in the short term and, especially with children, the long term. However, this study provided no guidance on how to monitor and address the overjustification effect.

Why would they do it? This question needs to be answered from the people's perspective, not from what the evidence dictates. And it needs to be addressed through the positioning strategy that is developed for the program and that answers the question of how the new behavior is different from current behavior. Therefore this question can be partly answered by positioning the behavior (or product or service) as a more satisfying resolution to a need, a better solution for a problem, or an advantage in achieving particular goals. Positioning might also be used to answer the question by offering lower costs or a higher tangible value or an easier or more convenient way than the current way of doing something. Finally, the promotion aspect of the marketing mix can mean not only persuasive

communication but also the provision of information to enable or support decision making.

Who is going to be responsible for each part of the effort? A clear outline of staff and partner responsibilities needs to be detailed and agreed upon. One weakness of some plans is that they presume partners will take on certain responsibilities; for example, by providing a service, using the program materials in their own programs, distributing products to their clients or constituencies, or devoting staff or fiscal resources to the project. At other times a program will impose additional burdens on staff that are not offset by a reduction in other responsibilities or at least a recognition of these new burdens and an idea of how to mitigate them. Keep in mind that the most successful marketing organizations are those for which staff constitute a priority group (critical to success). Asking what we want them to do and how we can use the 4Ps to support them are valid questions needing answers at this point in the process.

How much will the effort cost? Marketing plans are often evaluated by how well costs are described and allocated to specific strategies and tactics. This informs decision making about which activities take precedence and which ones are secondary or might be eliminated should unforeseen financial constraints be put on the program. For many program managers the true value of the plan lies in how it permits them to make strategic allocations of resources. This value argues for a budget with detailed costs that are tied to program elements or tactics, rather than simply totals of line items for staff, equipment, products, transportation, advertising, and other items.

APPLYING SOCIAL MARKETING ANYWHERE, ANYTIME

Many people who read introductory social marketing textbooks or attend a workshop or class come away with the idea that developing a social marketing program always starts with research among a priority group. I hope I can put an end to that belief. Part of what we must do in designing social change programs is imagine the future. It is true that many examples of social marketing in the literature follow a linear process of identifying priority groups and then systematically working through the process much as I have been describing it here. In many cases this occurs because agencies have funded a new initiative that requires staff to start at the beginning. And while there is nothing wrong with starting at the beginning, it leaves many of an

organization's other programs untouched—and leaves people believing that these programs are fine as they are or, worse, that the programs cannot be improved with a marketing approach since that would mean starting all over again. It is not unusual to find one or two examples of "social marketing" programs in an organization's program portfolio along with dozens of other programs that have never been viewed from a marketing perspective. Some people will argue that unless new funding is available to totally reshape a program as a marketing effort, starting with consumer research, then it is best to leave it alone. I could not disagree more with this attitude. Introducing incremental changes to existing programs by selectively applying marketing techniques when and where they are appropriate and fit is better than doing nothing at all. Most social change agents do not have all-or-nothing expectations of people who are trying to change complex behaviors, especially not in the short term. Yet the idea that "if you can't do it thoroughly you shouldn't do it at all" has become a major barrier to an organization's adopting a marketing orientation and approach. The following section takes a look at areas ripe for selective use of marketing in a large organization that provides a variety of services to the public.

Increasing Participation in Public Programs

Remler and Glied (2003) note that a recurring puzzle among public health insurance programs in the United States is why eligible people do not enroll in them. These authors examined other types of public programs outside the health arena and beyond the United States to understand what factors might influence participation among eligible people. They reviewed over one hundred articles to extract information about the effects of nonfinancial factors on program uptake. Though they acknowledge the limitations of the existing research literature, and call for more research in this area, they were able to draw several conclusions. They found that the size of potential benefits affected participation, especially when participation might be for a short period of time. For example, the larger the short-term unemployment benefits, the more likely people were to sign up for unemployment insurance. In the United Kingdom, higher housing benefits were also associated with greater uptake.

The design of programs can also influence enrollment, such as when enrollment in one public assistance program results in automatic enrollment in other

public programs for which the individual is eligible (that is, this design reduces people's costs of participation). Inconveniences, especially the costs associated with enrollment, were found to be equal to as much as 20 percent of the total benefit for the average eligible person. People who perceived applications as long and complicated were 1.8 times less likely to enroll in programs, and perceptions that application hours were inconvenient led to 1.7 times fewer enrollments. Remler and Glied (2003) also found strong evidence that shifting from voluntary to presumptive, or automatic, enrollment (for example, in retirement programs) increased participation rates from 37 percent to 86 percent among new employees. It is also interesting that even though experts often point to fear of stigma as a potential barrier to enrollment in public programs, the empirical evidence provides no support for this belief. Remler and Glied's final conclusion was that providing information about program benefits does increase take-up of benefits, because even when people are aware of program benefits, they may erroneously assume that they or members of their household are not eligible for them, highlighting the need to focus on this issue as well.

The social marketing literature has had little to say about these types of marketing problems among large public programs or organizations of any size that want to improve their overall effectiveness and efficiency, reduce inequalities, achieve greater scale, and become more sustainable. Though some social marketers have worked with state and federal agencies involved with breast feeding, family-planning, children's health insurance, housing, and food assistance programs, these projects have been posed as having problems that require marketing to external clients and stakeholders, rather than internal marketing management problems. Yet as this review demonstrates, many programs confront issues with the design of the products and services, the prices and inconvenience that are often built into them, and issues with knowledge and information gaps among priority groups. These are the types of puzzles that marketing is well prepared to address. The only remaining question is how?

Conducting a Marketing Audit

A *marketing audit* can help to introduce a marketing approach to an organization and move it past the notion that if its program cannot start at the beginning (with identifying a priority group and a specific behavior change) then it cannot do social marketing. A marketing audit can be very useful to an organization that

wants to embrace a people-centered, or consumer-oriented, approach without waiting for a grant to be funded or a contract to be awarded. It can identify specific areas to address first, and allay concerns that social marketing takes too much time to plan and too many resources to implement. Yet an underlying dynamic in organizations, even those with an interest in becoming more people centered, is the fear that arises from the anticipated disruptions the marketing approach will pose to standard operating procedures and existing bureaucratic structures that are deeply embedded and valued in the organization. I particularly see this occurring among agencies and staff who pride themselves on demonstrating their expertise in elaborate program prescriptions and design. Yet they are resistant to the innovative idea of listening to ordinary people to learn their perspectives on a problem and its potential solutions.

Creating a compelling reason to explore the use of marketing in existing programs is an important step in the process of becoming more people centered. Otherwise staff will continue to view marketing as something that is done when grants and contracts require it, not because it has any inherent value to the organization's effectiveness or efficiency. Conducting a market audit or a program review can be a way to start creating a story for change among management and staff.

Regardless of the sector they work in, managers may view marketing as a threat to the status quo of an organization (Bloom & Novelli, 1981; Dholakia, 1984). However, as Dholakia (1984) points out, social marketing may be introduced to an organization as the latest magic wand to help managers perform miracles. Where marketing is not already part of an organization's culture and approach to solving puzzles, social marketing is both an innovation to be distrusted and an admission or charge that current efforts are failing. Most, if not all, people fear criticism and will go to great lengths to avoid or defend against it. It would be perfectly normal for the manager of a program when asked to consider conducting a marketing audit or adopting a marketing approach to be deeply skeptical of such a step. People's distrust, fears, and defensiveness may cause them to take a *devil's advocate* position and to point out both the weaknesses or inappropriateness of marketing and all the potential catastrophic consequences it could lead to in their specific program (see the accompanying box for some ways to counter these people).

The marketing audit is a systematic examination of the marketing environment, objectives, strategies, and activities in an organization, office or branch, or

COUNTERING THE DEVIL'S ADVOCATE

Tom Kelley (2005), general manager of the design firm IDEO, notes that devil's advocates make regular appearances in project rooms and boardrooms and may be the biggest killer of innovation. How do they do this? Devil's advocates nip ideas in the bud by encouraging people to look only at the downside, the problems and disasters-in-waiting, of using marketing or adopting any other sort of innovation. The behavior of devil's advocates is not the same as engaging in constructive criticism and open debate, and these individuals can be the embodiment of and catalyst for negativity across an organization. They seldom offer alternative solutions, preferring criticism to engagement with puzzle solving. Confronting devil's advocates can be a tricky process; they will often cloak their intentions with appeals for "having an open dialogue" or "looking at all sides of the issue." Kelley offers ten roles, or personas, for innovation that can be put into play as soon as someone else steps into the devil's advocate role. Among these counter-roles are the *experimenter*, who suggests taking a trial-and-error approach to using marketing and learning from the experience; the *cross-pollinator*, who brings examples of how marketing has helped similar types of organizations in addressing certain types of puzzles; the *hurdler*, who recognizes the obstacles and overcomes or outsmarts them anyway; and the *storyteller*, who recalls the ways in which the organization has successfully adopted other types of innovations in its past. Kelley (2005) describes how this works:

> So when someone says, "Let me play devil's advocate for a minute" and starts to smother a fragile new idea, someone else in the room may speak up and say, "Let me be an anthropologist for a moment, because I personally have watched our customers suffering silently with this issue for months, and this new idea just might help them." And if that one voice gives courage to others, maybe someone else will add, "Let's think like an experimenter for a moment. We could prototype this idea in a week and get a sense of whether we're onto something good." The devil's advocate may never go away, but on a good day, the 10 personas can keep him in his place. Or tell him to go to hell [p. 7].

program area. The more comprehensive the audit is in its scope, the more likely it will be to identify systemic issues that may be impeding marketing activities in specific areas of the organization or in particular programs. Although a marketing audit can be conducted using internal resources, there are valid reasons to use outside consultants: they can ensure objectivity, have a broad experience base against which to benchmark their findings, are familiar with the larger industry sector, and can give undivided time and attention to completing the audit in a timely way (Kotler, Shalowitz & Stevens, 2008, p. 485).

Conducting a marketing audit requires a commitment to the process from top management. It is also wise to signal from the outset that the audit will translate into program actions and not be a snapshot of the organization that is then placed on a shelf or buried on a hard drive. Lefebvre (1992, pp. 173–175) outlined an audit for social marketing programs that includes sections on the marketing environment, marketing system, and detailed marketing activity review. Questions that may be included in an audit of an organization or of a particular social marketing program are shown in table 8.2. Many of these questions concern topics already covered in this book; a few others address areas coming up in the next few chapters. They cover the objectives of the organization, the identification and understanding of priority groups, the types of formative research that are conducted and what is learned from them, the existence of program or marketing plans, the presence of staff training and program monitoring systems, an in-depth exploration of each element of the marketing mix, and the ways in which stakeholders and partners are included in planning and implementation.

In their discussion of marketing audits in health care settings, Kotler et al. (2008, pp. 486–489) detailed the ten most common weaknesses found in organizations.

1. *The organization is not sufficiently market focused and customer driven*. There is poor identification of priority groups, lack of prioritization of groups, no marketing managers, and no training program or incentives for staff to be more people focused.
2. *The program does not fully understand its target customers*. There is a lack of recent studies on people who access these types of products and services, participation rates are less than desired, and people seem to prefer offerings by other organizations and groups.

TABLE 8.2 Sample questions for a social marketing audit

Marketing environment	Who are the organization's major priority groups and stakeholders? What are the major segments within each priority group? Are these priority groups and segments expected to change in the future, and if so, how? Are new priority groups being considered at this time, and if so, for what reasons? How do members of priority groups, stakeholders, and the general public feel toward and see the organization? How do current customers make purchase or adoption decisions about various behaviors, products, and services? Who are the organization's major competitors? Who are the organization's major partners, and what assets do they bring and what gaps do they fill?
Marketing system	What are the long-term and short-term objectives for the organization's program? Are the objectives in a clear, hierarchical order and form that permits planning and measurement of achievement? Are the marketing objectives reasonable given the competitive position, resources, and opportunities? What is the core strategy for achieving the program objectives, and is it likely to succeed? Are resources allocated appropriately to accomplish the marketing tasks? Are resources optimally allocated to the various priority groups, geographical areas, and products or services of the organization or program? Are the marketing resources optimally allocated to the major components of the organization's offerings (product development, service quality, access and opportunities, managing incentives and costs to users, and promotion)? Does the organization or program develop an annual marketing plan? How often is it reviewed and updated? Are periodic studies carried out to determine the contribution and effectiveness of various marketing activities? Is there an adequate information (process-monitoring) system in place to meet the needs of managers for planning and controlling the marketing activities? Is there a high-level marketing officer to analyze, plan, and evaluate the overall marketing efforts of the organization (quality)?

TABLE 8.2 (*Continued*)

	Is there a need for more training, incentives, supervision, or evaluation of staff directly involved in marketing activities? Are marketing and program implementation responsibilities optimally structured to serve the needs of different priority groups and stakeholders, deliver marketing programs, and monitor and evaluate the program? What types of formative research activities were done to inform program development? How are members of priority groups and stakeholders incorporated into the planning and development process? Does the program have personas, a creative brief, and a positioning statement for each priority group segment?
Detailed marketing activity review	
Products	What are the main behavior change objectives, products, or services of the organization or program? Are there any elements of a product line that should be phased out? Are there new behaviors, products, or services that should be added? What programs, products, or services could be reworked to improve their attractiveness and effectiveness?
Price	To what extent are prices for products and services based on cost to the organization, consumer demand, and competitive criteria? How do consumers psychologically interpret current prices? What evidence is there to show how the program addresses these interpretations? Does the organization or program use price promotions or incentives, and if it does, how effective are they?
Place	Are there alternative methods of distributing messages, products, and services that would result in greater coverage, greater frequency, or less cost? How does the program or organization address barriers to access or opportunities to engage in target behaviors, purchase or obtain products, or engage with services?
Promotion	Does the program have a communication strategy? Are appropriate levels of resources allocated to promotion activities? Are media chosen based on priority group preferences and use? Are social media and mobile technologies being fully and appropriately employed throughout the marketing activities?

3. *The program needs to better define and monitor its competitors*. There is too much focus on just a few competitors and a lack of recognition and appreciation of the ways in which new organizations and technologies may be changing the competitive landscape.
4. *The organization is not properly managing its relationships with its stakeholders*. Unhappy staff, an inability to attract the best organizations to partner with, and dissatisfaction among current partners and coalition members manifest this problem.
5. *The organization is not good at finding new opportunities*. It has not identified any exciting opportunities for expansion or growth in recent years (either in fiscal terms or in new product and service offerings to priority groups), and any new activities that have been launched have largely failed.
6. *The program's marketing planning process is deficient*. The marketing plan may lack major elements including situation, SWOT, and competitive analyses; key priority groups or partners are missing or ill defined (for example, personas and creative briefs may be lacking); objectives, strategy, and tactics are not linked together or grounded in theory, prior research, or consumer insights; and monitoring, evaluation, and budgeting are not well addressed.
7. *The organization's or program's behavior, product, and service offerings need tightening*. There may be too many offerings that have very limited uptake or are not cost efficient, that lack any evidence of their reach or effectiveness, and that are not differentiated to appeal to different segments of priority groups; behavior, product, and service delivery offerings could be better integrated; there are few attempts to cross-sell behavior change, products, and services to current users (for example, weight-loss programs are not promoted to people engaged in smoking cessation attempts, and similarly, physical activity programs are not linked to either smoking cessation or weight-loss services).
8. *The organization's or program's brand-building skills are weak*. There is evidence that the priority group and key intermediaries know very little about the organization or program; the brand is not viewed as distinctive or better than other brands for the offerings that are being marketed; budget allocation to various marketing tactics is approximately in the same amounts each year;

and there is little evaluation of the impact of different communication programs on brand awareness, program reach and frequency, or effectiveness at changing behaviors, environments, or policies.

9. *The organization is not well designed to carry on effective and efficient marketing*. The organization either lacks a marketing director, or the current one does not seem to be very effective; the staff lack some vital marketing skills (for example, in using new technologies and new media); and relationships between the marketing group and other parts of the organization are weak or contentious.

10. *The organization has not made maximum use of technology*. There is minimal use of new technologies, including mobile ones; activity and participant monitoring systems are rudimentary or outdated; and there is a lack of marketing dashboards to guide the marketing group and inform decision making.

Conducting a Program Review

In addition to conducting a marketing audit, it is useful to periodically review the types of participants who are engaged with various program offerings. In an eleven-year community research and demonstration project for cardiovascular disease prevention (Pawtucket Heart Health Program), in which social marketing principles were developed and applied (Lefebvre, Lasater, Assaf & Carleton, 1988; Lefebvre, Lasater, Carleton & Peterson, 1987), an analysis of the first four years of data gathered through the activity and participant tracking systems detailed how nearly 25,000 contacts were distributed across program offerings. The three main categories of products and services were group programs for risk factor modification that were led by trained and certified volunteers for eight to ten weekly sessions; screening, counseling, and referral events (SCOREs) for risk factor assessment, immediate behavioral counseling, follow-up, and referral to a health care professional as indicated; and distribution of self-help kits that included educational and motivational materials, instructions for self-monitoring behavior change, and strategies for maintenance of change. As even these brief descriptions convey, the programs varied not only by risk factor (in the areas of blood pressure, exercise, nutrition, smoking, and weight loss) but also by other product and service features including length of commitment (price), prices for

services and products (with costs of $2 for self-help materials, $5 for nutrition SCOREs, and most other offerings being free), places where activities were held (SCOREs were much more likely than other activities to be conducted in various venues in the community), and how programs were promoted through various media (Lefebvre, Harden, Rakowski, Lasater & Carleton, 1987).

The review demonstrated that the aggregated participation closely approximated the age distribution of the city but also that women were twice as likely to participate in the programs as men (this was especially pronounced for certain group programs, in which participants were 90 percent women). Further, 55 percent of all contacts were through SCOREs, 25 percent through self-help kits, and 20 percent through group programs. Nutrition SCOREs (for assessment of blood cholesterol levels and a brief dietary assessment) were the most frequently attended activity (40 percent of all participants), whereas smoking cessation programs, primarily using SCOREs and self-help kits, were the least attended programs (9 percent of the total). Differences in age were also seen among program participants, with residents over the age of sixty being the largest group of participants in blood pressure programs and the least likely to be in smoking cessation programs. In contrast, residents between eighteen and thirty-nine years of age constituted the largest group of participants in smoking cessation and exercise programs (over 50 percent in both cases).

Lefebvre, Harden, et al. (1987) note that the SCORE service delivery model was a significant contributor to attracting large numbers of people to engage in health promotion activities in this community. They suggest that the data support the notion that participation in various activities will vary by gender, age, and program format. Having this information available allowed the program designers to make decisions about promotional channel use and guided them in developing new products and services, repositioning existing ones to appeal to new segments of the population, and developing marketing strategies to focus on underrepresented groups in the community to increase program reach and saturation.

Using a Marketing Audit to Assess Program Plans

The elements of a marketing audit can be used to ask questions about program plans, such as whether the program components are based on ideas tested with clients or beneficiaries, whether all elements of the marketing mix have been

considered in program strategy and recommended tactics, and whether a proposed evaluation will provide feedback relevant for further refinement of the program.

One example of the value of this approach is demonstrated by Mah, Tam, and Despande (2008), who used social marketing benchmarks as a measure in a review of published reports of interventions to improve hand hygiene behaviors (see table 8.3). Among the fifty-three interventions they analyzed (only four of which were self-described as social marketing approaches), twenty-seven employed segmentation strategies for audience identification and focus, sixteen conducted audience research (of any type), fifteen delivered simple (as opposed to complex) behaviorally focused messages to audiences, seven attempted to create some type of relationship with their audience, and three appeared to attend to any behaviors competitive with proper hand washing and hygiene procedures. Most studies (53 percent) described two or fewer of such benchmarks in their projects, about a third (38 percent) reported three benchmarks, and 10 percent used four to five of them.

Among the conclusions Mah et al. (2008) drew from their analysis was that the use of the marketing mix is essential but insufficient by itself to change hand hygiene behaviors. They suggest that other marketing benchmarks may also need to be met by programs to maximize their effectiveness. However, they also noted that the number of marketing benchmarks employed in a study was not associated with outcomes. That these conclusions are drawn from post hoc analyses of studies that did not set out to test social marketing as an approach to designing interventions needs to temper our interpretation of this work. But their approach to program analysis is one that managers might well consider, especially in light of the significant gaps that were exposed in the published reports. This work, and the lack of conclusive findings with respect to associating social marketing benchmarks with improved program outcomes, also points to a rich vein of research questions not only for hand hygiene behaviors but for many other health and social change efforts as well.

Demarketing as a Strategic Approach to Reduce Consumption

Most social marketers begin with the premise that they are trying to increase the occurrence of healthier and more sustainable behaviors and reduce the riskier choices. *Demarketing* as a strategy for social marketers is a popular but poorly understood part

TABLE 8.3 Social marketing benchmarking criteria

Benchmark	Explanation
Focus on behavior	The intervention seeks to influence the behavior of individuals or groups and has specific measurable goals.
Audience research	The intervention uses formative research based on primary or secondary data sources to identify audience characteristics and needs, or the intervention elements are pretested with a sample of the target audience.
Theory-based design	The development of the intervention and/or understanding of the audience explicitly relies on behavioral or social theories or models.
Segmentation and targeting	The intervention's audience is divided into subgroups called "segments" that share something in common (e.g., job type, demographic characteristics, desires, or readiness to change) that makes them more likely to respond similarly to the intervention. The intervention strategy targets or is customized for the selected segment(s).
Exchange of value	The intervention motivates people to adopt or sustain a behavior by offering benefits (tangible or intangible) and/or reducing costs (barriers) related to the behavior, The exchange concept is actualized through the design and implementation of the marketing mix.
Use of marketing mix	The intervention attempts to use all 4 "Ps" of the traditional marketing mix.
Promotion	Communication with the audience to make a product or service familiar, acceptable, and desirable.
Product	A product (or service) is a bundle of benefits that satisfies a need of the audience.
Price	Identification and reduction of the monetary and nonmonetary costs of performing a behavior.
Place	Reduction of the location cost of a product or service achieved through enhancing convenience and accessibility.
Attention to behavioral competition	The intervention considers competing behaviors or messages that may influence the target audience to not perform the desired behavior.
Cultivation of relationships	The intervention builds, enhances, and retains good relationships with the target audience; for example, by ensuring service quality or audience satisfaction or by audience participation in the design of the intervention.

Source: Mah et al., 2008.

HOW CAN WE SOLVE THE CHILDREN'S OBESITY PUZZLE?

When we look at the expert recommendations for addressing complex issues such as the increasing prevalence of children's obesity around the world, it can be stunning to recognize how the marketing mix elements emerge even when there was (unfortunately) no deliberate attempt to apply the marketing mindset to the problem at the outset.

For example, in 2009, the US Institute of Medicine (IOM) released the report *Local Government Actions to Prevent Childhood Obesity* (Parker, Burns & Sanchez, 2009), which contained a list of actions that the IOM contends hold the greatest potential to curb obesity rates among children. I have italicized the marketing mix elements in this statement from the September 1, 2009, press release announcing the report: "Many of these steps focus on *increasing access* to healthy foods and opportunities for active play and exercise. They include *providing incentives* to lure grocery stores to underserved neighborhoods; *eliminating outdoor ads* for high-calorie, low-nutrient foods and drinks near schools; requiring calorie and other *nutritional information on restaurant menus*; implementing *local 'Safe Routes to School'* programs; regulating *minimum play space and time* in child care programs; *rerouting buses or developing other* transportation strategies that ensure people can get to grocery stores; and using building codes to ensure facilities h*ave working water fountains*."

Better products and services, accessibility and opportunities, incentives, promotion efforts (or reducing industry's advertising impact)—that about covers the marketing mix. What could we achieve if we started addressing wicked problems such as childhood obesity with marketing from the outset, rather than discovering later how much of marketing is applicable to our times and troubles?

of social marketing practice. It is popular because many social marketing programs are trying to reduce or prevent a variety of behaviors, such as illicit drug use, alcohol abuse or binge drinking, tobacco use, sugar consumption, and overeating. Other social marketers are busy attempting to reduce energy and water use; conserve natural resources, spaces, and species; reduce air and water pollution; change the consumer culture that permeates much of the world; and establish sustainability practices across

many different business sectors. Demarketing is poorly understood because only rarely are marketing principles consciously used to reduce these behaviors in much the same way that we use marketing to increase others. Yet the concept of demarketing, of discouraging customers on a temporary or permanent basis from buying products or services, is as old as social marketing (Kotler & Levy, 1971).

Edward Shiu and his colleagues studied demarketing tobacco; they defined demarketing as having the objective of decreasing demand by discouraging consumption or use of products such as alcohol and cigarettes that pose health risks (Shiu, Hassan & Walsh, 2009). They note that even though governments use demarketing strategies and instruments in isolation to curb smoking (by increasing taxes or clean indoor regulations or by banning advertising), little research is available on how the 4Ps work with each other toward reducing tobacco use and how they influence consumer behavior over time.

Working through the 4Ps, Shiu et al. (2009) framed the demarketing of tobacco products as product replacement and displacement—most often accomplished by offering free or low-cost alternative products (such as nicotine replacement therapies) as well as support services (such as telephone quit-lines and other information services). Increasing taxes and therefore the sales price primarily realigns the price variable. Place interventions can restrict tobacco consumption opportunities through bans on smoking on public transportation and clean-air policies in public places and also through impeding purchases of tobacco products, especially by minors. Promotion interventions will be most familiar to readers who lean toward communication approaches to the issue: implementing counter-advertising campaigns, mandatory package warning labels, and restrictions on tobacco advertising.

Using data from the International Tobacco Control Four Country Survey, Shiu et al. (2009) employed structural equation modeling to test the hypothesized relationships among policy initiatives aimed at each of the 4Ps: attitudes toward smoking, attitudes toward the tobacco industry, and intentions to quit smoking at two points in time. Overall, their results demonstrated that government demarketing activities during 2002 and 2003 in the United States have resulted in significant beneficial changes in smokers' attitudes toward smoking and intention to quit.

From their analyses Shiu et al. concluded that there are differential effects of demarketing with the 4Ps and that promotion and price influence all three

outcome variables they examined: attitude toward the tobacco industry, attitude toward smoking, and intention to quit smoking. At the same time, the evidence also demonstrated that the product element, in terms of product replacement and displacement through the promotion of nicotine replacement therapies and behavioral support programs, is less effective in changing smokers' attitudes toward smoking and intention to quit smoking. Finally, smoking restrictions at work and in public places were found not to influence attitudes but did have a small direct effect on intention to quit.

Two lessons emerge from this research. First, social marketers and policymakers cannot assume individual demarketing measures will be effective in changing the attitudes and behavior of the members of the target audience. Only a comprehensive demarketing mix, aimed at decreasing the attractiveness of tobacco and impeding the availability and use of cigarettes, is likely to result in measurable changes. Second, ad hoc and one-off demarketing measures are unlikely to have the desired effect. The results show an effect over time of the 4Ps of demarketing, suggesting that governments should equip antismoking campaigns with sufficient and sustained demarketing resources (Lefebvre & Kotler, 2011).

Lefebvre and Kotler (2011) suggest a number of ways in which demarketing strategies might be employed in social marketing programs that aim to reduce consumption in many different forms.

- Develop segmentation strategies and user research that seeks to understand how to demotivate current practices among early or late *discontinuers* of behaviors such as tobacco smoking (cf. Redmond, 1996).
- Reduce the number of features, salience, quality, or attractiveness of the currently practiced behavior or used product or service (for example, through placing graphic warning labels on tobacco products).
- Realign the incentives and costs of the current (discouraged) products, services, and behaviors to make them financially, psychologically, and socially more costly; increase opportunity costs for continuing to engage in behaviors or use current products and services.
- Change the environment so that current products and services are more difficult to access and current behaviors are more difficult to engage in.

- Eliminate or restrict promotional activities (advertising, sales, public relations, sponsorships) that encourage the use of products or services or support current practices and behaviors.
- Design and position products, services, and messages that align demarketing objectives with personally relevant and valued self-identities and social roles among priority groups.

Over the years, many behavior and social programs have employed one or more of these techniques. What demarketing represents is the use of systems-level interventions to change the nature of the marketplace and not just the behavior of individual people (cf. Kennedy & Parsons, 2012). We may be gaining a better understanding of why some of these techniques work from a market perspective, but there is certainly a great deal of room for more research on demarketing in order to inform and expand our appreciation for what it can and cannot accomplish in pursuit of social change.

BEFORE THE SOCIAL MARKETING PLAN GETS OUT THE DOOR

Yes, many decisions have been made and steps taken to reach the point of having a complete program plan put together. How do you know if it is the best it can be? Here are some characteristics that you do *not* want it to have (cf. Dusenberry, 2005).

- It's dull, boring, and unexciting (it doesn't answer the "why should I pay attention or care" question).
- It describes behaviors that make sense based on the scientific literature but that are not relevant to people's lives (they are either too broad or so specific and contingent on other conditions that they are difficult for many people to engage in).
- It doesn't differentiate sufficiently (the new behavior doesn't stand out from what they already do or have been told before to do).
- It sounds, feels, or looks familiar (it lacks the originality that will break through both the clutter and people's filters).

- It's off strategy (it doesn't relate to the insights from the priority group).
- It's reaching too hard (it's not relevant to people's daily lives).
- It's too expensive to do (whether it's staff time, limited resources, or other opportunities that cannot be pursued because too much of the organization's resources are being tied up in this one project).
- It does not identify opportunities and access to engage in new behaviors, and it doesn't ensure that they will be available at reasonable cost.
- Its message or some other feature is offensive or tasteless to some group. While having an "edge" in programs aimed at specific groups of people will make those programs more relevant and appropriate, once that edge is seen or heard by other groups it may stir up controversy. Some organizations deliberately craft programs to create controversy and stimulate discussions of a topic; just be sure that such controversies are an intended, and not unintended, consequence of your efforts.
- Something about it appears to be inappropriately joking or humorous. Some programs try to be engaging and entertaining by having a humorous tone or personality, but not everyone will share another person's sense of humor.
- It fails to tap into or leverage people's social networks.
- It's poorly executed (the tactics are just not well thought out).

Finally, to paraphrase Phil Dusenberry's added caution: the most dangerous marketing plan of all is one that avoids all these negatives. It's dangerous because its superior attributes might mask the fact that you are opting for cleverness at the expense of human connection.

WAYS TO IMPROVE SOCIAL MARKETING PROGRAMS

In most cases your organization will have any number of program plans that you can audit or review to look for opportunities to insert marketing principles into them and test them. Here are several ideas that lend themselves to trial use in many different types of programs:

Focus on your real priority groups—not the ones you imagine you should. Planners should look beyond their own agency to other organizations and practice communities (partners or collaborators, for instance) when thinking about the identity of their priority groups—who too often end up being groups of "people we can do something for." Media representatives, policymakers, CEOs, and partner organizations are usually not on the list, even though they are often the people most critical to the success of the program. Overlooking groups who are critical to success is the blind spot in virtually every program I have ever looked at closely. When you start thinking about these groups as priorities, ideas for improving the social marketing program become obvious. Coca-Cola, for example, does not focus just on advertising campaigns and leave distribution to chance. Retailers and distributors of Coca-Cola's products have a direct impact on the firm's bottom line. The same is true for social change programs.

Your brand is what people say it is. The belief that an organization or group can control the world (or even a small communication slice of it) reaches deep into the ways branding is thought about and practiced. It is a fallacy; yet many people act as though a brand is something that can be created and projected as some monolithic entity, impervious to the realities of the world, the thinking of priority groups, and the marketplaces of conversation. Other program managers mistakenly believe their program offerings do not have brands because they have not consciously created those brands. Unfortunately, as Neumeier (2006, p. 14) reminds us: for most of us, brands happen while we are busy doing something else. Understanding that the people formerly known as our audience actually control our brand is the insight that leads to action: by collecting and encouraging the stories people tell about us we discover what our brand currently is, and perhaps what it could be. An organization's usual response to finding poor perceptions of a program or organization is to create the messages it wants to tell people. What we really need to do, however, is provide our priority group with new experiences that better express and demonstrate what we want our program to be—the people we serve can do the rest.

You cannot do it alone. Engaging in partnerships and collaborations is considered a priority strategy for public health and social change efforts. Yet because these partners and collaborators are not usually considered priority groups, their care and feeding is typically ignored. Once we shift that thinking, we can develop an approach aimed at developing, strengthening, or weaving together these networks of partners—starting with developing empathy with them and then

determining what value they can create for themselves, others, and us by being more involved with generating solutions to shared puzzles.

Seek clarity and focus. An emphasis by many organizations on establishing clear and specific program objectives leads to a recurrent theme that planners do not spend enough time focusing on behaviors to change. They may tend to get caught up in lofty, abstract concepts or a semantic deconstruction of what *goals* and *objectives* really are. One trick to get closer to clarity and focus is to refine the objective for each priority group until you can visualize exactly how people will do it. In some projects my colleagues and I draw out the current journey map (chapter 6), and then we work to draw one that will lead to new behaviors or uses of products and services (recall the words of my student: "When in doubt, draw it out"). Once you can see people doing something new, it becomes easier to establish the marketing mix that encourages and enables people to achieve that behavior.

Think in terms of aspirations and assets, not barriers and deficits. A pervasive and largely unchallenged tendency among public health professionals and social change agents of all stripes is to focus on *meeting needs* and *addressing barriers* rather than getting on to the business of improving health. I suggest taking some of that time that might otherwise be spent on examining barriers and spending it on looking at the aspirations of your priority groups and collaborators and at the assets they, your organization, and your community possess that can be leveraged for success. Addressing deficits and barriers seems to be in the DNA of too many social change programs; practice some positive deviancy and test whether building on aspirations and assets will suggest different strategies and approaches.

SUMMARY

The development of marketing strategy should happen on a continuing basis and not be constrained by a belief that one must always start at the beginning of a planning cycle. Existing programs can be assessed by program reviews and marketing audits to identify areas in which marketing principles could be usefully applied. Adopting new principles within an organization raises its own set of tensions, some based on fear and others that are stirred up by devil's advocates; however, these tensions can be recognized and reduced. Marketing strategy is most often used for increasing behaviors, but as this chapter has demonstrated,

demarketing provides a useful framework for thinking about reducing excessive consumption behaviors and for guiding the development of policies that address the entire marketing mix.

KEY TERMS

crowding-out effect
demarketing
devil's advocate
marketing audit
marketing plan
marketing strategy
overjustification
program review

DISCUSSION QUESTIONS

1. Create personas for the innovative roles described by Kelley and role-play each of these personas addressing a specific barrier to implementing a marketing program for social change. One or more people should role-play devil's advocates to raise these barriers and mount arguments against each persona's ideas. Which roles are easier and which are more difficult to enact? How do the different innovative personas resonate with you and your work environment? Do the people playing the devil's advocate ever feel the need to offer solutions or compromises during the role play (why or why not)?
2. Select a behavior that involves excess consumption or waste (such as overconsumption of specific foods or beverages by individuals or of water or energy in the home), and use demarketing approaches to develop ideas for reducing that behavior
3. Select one or more of the agencies (or other organizations) represented in the class and divide into teams to write a one-page marketing plan for that agency (think along the lines of the McDonald's example in this chapter). This isn't a research project; use what you know about the agency to recommend an approach to identifying and achieving its core mission.
4. Review the social marketing benchmarking criteria (table 8.3). What is the most surprising item you see on the list—and why? What would you add to that list from your own experiences?

Chapter 9

Using Marketing Mix Components for Program Development

New Start is an example of a highly successful social franchise for HIV testing, used throughout southern and eastern Africa but becoming known around the world for a variety of health issues. (Image courtesy of the author.)

Learning Objectives

- Explain how to use the marketing mix heuristic in program planning activities.
- Identify the benefits of adding products to communication campaigns for health behavior change.
- Discuss price strategies for changing behavior, using at least one example.
- Describe the use of mapping approaches to develop place strategies for behavior change.
- Assess the merits of developing mass media campaigns and the additional elements that have been shown to improve their effectiveness.

This chapter drills down from developing marketing strategy to the implementation of social marketing programs. We frame this discussion with the 4Ps heuristic of product (which also includes behavior and service), place, price, and promotion (or communication activities).

Before beginning this discussion, I will note that some social marketers add P's to this list—for example, partners, people, physical environment, policy, politics, positioning, and purse strings, to name a few (see, for example, Donovan & Henley, 2010; Weinreich, 2011). In some cases, these additional P's are useful for differentiating social marketing from other forms of marketing (though practitioners of these other forms might disagree). At other times they expand the mnemonic template for what to include in a marketing program, and at still other times they refer to conditions in the marketplace, such as political and funding decisions that drive the selection of priority groups and the use of certain tactics. The view I subscribe to is that any marketing element in a program, whether it starts with a "P" or not, needs to be modifiable to meet the unique needs, problems, and aspirations of a priority group. If a P is so complex or ubiquitous as to defy a fit with the priority group, then it is no longer a marketing variable.

I agree with Peattie and Peattie (2003) that the 4Ps concept should not be a straitjacket that includes certain strategies and excludes others; instead, I refer to it as a *heuristic* to acknowledge its value as an aid in considering major leverage points for change and developing a more comprehensive strategy and program than might otherwise occur. The marketing mix concept is not without its critics, who focus on its producer orientation (rather than a consumer orientation), its

lack of interactivity in an age where consumers demand that, and as an inappropriate planning tool in a time when an organization's fortunes are external and less controllable (Constantinides, 2006). A number of marketing mix alternatives to the 4Ps have been proposed to focus more on consumer values, including the 4Cs of customer wants and needs, convenience, cost to the consumer, and communication (Lauterborn, 1990); the 4Rs of relevance, response, relationships, and results (English, 2000); and the 5Vs of value, viability, variety, volume, and virtue (Yudelson, 1999). My stance is that offering relevant products (behaviors and services) that create value for users in accessible and convenient ways is the approach most likely to be adopted and used by members of the priority group and thus to lead to the achievement of organizational and social goals—providing people learn about these offerings in the first place. You can make it more complicated if you like, but let's start here. If our offerings are not relevant and do not lead to value-in-use (results), then the marketing exchange will be one-sided.

PRODUCTS

For much of the world, *social marketing* has been defined as the marketing of socially beneficial products and services. As chronicled in chapter 2, the practice of social marketing began in developing countries for increasing the acceptability and use of family-planning products. Therefore the use of products in social marketing programs in many countries goes without saying. Indeed, it is when social marketing is suggested as a method to change the behaviors of people in these countries that the questions begin: "How can this be social marketing? Where are the products?" In contrast, it is difficult to find social marketing programs in developed countries that center around product or service offerings. I believe this gap must be addressed in the future to keep social marketing viable as an approach to solving social puzzles and being an innovative force for social change (Lefebvre, 2011a).

Product development and distribution may often be the purview of a well-developed commercial marketplace in many countries, and many socially oriented health services may be government funded. But there are still opportunities for applying marketing so as to make these products and services more responsive to specific consumer segments in order to achieve equitable access and outcomes and to identify and address market inefficiencies. One example of this application

comes from a review of studies that sought to improve access for disadvantaged groups to smoking cessation services (Murray, Bauld, Hacksaw & McNeill, 2009). Although the investigators used a definition of social marketing that was restricted to the 1P of promotion, they found evidence that improved communication and outreach efforts could result in more equitable access to these services. And they also found evidence that tailoring and pretesting existing programs to meet the unique needs of priority groups, placing the services in nontraditional settings such as dentists' offices and worksites, and using incentives (price) also resulted in improved access and effectiveness. From my perspective, all the major elements of the marketing mix were found to be useful in improving smoking cessation services and achieving greater equity. In this section we look at research and examples that may stimulate your own ideas on this issue.

One summary of thirty contraceptive programs in twenty-seven countries in the 1970s found that social marketing was successful in providing protection against unwanted pregnancies at a lower cost than other approaches (Ling, Franklin, Linsteadt & Gearon, 1992). Ling et al. (1992) also summarized studies that documented the effectiveness of social marketing in increasing the use of oral rehydration therapy to treat diarrheal diseases and reduce related childhood mortality, in promoting oral contraceptive and condom use, and in increasing immunization coverage. Social marketing programs have been successful in increasing condom use (Sweat, Denison, Kennedy, Tedrow & O'Reilly, 2012), protecting against HIV and other sexually transmitted diseases (Mayaud & Mabey, 2004), increasing the distribution and use of malaria nets (Hanson et al., 2003; Schellenberg et al., 2001), improving access to artemisinin combination therapies (ACTs) for the treatment of malaria (Young, Van Dammer, Socheat, White & Mills, 2008), and expanding access to and use of point-of-use water treatment products (Freeman, Quick, Abbott, Ogutu & Rheingans, 2009; Stockman et al., 2007).

Research has also begun to address issues beyond whether social marketing with products "works." Price (2001) conducted a review of social marketing programs aimed at HIV prevention and concluded that as these programs mature they tend to reduce inequalities in access to and use of condoms by the poorest people in a country. In the field of malaria control, whether to distribute insecticide-treated nets (ITNs) for free or to use an approach in which costs are subsidized by donors but some price is still paid by the customer is a matter of debate, with the key concerns revolving around equity and coverage (favoring free

distribution) and long-term sustainability (favoring social marketing) (Bernard et al., 2009; McNeil, 2007; Ruhago, Mujinja & Norheim, 2011). A recent analysis concluded that the economic costs for each strategy (free versus paid) were about equal at US$4.81 per net. However, financial costs were lower for the free distribution method due to the use of existing health services to support distribution. Yet researchers concluded that given restricted budgets, free distribution of ITNs would be feasible only when limited in scope and targeted toward high-risk groups. They encouraged a mix of free and paid distribution strategies to achieve rapid scale-up and to sustain high levels of coverage (De Allegri et al., 2010).

In the developed world, social marketing programs rarely include product offerings. Whether this is because the commercial place is so well developed that there are no niches to fill with socially marketed consumer health and social products is an open question. However, there does seem to be greater recognition and development of health and social markets by established companies as well as by social entrepreneurs. More than thirty years ago, Bloom and Novelli (1981) identified the lack of tangible products as one of the challenges to the social marketing approach. Yet since then, only a few programs have surfaced in the literature that satisfy the requirement of a viable and tangible product.

As noted earlier, a team of experts was convened by the Centers for Disease Control and Prevention to examine the evidence and determine how health communication campaigns can be combined with other activities, such as distribution of products, to further influence health behaviors. The product was to be one that "facilitates adoption and maintenance of health-promoting behaviors, sustains cessation of harmful behaviors, and protects against behavior-related disease or injury" (Community Preventive Services Task Force, 2010). To be included in this review, a study had to meet several inclusion criteria:

- There had to be a *product* distributed to a user.
- The product *price* had to be free or highly discounted.
- The product had to be given directly to the user, in a *place* that was convenient to the user.
- There had to be a mass media component, to be sure the population received the *promotion*.

Over 15,000 studies were abstracted, and a full review was done on about 1,000 of them. Twenty-three of the studies met the operational definition of the 4Ps, and an additional thirty-one included only product promotion. The specific behaviors promoted in these studies were the use of products that

- Facilitated adoption or maintenance, or both, of health-promoting behaviors (such as increased physical activity through pedometer distribution combined with walking campaigns).
- Facilitated or helped to sustain the cessation of harmful behaviors (such as smoking cessation through free or reduced cost over-the-counter nicotine replacement therapy).
- Protected against behavior-related disease or injury (such as use of condoms, child safety seats, recreational safety helmets, or sun-protection products).

The review found an overall 8.4 percent change across all six product-use behaviors, a finding the task force construed as "strong" evidence of effectiveness. The task force also concluded that these findings are likely generalizable to a broader array of health-related products. This work constitutes one of the first reviews of evidence in the United States to determine strong evidence for the effectiveness of social marketing. These results pose the question, Why is there not more social marketing work using products? The question is especially important when we see how much product innovation is occurring in the health, environment, and social welfare space. Pilloton (2009) documented one hundred products created by designers to solve social problems and empower people. She notes (p. 25) that the design industry should align itself with the public health model to gain a better understanding of prospective user groups, how to deliver programs and services to serve basic human needs, and how to conduct constant research and qualitative and quantitative measurement of results. I echo her call for collaboration among social marketers and designers to develop and market products that improve people's health and well-being in ways that are not currently being met by the private sector.

SERVICES

Given the sheer numbers and ubiquity of social services available to meet people's needs and work toward a better society, there have been few documented efforts

to integrate social marketing into service delivery. One exception has been in the developing world, where social franchising has become an important mechanism through which to deliver essential health services and a primary strategy for improving population health. Its first use was to develop franchise procedures to increase awareness of family-planning services, improve availability and accessibility of contraceptive supplies and services, and promote cost recovery from retailers and fee-paying clients (Ruster, Yamamoto & Rogo, 2003).

Social Franchising

The prototype for the *social franchising* of family-planning services uses trained health providers to support behaviors to use long-term contraceptive methods and to provide broader reproductive health care services. Networks of providers, or franchisees, are service producers in the clinic franchise system; they create standardized services under a franchise name. The result is a network of health care providers offering a uniform set of services at predefined costs and quality of care (Ngo, Alden, Hang & Dinh, 2009; Stephenson et al., 2004). In their analysis of successful strategies for the base of the pyramid (BOP), Hammond, Kramer, Tran, Katz, and Walker (2007) found support for localizing value creation through franchising, building local market ecosystems of vendors and suppliers, and treating the community as the customer. Successful franchising models now exist in numerous sectors of the BOP market, including health care, information and communication technologies, agriculture and food, water, and energy (Hammond et al, 2007; Lefebvre, 2011b).

Published research on social franchising is limited. Stephenson and colleagues (2004) found that social franchise networks attract providers to join through the perceived advantages of increasing revenue, providing staff training opportunities, and expanding service capabilities. These authors' data also support the notion that franchises can result in increased client volumes, a broader range of family-planning brand choices, and lower staff-to-client ratios among franchise clinics in comparison with private ones.

Ngo et al. (2009) described the launch of a social franchise model for reproductive health services in Vietnam. These authors solicited feedback from both clinic staff and their clients following the launch of the new social franchise brand. They found that staff were more likely to see benefits from managing their clinics in a more market-oriented fashion, though their ability to deliver the

services did not always meet the new expectations of clients who were exposed to brand messages about service quality. In addition, the investigators found that clinic staff and stakeholders expressed displeasure about being handed a fully articulated set of brand materials, including the brand name and positioning statement, without having had an opportunity to review and provide input on them during their development. Despite these operational issues, which should be anticipated in future efforts, the authors found a high level of awareness and recall of the new brand among clients as well as improved service quality and satisfaction with the services they received.

Another study of social franchising services reported that highly subsidized tuberculosis care delivered through a private sector social franchise in Myanmar could reach the poor with quality services (Lönnroth, Aung, Maung, Kluge & Uplekar, 2007). A look at how social franchising services could improve service to priority population groups noted the potential of social franchises to provide services particularly tailored to youths in Western Kenya (Decker & Montagu, 2007). Several health franchising operations (Greenstar in Pakistan, Kirsunu Medical Education Trust in Kenya, and Well Family Midwife Clinic Network in the Philippines) have also demonstrated that they can rapidly expand basic health services to poor people, capture economies of scale, and reduce the information asymmetries that often adversely affect the quality of care. While there is evidence for the promise of social franchising to improve access and quality of care in low- and middle-income countries, a recent Cochrane Review found a lack of rigorous studies from which to draw firm conclusions (Koehlmoos, Gazi, Hossain & Zaman, 2009).

Retail Health Clinics

This discussion of social franchising cannot be left without noting a similar development occurring in the United States. *Retail health clinics* emerged, seemingly from nowhere, in early 2000, and numbered more than 1,100 clinics in 2009 (National Conference of State Legislatures, 2011). These clinics are co-located within larger retail stores, often supermarket and drugstore chains. They are generally open seven days a week, with extended weekday hours; are usually staffed by nurse practitioners; no appointments are necessary; and visits generally take fifteen to twenty minutes, due to the limited scope of services offered. They are positioned as the low-cost option to emergency room visits for minor

ailments including sore throats, common colds, flu symptoms, coughs, and ear and sinus infections. They often dispense immunizations and perform routine preventive health screenings as well. There are signs that many retail clinics may be becoming involved with chronic disease management (Mehrotra, Wang, Lave, Adams & McGlynn, 2008).

Developed by retail chains, these retail clinics operate on many of the same principles as a social franchise model. They have not been without their critics, especially in the medical establishment, where concerns about the quality of the providers, the care received by patients, and also the fragmentation of health care are voiced, while their low cost to patients and payers is seen as both an advantage and concern (Pollack, Gidengil & Mehrotra, 2010).

The point of bringing retail clinics into this discussion is that the same marketplace dynamics are playing out in the United States as in developing countries, where large groups of people are seen as being disenfranchised from health care delivery through various market asymmetries. Without making value judgments, it is interesting to note that social marketers in developing countries have taken the lead in responding to these needs by fashioning the franchise model, whereas it has been the commercial marketers who have detected and responded to the needs in the United States in a very similar way—albeit with more resources already in place and more that can be brought to the solution. The common thread is the ability of marketers to detect and respond to the unmet need in ways that provide value to patients, providers, and organizations. In both contexts, the words *innovative* and *disruptive* are used to describe the models. And in both situations, it is not massive communication and advertising campaigns that make the seemingly impossible possible. It is thinking and acting like marketers.

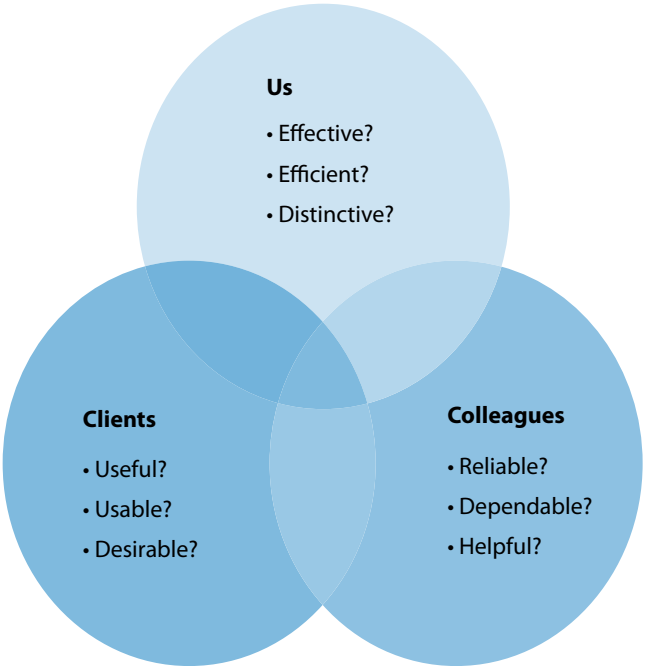
Designing Service Delivery

One shortcoming many social marketers have is that they are unaccustomed to designing services. It is often the case that marketers are brought into a service delivery environment to solve what is framed as a communication problem—typically having to do with recruitment or retention of clients—that "needs" a communication or advertising campaign. What goes unexamined from a marketing perspective is the nature and quality of the service offering, its place and price variables, and client satisfaction with the service (would clients recommend

it to a friend?). In some instances the organization may commission research among the priority population for the service (prospective clients, current clients, and even past ones). The default objective is to seek insights that can inform development of a persuasive messaging campaign. But what if we could help service providers to offer services that require almost no organized promotional effort on their part? What might that look like? With whom do we really need to conduct our research to solve the puzzle?

Figure 9.1 identifies the topics of the key marketing questions that need to be addressed for the three groups most involved in the development and success of any service offering. The first circle in the diagram, *us*, represents the organization responsible for developing, implementing, and managing the service offering. Three key questions that the organization must continually pose and answer for itself are the following:

FIGURE 9.1 Nine marketing considerations for designing services



- Is the service effective in meeting organizational objectives (for example, in the composition and number of people served, in addressing unmet needs in the community, and in achieving equitable behavior change outcomes)?
- Is the service efficient in its use of resources (for example, in terms of transparent and accountable allocation of public funds, best use of staff time, and costs per outcome—however defined—that are less than the costs of other viable alternatives)?
- Is the service distinctive (for example, does it serve a unique priority group, does it offer unique services or value, and do potential users and stakeholders view it favorably in relation to similar programs or competitors)?

The second circle represents *clients*. The three core questions that a service offering must answer from clients' point of view are

- Is the service provided useful for people in meeting their basic needs, solving a situational or chronic problem, making daily life a bit easier (and perhaps more fun), or helping them achieve goals for themselves or for people they care about?
- Can they use the service (for example, is it tailored to their culture and literacy level; is it accessible and convenient; and is it affordable, not just with respect to money but in terms of opportunity, psychological, social, and temporal costs as well)?
- Is the service program desirable or something they would want to engage with (for example, is it promoted to them in a way that makes it seem like a worthwhile experience, do people they know talk about it and recommend it to them, and is what is being offered valuable for them in their daily life)?

The third ring in the diagram represents our *colleagues* (including stakeholders), the people with whom our service interacts throughout the client journey of discovering our service, being referred to it, concomitantly receiving services from other agencies, or being referred by us to other agencies for follow-on services. Thus the perspectives of colleagues—especially those who are promoters of our service, referral sources, collaborators on service offerings, or agents for continuation of services—also need to be considered in designing our service

offering. Colleagues and stakeholders have at least three key questions we need to address:

- Is the service reliable (for example, are qualified people delivering the services, are service offerings based on evidence and professional recommendations and guidelines, and do staff respond to my inquiries promptly and follow through on promises they make to me)?
- Is the service dependable (for example, when clients are referred are they seen within a reasonable period of time, are their needs and problems being addressed, and am I kept abreast of what the service organization is doing and any change in its scope or plans)?
- Is the service helpful (for example, does it reduce or streamline my work-flow burden, is it offering value to my clients and organization, and can I count on it when I need help)?

In developed countries, I see the need for marketers and change agents to become more involved in service design and marketing. This requires increasing the value placed on marketing and also service providers' perceived need for marketing beyond communication campaigns. It also requires marketers and change agents to become more knowledgeable and experienced with service delivery and not just message design. As I have been suggesting throughout this book, having a larger toolbox is what will allow social marketing to expand and mature and change agents of all types to become more successful in solving puzzles. As the saying goes, if all we have is a hammer, everything looks like a nail. Likewise, if all we know how to do is design and test messages, then everything looks like a communication problem.

An example of a social marketing approach to service design is the ACCESS program in southeastern Tanzania, which has sought to improve access to prompt and effective malaria treatment through an integrated approach prioritizing both users and providers (Alba et al., 2010). The program designed its activities around a framework that defined access as the degree of fit between the needs and means of patients (users) and the existing services (providers) along five dimensions of availability, accessibility, affordability, adequacy, and acceptability. Interventions were carried out in the community, in fourteen government and faith-based health facilities and fifty-four private drug retailers.

The ACCESS program also included a communication campaign to increase recognition of malaria symptoms and to stimulate more effective caregiving. In addition, interventions to improve quality of care in health facilities strengthened routine supervision, offered refresher training for staff, and made a change in recommended first-line drugs for treatment. Retail shops were monitored and regulated to improve access to basic medicines; their staff also received training, incentives, and accreditation.

Alba et al. (2010) reported significant increases in knowledge about malaria across the population in surveys conducted four years apart. Treatment of children at the health facilities was already high at baseline and showed little change over four years; however, the proportion of adults who sought treatment for malaria increased significantly. Receipt of treatment from drug retail outlets also increased among the more wealthy people but decreased among the poorest people and among children over the age of five years. This study demonstrates how social marketing programs can be conceptualized and implemented to achieve changes in knowledge and practices through integrating communication campaigns with attention to upgrading the quality of services.

These examples of product- and service-based social marketing programs are intended to prime the interests of social marketers to move beyond message development and delivery. It is also noteworthy that models for applying social marketing in service settings are beginning to appear in the literature, and it is to be hoped that this signals growing interest in expanding the areas in which marketing can help solve social and health puzzles (cf. James & Skinner, 2009).

PLACES

At the 2004 Innovations in Social Marketing Conference, Strand, Rothschild, and Nevin (2004) commented that place is "an important, unique, and often overlooked or dismissed aspect of social marketing." They went on to observe that many programs fail because not enough attention was given to developing and improving the channels of distribution that the place element of the marketing mix encompasses. Yet even when they do think about *placement*, many social marketers and change agents view place as a message distribution or channel problem. This interpretation of place subsumes the issue as a communication problem; that is, how, when, where, and from whom (source) do we put our message in front of our

priority groups so that they will attend to it, remember it, be motivated by it, and act in response to it.

For the next step in social marketing practice, we need to think of place not just as a distribution channel for messages and their related products (brochures, pamphlets, PSAs, and so forth) but also as a location where people can try or engage in the target behavior. After all, behaviors are what we are marketing—not the message itself. For example, physical activity has many different behaviors that can be marketed, and we can recite long lists of barriers and costs as reasons why people are not more physically active. Many of these barriers revolve around place issues (for example, "Where can I go to be more active that is accessible, safe, and supportive for me?"). Many programs are creating or modifying physical environments in their communities to address these price issues (costs); that is, they are changing the place variable. Similar examples of efforts to prevent cigarette smoking or encourage *disadoption* of it have included restricting sales of tobacco products to minors and establishing clean indoor air policies; that is, these efforts create *places* where teens can't buy cigarettes and people can't smoke.

Place as a marketing mix element is concerned with the *where* question: Where can we locate a service, distribute a product, or create opportunities for members of our priority group to engage in healthier and more environmentally sustainable behaviors? From just these few examples we can see how place has an impact on the product we are offering (it becomes a feature of a tangible product or service and a reason why a behavior might be engaged in or not) and also affects that product's price (in terms of geographical distance, inconvenience, and psychological and social costs; for example, where an HIV testing clinic is located affects its potential to stigmatize or embarrass people who seek out its service or to reduce other costs related to accessing its services).

Place is also an important part of the obesity puzzle: Where do people find healthy foods and places to be physically active in their neighborhoods and communities? If we follow the latest methodology, we would use a geographical information system (GIS) to plot all the local food service establishments, grocery and convenience stores, and identifiable activity centers (such as Boys & Girls Clubs, YWCAs and YMCAs, fitness centers, parks, and so forth). With databases for such establishments and mapping software, creating such maps is much easier than it was just a few years ago. Block, Scribner, and DeSalvo

(2004) used GIS to plot the locations of fast-food restaurants in New Orleans and to explore whether the density of fast-food restaurants in certain neighborhoods (in this case, those with high proportions of black and low-income households) might be an environmental cause of the obesity epidemic. Understanding how the placement of food outlets and their relative accessibility to specific segments of the population may affect rates of obesity is an especially useful lesson in marketing and marketplace dynamics. Some researchers refer to this connection as "the social ecology of obesity" (Blanchard et al., 2005; Evans, Christoffel, Necheles & Becker, 2010). Davis and Carpenter (2009) used geocoded data from the 2002–2005 California Healthy Kids Survey ($N > 500{,}000$) to examine relationships between adolescent obesity and having fast-food restaurants within half a mile of a school. After controlling for student- and school-level variables, they found statistically significant associations between proximity to fast-food restaurants and consuming fewer servings of fruits and vegetables, consuming more servings of soda, and having an increased likelihood of being overweight.

Other research has shown that supermarkets in the United States, on average, have 10 percent lower prices than other food retailers including convenience stores and mom-and-pop stores. Kaufman (1999) mapped access of low-income households to larger grocery stores by calculating annual food stamp redemptions by stores in thirty-six rural, high-poverty counties in the lower Mississippi Delta. He found that over 70 percent of the food stamp–eligible population in this area had to make trips of more than thirty miles to reach the less expensive supermarkets. Not surprisingly then, only 42 percent of food stamp redemptions were made at large supermarkets, leading to the conclusion that large numbers of poor households in these counties lack access to lower-cost foods.

Larsen and Gilliland (2008) used GIS mapping software to document the number and location of supermarkets in London, Ontario, over the last forty-plus years. They found that "spatial inequalities" in access to supermarkets have increased over time so that food deserts now exist in inner-city neighborhoods.

GIS devices have been used primarily as a tool to assist with describing problems. There seem to be no reports of marketing approaches (or any other interventions) designed to reset physical distances and observe whether this leads to changes in observed food purchases, consumption patterns, or weight. But surely such efforts will be coming soon.

MAPPING THE FOOD AND ACTIVITY ENVIRONMENT

There is some evidence from public health projects that having people draw their own maps is feasible. Hume, Salmon, and Ball (2005) asked 147 ten-year-old children to draw maps of their home and neighborhood, in order to understand their perceptions of their environments and to examine associations between these perceptions and their physical activity levels as measured with accelerometers. A subsample of children was also asked to photograph places and things in these environments that were important to them. The maps and photographs were analyzed for themes and the frequency with which particular objects and locations appeared. Six themes emerged: the family home, opportunities for physical activity and sedentary pursuits, food items and locations, green space and outside areas, the school, and opportunities for social interaction. Of the eleven variables derived from these themes, one home and two neighborhood factors were associated with the children's physical activity.

What stands out in these researchers' findings is that fewer than half of the children drew any physical opportunities at home while two-thirds of them drew some type of sedentary activity. School playgrounds figured prominently in many depictions of physical activity opportunities outside the home. Another interesting finding was that 70 percent of the children identified at least one food outlet on their maps, and among the girls, this was positively associated with moderate levels of physical activity. The researchers suggest this finding may reflect that the food outlets are destinations to walk to or could reflect these girls' greater knowledge of their neighborhoods because they move around them more than the sedentary girls do. Unfortunately, in this report the researchers did not take the next step of moving from insights to recommending programs. But by now you may be getting some ideas.

So perhaps we should try going out with people and asking them to give us a guided tour of their life. Who knows what we'll discover?

While using GIS to map access to health-related products and services—and opportunities to engage in healthy behaviors—may have become easier to do, it might be even more valuable for us to ask people to draw the needed maps themselves, rather than rely on databases for this information. What people believe is around them may be more important in how they go about their lives

and make food and activity choices than the objective reality. Giving people the opportunity to describe for us how they perceive, construct, and experience their environment is a step in moving from description to insight. And allowing them to express themselves in ways other than words moves us closer to narrowing the say-mean gap and designing programs based on their lives and not just on data points.

Grant McCracken (2011) has discussed this type of mapping process as one way of creating culture. His examples review the iconic "View from New York" map that reveals psychological space as much as geographical perspective, a food map of the New York City subway system, and a map of New York City as perceived by a three-year-old. These types of maps do not replace factual geographical ones; instead, they give us an insight into or another perspective for navigation in the world of the people we intend to serve. If we aspire with social marketing to create a culture of healthier places where there are better food choices and more opportunities for physical activity (among other things), then perhaps we need such maps more than data tables. Indeed, maps can tell us not only what the environment objectively looks like and how people see it for themselves today but also what people think it should look like in the future.

PRICES

The element of price in the marketing mix is an underappreciated part of social marketing strategy. In the classical marketing approach (cf. Kotler & Zaltman, 1971), price is thought of as the benefits and costs people assign to engaging in new behaviors or discontinuing current ones. Andreasen (1995) emphasized the importance of shifting the relative benefits and costs of new behaviors by referencing the transtheoretical model (Prochaska & DiClemente, 1983). Using the stages of change approach, Prochaska and DiClemente (1983) note that people in the earlier stages of precontemplation and contemplation are more responsive to adding benefits to their cost-benefit calculation, whereas in the preparation and action stages, people find that subtracting, or reducing, costs is a more salient reason for engaging in new behaviors. This approach to price—reducing the actual and perceived benefits and costs of behavior change—has been carried on by Donovan and Henley (2003), Hastings (2007), and Kotler and Lee (2008), among others.

Oftentimes, especially in many social marketing programs that rely on communication (or promotion) activities, the focus on people's cost-benefit analysis leads program planners to employ persuasive strategies to help people recognize previously unknown or hidden benefits of a behavior (which planners refer to as *increasing awareness*) or minimize perceived costs (which planners refer to as *education*). This approach sidesteps the hard work of social change; that is, reducing the costs of designing and delivering behaviors, products, and services that are competitive with existing offerings.

The Costs of Change

Kotler and Zaltman (1971) discussed price as consisting of all the costs someone must bear to obtain a product or service, such as immunizations or health care. Their contributors to price included monetary, energy, psychological, and opportunity costs. In shifting social marketing to a more behavioral focus, Lefebvre (1992) broke individual costs into six categories:

- *Geographical distance*: for example, how far a person has to travel to a program site or other area to practice the new behavior.
- *Social*: for example, whether adopting the new behavior occurs with or without social support or in the presence of antithetical social norms.
- *Behavioral*: whether the new behavior will substitute for or replace the current behavior or whether the current behavior will continue to compete with the new one.
- *Psychological*: the confidence people have that they can adopt or maintain the new behavior, the expectations they have of positive or negative consequences from their choice, and the strength of the intentions they have toward engaging in the new behavior.
- *Physical*: the actual physiological sensations and experiences of discontinuing the old behavior (for example, withdrawal from nicotine use) or of engaging in the new behavior (such as muscle aches and fatigue when starting a physical activity regimen too intensely).
- *Structural*: for example, a physical environment that may impede or support change.

As Lefebvre (1992) pointed out, if we do not have a clear understanding of and empathy with the costs of change from the perspective of the people we work with, we are risking our credibility and reputation, a situation we often experience as people telling us, "You don't understand!"

Hanna and Dodge (1995) add more texture to the idea of price. A customer-driven perception of price is not simply a cost-benefit analysis of the offering. Rather it reflects the value people see in the features and benefits of the new behavior, product, or service in comparison to the competitive behaviors, products, and services that are available to them. For example, dealing with people's price perception is more than a matter of increasing the perceived benefits and reducing the costs of, say, healthy eating; rather, it also requires us to position the benefits of specific healthy eating behaviors with respect to people's current practices and potential alternatives. Thinking through the competitive pricing process from the point of view of the consumer might lead us to consider, for example, whether we are trying to get people to choose healthier options at their favorite fast-service food outlets or whether we are trying to increase healthier choices when grocery shopping. And the decisions we make as program planners can influence whether we exhort people to "choose healthy" or whether we aim to enact policies that increase the prices of fast-service foods or high-fat and high-sodium grocery items; whether we create more and varied choices of healthy foods in convenience stores or whether we expand opportunities for people to "snack and share" healthy foods with their friends.

Prices and Services

Many organizations that offer social and health services are becoming quite aware of the impact of marketing on their ability to reach and serve their client base. However, many times these marketing interests focus on developing advertising campaigns, brands, and taglines rather than looking at the total marketing mix. Social marketers who bring all the marketing tools with them can provide much more value to these organizations than promotional activities alone can.

The most important feature of services is that what they deliver to people is intangible. Even though people may come into contact with tangible objects and persons in a service delivery setting, the value of a service is simultaneously produced and consumed (Hanna & Dodge, 1995). That is, people cannot simply walk into a program site, pick a service off a counter or shelf, and leave with

it—whether they are interested in travel services, interior design, real estate agents, or health care. As opposed to products, services are not physical assets but bundles of skills and technologies that involve actions that cultivate relationships with and involve customers (Vargo & Lusch, 2004). This intangibility makes services more difficult for users to evaluate, and it also means that costs and benefits can be continually introduced and experienced over time, as opposed to the more limited interactions people have when making product purchases.

Especially in social marketing programs, it is also important to recognize the role that governments and donor agencies can play in affecting pricing decisions through providing subsidies to people or distributors for products and services; being involved in the structure and ownership of production and distribution facilities (for example, as the source or sponsor of social marketing programs, agencies may significantly limit access to private sector production and distribution assets); establishing professional and regulatory boards that may inhibit innovative approaches (as seen, for example, with opposition to retail pharmacy clinics in the United States (Thygeson, Van Vorst, Maciosek & Solberg, 2008); influencing the priorities and levels of research funding; and promulgating public policies that facilitate or inhibit new behaviors, the introduction of new products, and access to needed services.

Making Price Decisions in Social Marketing Programs

Unlike the role of place factors in designing social marketing programs, the use of pricing variables has an extensive empirical base. Hanna and Dodge (1995) highlight two essential roles for price in the marketing mix:

Allocation. How prices are considered and offered (are all customer-driven costs considered or only those incurred by the organization) will be a strong determinant of who adopts behaviors, purchases products, or uses services; how much or how often these people engage with these offerings; and what the total demand for the offerings will be. Unfortunately, simply trying to price our offerings to maximize their reach and market penetration is not always the most appropriate solution.

Information. Prices do convey positions related to the quality or intrinsic value of the offering, and at the same time, they affect the social status of the people who engage in the behavior, own the product, or use the

service. In other words, the perceived price of a behavior, product, or service (whether we set it directly or inadvertently) makes the offering more or less appealing to different segments of the population.

One of the key things affected by pricing is *elasticity of demand*. Although economists use this concept with specific reference to monetary costs, I believe elasticity of demand can be transposed to the types of costs found in social change programs. The idea is simple: we should be aware of the point along a continuum of costs, ranging theoretically from zero or minimal to exorbitant, where people will start engaging in a behavior, buying a product, or using a service, and also the point at which they will stop.

Considerations of the price element in social marketing can become so focused on barriers and benefits that another important property of price may be lost. Price is intertwined with concepts from behavior analysis—especially the notion of reinforcers and contingencies, or results of behavior that increase the likelihood of a behavior being repeated or not repeated (Kagel & Winkler, 1972; Hursh, 1980). The application of economic principles to changing health behaviors involving substance abuse, tobacco smoking, health care utilization, obesity, gambling, and physical activity has been explored in great detail by others (Bickel & Vuchinich, 2009). In the next section, I explore the use of price as an incentive for behavior change.

Incentives for Change

The idea of price as an incentive mechanism for social marketers can be traced back at least to Lefebvre and Flora (1988). The two cases they used to illustrate their approach to incorporating social marketing into public health interventions included charging people nominal fees for participating in community blood cholesterol screening programs and awarding prizes for participating in a quit smoking contest. Charging fees for this screening service is much like the product pricing models used in social marketing programs in developing countries. The latter approach of offering prizes has been successfully diffused around the world to attract community and workforce participants into behavior change programs and to reward some successful achievers of the behavioral goal with prizes, which are usually determined through a random drawing (Nelson et al., 1987; O'Connor et al., 2006).

In reviewing the results of eleven Quit & Win smoking cessation contests conducted throughout New York State that enrolled over 5,504 adult smokers, with each program offering a cash prize of $1,000, O'Connor et al. (2006) found that nine out of ten smokers who enrolled in a contest reported making a quit attempt, and between 53 percent and 72 percent reported quitting for the full month of the contest. Maintenance of nonsmoking status at four to six months ranged from 22 percent to 49 percent, with an average of 31 percent. Based on a statewide population survey, eight of the eleven programs showed quit rates that were significantly higher than the estimated quit rate of 21 percent reported by smokers who made a quit attempt in the past year. These authors concluded that for a relatively modest investment (ranging from $4,345 to $91,441), promotional contests with a monetary incentive can recruit thousands of smokers to make a serious quit attempt, with many remaining smoke-free months later.

Conditional Cash Transfers

Conditional cash transfer programs (CCTs) are an innovative approach to social development and population-based approaches to behavior change that involves transferring cash, generally to poor households, on the condition that these households make specified investments in the human capital of their children—for example, periodic health checkups and screenings, vaccinations, perinatal care, and school attendance (Fiszbein & Schady, 2009; Lagarde, Haines & Palmer, 2007). Because they employ a 1P model—focusing on price rather than the more familiar promotion—CCTs illuminate ways in which social marketing programs might inform and expand their effectiveness. In one randomized controlled trial of CCT in Tanzania, young adults in the active condition were given cash payments if they continued to test negative for several common sexually transmitted diseases (STDs) over one year. At the end of the year, there was a 25 percent reduction in rates for these STDs among the CCT participants as compared with the adults in the control condition who were only monitored (7 percent versus 12 percent, respectively) (The World Bank, 2010).

CCTs are expanding rapidly across the globe, from Latin and North America though southern Africa, the Middle East, and Southeast Asia. In many countries CCTs are seen not just as a solution to health and social problems among the poor but as a way of breaking the cycle of poverty itself. In their review, Fiszbein and Schady (2009) concluded that the evidence shows that these programs have

been very successful in targeting poor households, raising levels of consumption, and reducing poverty—sometimes to a substantial degree. CCTs may not be the answer to all social ills, but social marketers in developed and developing world contexts need to be paying attention to this important addition to the marketing mix toolbox. Social marketers can make valuable contributions to CCT programs by selecting and profiling the priority groups and households who will receive CCTs, selecting and setting the appropriate conditions for receiving CCTs and the amount of each transfer, creating rules for eligibility and for exiting from the program, and analyzing and redesigning the services as necessary to improve their accessibility and quality.

OPPORTUNITY NYC

A three-year pilot project of CCTs in New York City involved payments to families for such behaviors as parents holding down a full-time job ($150 per month) and children regularly attending school ($25 to $50 per month) or passing a high school competency examination ($600). Here is the entire set of conditions that were to be met:

- *Education-focused conditions*: meeting goals for children's attendance in school, achievement levels on standardized tests, and other school progress markers, and for parents' engagement with their children's education.
- *Health-focused conditions*: maintaining health insurance coverage for parents and their children, as well as obtaining age-appropriate, preventive medical and dental checkups for each family member.
- *Workforce-focused conditions*: parents sustaining full-time work and participation in approved education or job training activities.

Using a randomized control trial involving over 4,800 families assigned to either the incentives program (CCT) or control condition, some positive impacts were noted. More families receiving CCT had regular dental checkups, and high school students who already had basic proficiency skills increased their attendance, received more class credits, and performed better on standardized

tests. However, no educational or attendance gains were made by elementary and middle school students or by high school students who initially performed below basic proficiency standards. The project was funded by private monies (approximately $40 million) but had critics questioning the wisdom of paying people to attend parent-teacher conferences or keeping doctor's appointments, while others viewed the approach as condescending and paternalistic.

Families who were involved in the first two years of the program earned, on average, more than $6,000—indicating a high level of engagement with the program (98 percent of the families enrolled in the CCT program earned at least some rewards in both years). These monies were used to pay for basic living expenses, school supplies, and access to entertainment (such as electronic equipment and movie theater tickets). Compared to other parents, parents who were eligible to receive CCTs also became more likely to have bank accounts and to have more money in their savings accounts. Participating families were also 16 percent less likely to live in poverty. However, in a telling remark, the city's deputy mayor for health and human services noted that the complexity of the program was more than many people could "manage in the lives of burdened, busy households." We might ask how social marketers may have been able to anticipate and design a program that took into account the lives and realities of the people to be served in this case.

Source: Details taken from Bosman, 2010; Riccio et al., 2010.

Prices and Preventive Services

A systematic review of forty-seven studies that evaluated the effects of economic incentives on consumers' preventive health behaviors was conducted by Kane, Johnson, Town, and Butler (2004). They categorized the preventive behaviors as *complex* when a sustained behavior change was required and as *simple* when the behavior was more of a one-off proposition, such as an immunization. They found that economic incentives worked 73 percent of the time (74 percent for simple behaviors and 72 percent for complex ones) and were most effective for short-term changes or simple preventive care with well-defined behavioral goals. They were unable to ascertain whether such effects would last over the long term.

DESIGNING INCENTIVE PROGRAMS FOR BEHAVIOR CHANGE

Robert Haveman (2010) notes that incentive programs are being deployed by both public and private agencies to address such concerns as building an educated workforce through state scholarship programs, improving school-children's school performance and health behaviors, encouraging participation in physician training programs by allowing teaching hospitals to defray the associated costs, and recent pay-for-performance schemes for health care providers. He also states that designing incentive systems is difficult, and offers these principles to guide the development of population health incentives.

1. Identify the desired outcome.
2. Identify the behavior change that will lead to this outcome.
3. Determine then potential effectiveness of the incentive in achieving the behavior change.
4. Link a financial incentive directly to this outcome or the behavior.
5. Identify possible adverse effects of the incentive.
6. Evaluate and report change in the behavior or outcome in response to the incentive [Haveman, 2010].

Wall, Mhurchu, Blakely, Rodgers, and Wilton (2008) found support for using economic incentives to modify dietary behaviors including food purchases, food consumption, and weight loss. Their evidence came from four randomized trials they identified in the literature that compared interventions using incentives to comparable interventions without incentives or control conditions. They noted that small sample sizes and the short duration of the studies limited the generalizability of their findings. Thus these promising results point to the necessity of supporting larger-scale studies, especially ones aimed at high-risk population groups. The use of monetary incentives in treatments for obesity and overweight has also

been tested in nine randomized clinical trials reviewed by Paul-Ebhohimhen and Avenell (2007). All the trials tested behavioral interventions and had a least one year of follow-up data. These authors' meta-analysis of the data from the nine studies showed no significant effect of monetary incentives on weight loss or maintenance of weight loss at twelve- or eighteen-month follow-up periods. Further analyses were suggestive of the need to tailor incentives to a person's disposable income, to make the incentives contingent on changes in relevant behaviors rather than on weight, and to focus on using group-based performance criteria rather than individual ones.

Further Pricing Considerations

The evidence base for using incentives is constrained by the difficulties of directly linking incentives to behavioral outcomes while controlling for possible confounding variables. Although the option to use incentives may be appealing, incentives may lead to undesirable competition, may be applied in subjective or political ways, and may run counter to the values of the organization. Yet unexpected positive impacts can also come from CCT programs. In Malawi, eighteen months after a CCT program to encourage girls ages thirteen to twenty-two ($N = 3{,}796$) to regularly attend school, HIV rates were found to be 1.2 percent among girls in the CCT group versus 3 percent in the control group; the investigators also found lower rates of infection with herpes simplex virus type 2 (the primary cause of genital herpes; 0.7 percent versus 3 percent, respectively). The hypothesis to account for these findings was that girls in the CCT condition may have reduced their involvement in transactional sex and thereby reduced their sexual involvement with older men, who are more likely to be HIV positive than younger men (The World Bank, 2010).

In a review of research using financial incentives across a diversity of groups for various health behaviors, Marteau, Ashcroft, and Oliver (2009) reported that the evidence for incentive effectiveness may be strongest in drug abuse treatment programs but that incentives seemed to have little effect on smoking cessation or weight loss efforts (also see Paul-Ebhohimhen & Avenell, 2007). As others have noted, economic incentives do appear to increase discrete, infrequent behaviors such as attending clinic appointments or receiving vaccinations—especially among people from lower-income groups. What is encouraging is that adherence

to treatment protocols, particularly for tuberculosis and antipsychotic medications, seems to be responsive to economic incentives as well.

However, Marteau and colleagues (2009) found that among the unintended consequences of economic incentives for behavior change, when studied in classrooms and workplaces, is that intrinsic motivation is weakened. Whether this effect holds true for health behaviors is unknown. These authors also note that the exchange relationship is altered when switching from social rewards to financial ones. The ways in which service relationships (such as those between health care providers and patients) may be altered by incentives or CCT programs is also unexamined.

The issue of whether financial incentives are appropriate, even when they do work, is a concern among many groups of people, especially when the behaviors involved relate to health or other prosocial choices. Among the concerns about using financial incentives that Marteau et al. (2009) identify are that offering incentives is bribery or paying people to do things against their own wishes, it is implicit or explicit coercion, it is a waste of public monies, it creates a sense of unfairness in that people should be expected to act in the preferred manner without monetary rewards, and it encourages a sense of dependence or entitlement among various socioeconomic groups. Marteau et al.'s conclusion is that even though financial incentives have been shown in some cases to be effective in changing behavior, under what conditions, for whom, and with what unintended outcomes remain to be determined. Yet Marteau et al. also offer these insights about using incentives:

- Using payments can be more powerful than providing information and less restrictive than legislation in changing behaviors.
- Targeting habitual behaviors such as smoking cessation and physical activity with schemes that provide valued incentives on an intermittent basis and are embedded in effective behavior change programs can lead to initial as well as sustained behavior change.
- Relatively simple behaviors such as clinic attendance and participation in vaccination programs can be increased through offering small incentives that are immediately available.
- An incentive program must be acceptable to the general population, health care professionals, and policymakers.

PROMOTION

The most frequent mischaracterization of social marketing is that it is synonymous with large-scale promotion and mass media campaigns. Social marketing is more than mass media communication campaigns, but that is not to say social marketing programs should not employ mass media when that makes strategic sense; mass media simply should not be the default choice. However, it is important to understand that mass media efforts are going to have very little impact on solving our social puzzles. This section reviews what we currently know about mass media campaigns and other promotional tactics to achieve social change objectives.

The 5 Percent Solution

The 5 percent solution refers to the finding that mass media health communication campaigns can, on average, result in increases or decreases of the target behavior by 5 percentage points (for example, moving from a 50 percent prevalence of the behavior among the priority group at the beginning of the campaign to either 45 or 55 percent at the conclusion of the campaign) (Snyder, 2007). Campaigns addressing seat belt use (15 percent increase), dental care (13 percent increase), and adult alcohol use (11 percent decrease) have had the strongest effects, whereas youth alcohol and drug campaigns have had the least (1 to 2 percent change). There are several caveats to these conclusions; variables that may influence the effects of any single campaign include the reach and frequency of messaging, the characteristics of the audience, the number of communication channels used, and differences in measurement and evaluation criteria. However, as a rule of thumb, the 5 percent figure may be a good place to start when trying to estimate the impact of a 1P health communication campaign.

However, many people still cling to the hope that mass media campaigns—given enough resources and support—will be the answer to wicked public health and social problems. Indeed, it is still common to find many practitioners of social marketing and advocates for social change who believe the solution to their problems is but one well-funded series of mass media campaigns away. And it is especially these people who need to appreciate the limitations of mass media campaigns for changing health behaviors. Here is a benchmark for how much it can cost to achieve large-scale change at the 5 percent level. In 1994, Philip

Morris implemented a plan that boosted Marlboro's sagging share of the US cigarette market from 20 to 25 percent, the highest it had been in five years. The cost of the effort was $2.3 billion in earnings (Zinn, 1994).

MASS MEDIA AND TOBACCO CONTROL

The Role of the Media in Preventing and Reducing Tobacco Use (National Cancer Institute, 2008) should be required reading for anyone using, or considering using, the mass media in any of their forms to address public health and social issues from obesity to mental illness to climate change. This report reviews the extensive empirical evidence on the role of mass media in tobacco use, including industry marketing and promotion practices (often the playbook for other industries), the portrayal of tobacco use in news and entertainment media, tobacco control media interventions, and the use of the media by the industry to weaken tobacco control efforts. The following list shows a sampling of the report's conclusions. The key in reading this list, and the report, is to make the appropriate inferences in relation to your own issue and the players and practices that you face.

- "Strong and consistent evidence from longitudinal studies indicates that exposure to cigarette advertising influences nonsmoking adolescents to initiate smoking and to move toward regular smoking."
- "The studies of tobacco advertising bans in various countries show that comprehensive bans reduce tobacco consumption. Noncomprehensive restrictions generally induce an increase in expenditures for advertising in 'nonbanned' media and for other marketing activities, which offset the effect of the partial ban so that any net change in consumption is minimal or undetectable."
- "News coverage that supports tobacco control has been shown to set the agenda for further change at the community, state and national levels. Despite this, organized media advocacy efforts on behalf of tobacco control issues remain an underutilized area of activity within public health."
- "Population-based studies of antitobacco mass media campaigns that were only one component of multicomponent tobacco control programs provide considerable evidence for reduced use of tobacco by youth and adults. The antitobacco mass media campaign and the other program components

together may have reduced smoking more than did any single component alone. The relative contributions of various components to program effectiveness are difficult to determine, but some of the controlled field experiments showed a dose-response relationship between reduced smoking and an increased number of program components."

- "Increasing consumer awareness of tobacco industry activities to counteract public-health-sponsored campaigns designed to reduce tobacco use can be an important component of effective media interventions."
- "The tobacco industry consistently has used several primary themes to defeat state tobacco tax increase initiatives, typically suggesting that the measures would impose unfair taxes and that tax revenues would not be spent on health care or tobacco control programs as intended. Secondary themes used consistently over an 18-year time span include that the measures would increase 'big government' and wasteful spending, discriminate against smokers, and increase crime and smuggling. Other, less frequent themes were that the measures would be a tax cut for the rich, impede economic growth, fail to solve state budget problems, restrict personal choice, and violate antitrust laws" (National Cancer Institute, 2008).

Wakefield, Loken, and Hornik (2010) summarized the studies since 1998 that have used mass media to change health behaviors involving tobacco use, heart disease risk factors, sex-related behaviors, road safety, cancer screening and prevention, child survival, and organ or blood donation. After reviewing the evidence for each of these classes of health behaviors, they concluded that mass media can directly or indirectly produce positive changes or prevent negative changes among large populations (though they do not attempt to estimate an effect size, as was done by Snyder, 2007). The direct effects they refer to arise from using mass media campaigns to influence decision-making processes at the individual level; for example, by targeting knowledge, beliefs, intentions, attitudes, and emotional responses. More important, they also highlight the indirect effects of mass media in terms of health behaviors. Indirect effects include these behaviors: (1) set an agenda and increase the frequency of conversations about specific health issues within one's social network, (2) shift norms in one's social network about engaging (or not) in specific

health behaviors, and (3) prompt public discussions that lead to policy changes that support or discourage specific health behaviors. Note that all these effects fit into a social network view of change (chapter 3).

A second conclusion that Wakefield et al. (2010) reach is that mass media campaigns are more effective when the target behavior is a one-off or episodic occurrence, such as screening or inoculation. More habitual or ongoing behaviors, such as making food choices or engaging in regular physical activity, are less susceptible to the influence of mass media campaigns. Thus there are times when perhaps mass media campaigns will be quite effective—one-time calls for action for instance. But the accumulated evidence contraindicates any idea that mass media campaigns will lead to changes in complex behaviors.

These authors' third conclusion is that the use of multiple interventions should increase the effectiveness of any attempt to use mass media for health behavior change. They specifically mention ensuring the availability of and access to services and products that will support behavior change, putting into place supportive public policies, and using media advocacy, entertainment education, and social marketing approaches. And I completely agree with them.

They also note several challenges to mass media campaigns, even when they are indicated and launched, including

- The difficulty of achieving adequate exposure to messages in a fractured and complex communication environment
- The competition from competing products or opposing messages
- The power of social norms to maintain the status quo
- The qualities of addictive behaviors that make them particularly difficult to change on a sustained basis

Wakefield et al. (2010) also direct policy recommendations to national governments, practitioners, and professional bodies, including these suggestions:

- Mass media campaigns should be key components of comprehensive approaches to improving population health behaviors.
- Sufficient funding must be secured to enable frequent and widespread exposure to campaign messages continuously over time, especially for ongoing behaviors.

- Adequate access to the promoted services or products must be ensured.
- Changes in health behavior might be maximized by complementary policy decisions that support opportunities to change, provide disincentives for not changing, and challenge or restrict competing marketing.
- Campaign messages should be based on sound research of the target group and should be tested during campaign development.

Some readers will seize on this review as providing further rationales for advocating for more mass media campaigns in public health and social change programs. I suggest paying attention instead to the analysis these authors present, especially in this last set of points, that provides independent support for the idea that we need new ways of dealing with social problems and that the core of these new methods should be the social marketing model.

THE MASS MEDIA TAKEAWAY

The 5 percent solution should be embedded in programs that are designed around a solid understanding of priority groups, that are tested (or co-created) with members of these groups to ensure they are relevant to people's lives, that account for and address competitive forces in the environment, that ensure access to and availability of products and services that will support positive behavior change, that focus on the social elements of behavior change (and are not exclusively directed toward individual behavior change), and that include the development of supportive public policies that can both "nudge" change and sustain it. And, yes, these programs can include social media and mobile technology tactics as well.

My final point about the 5 percent solution is that while a 5 percent change in market share may send commercial marketing managers into ecstasy, in the public health and social change space, 5 percent is usually seen as a beginning. We need to look at how we can grow this 5 percent into a much larger and positive social impact by paying more attention to the other elements of the marketing mix and to the tactical options we deploy (community participation, social media, and mobile technologies).

Promotional Objects

The idea of promotion extends beyond communication channels. It also consists of *stuff*. Consider this inquiry that appeared on the Georgetown University social marketing list serv:

> In these budget constrained times I have been thinking about stuff.
>
> I am wondering about promotional items and their usefulness in creating behavior change, especially health behaviors.
>
> Do you think promotional and giveaway items make a difference in social marketing campaigns? I am not questioning items like pedometers that have a functional purpose in supporting a new behavior. What I wonder about is if giving out mugs, t-shirts, bags and the like supports our work in an important way? Are there certain age groups that "require" stuff to get their attention? Does a fridge magnet prompt me to screen my child for lead? Does an emery board message about mammograms get me to make an appointment?
>
> We know awareness alone does not create change but how does it support contemplation or some other interim action?

Unfortunately, it does not appear that researchers in public health and social change devote attention to studying collateral promotional materials and their impact on behavior change. And a proposal to measure the success of an emery board in motivating a woman to go to a mammography screening would be a hard one to get through a funding review committee. Yet handing out promotional stuff happens all the time, and our marketing colleagues in other sectors all do it. So what role does stuff play in social marketing? Responding to the inquiry, I suggested four things stuff can do:

1. Mark tribal or brand identity ("I am one of us")—if I self-identify as one, I will be more likely to act as one.
2. Become a social object ("I want to talk about this with you")—when you see it, ask me about it. I want to share what I know or passionately believe in.

3. Create ubiquity ("it's everywhere I go")—raises the salience (not the same as awareness) of the issue, product, service, or behavior in the environment and thus the normative judgment.
4. Cue action ("whoops, I almost forgot to do it")—the best intentions still need prompts for behavior.

If you are thinking about using a promotional item and cannot figure out which one of these four things it will do to advance your program strategy, then perhaps you are better off without it.

Sponsorships

Sponsorship of organizations, individuals, teams, events, or a season series has become the fashion in commercial and social change circles. Donovan and Henley (2010) quoted sources who said over US$45 billion would be spent worldwide on sponsorships in 2009.

Sponsorships can serve to increase awareness of the sponsor's organization, brand, products, or services. They are also used to promote various health and social causes. Research has demonstrated that when behaviors are associated with the right events, people, or places, we can build positive attitudes and feelings toward these behaviors as well as other offerings of the organization (Donovan & Henley, 2010). While some sponsorships may be above the reach of many social marketing and social change organizations because of their costs, at the local level I have been involved with and seen many instances of organizations and services sponsoring school events, sports teams, and cultural events. The key is to understand how these places and events overlap with the interests of our priority groups and support the strategic initiatives of our program or organization. And for readers whose interests include social networks, what better social network or community is there than the one gathered to celebrate a common interest—whether it is a school athletic event, a neighborhood soccer team, or a dance competition.

Why Use the Mass Media at All?

It is a good question, and for many programs a question that needs to be answered in the context of local needs, priorities, and funding. Unfortunately, many change agents read the journal articles and monographs about impressive mass communication campaigns that achieve "statistically significant" results. It

can be risky to suggest not trying to do something similar in the face of such evidence, even if a reasonable expectation is for about a 5 percent change in the target behavior. However, I believe that the choice to go the mass media route is many times a crutch for a program that cannot think out of the communication box. Additional pressures to undertake mass media efforts are that the exposure is attractive for political leaders intent on gaining higher visibility in the public eye and also of course for the organizations involved, who then get their names (brands) in front of stakeholders, supporters, and potential contributors. The signals that these pressures are in play are evident when we see who speaks at an event and how many logos appear on the advertisements. My suggestion for everyday use is to focus on product, place, and price strategies, and then look at how to promote the behavior or social action.

THE ROLE OF FEAR APPEALS

There are few conversations about promotion that do not touch on whether or not *fear appeals* work as a message strategy for behavior change (cf. Goldenberg & Arndt, 2008; Hastings, 2007; Lefebvre, Bellicha & Novelli, 1987). A decision as to whether to use fear appeals includes first asking such formative research questions as

Will a fear appeal raise awareness of an issue among specific groups or serve to advance a media or policy-setting agenda? (Lowry, Nio & Leitner, 2003).

Will fear appeals make people reevaluate their beliefs and take actions to adopt precautionary behaviors or to stop engaging in risky ones? (Weinstein, Sandman & Blalock, 2008).

Research in laboratory settings generally finds support for fear appeals leading to changes in very specific behaviors over the short term, especially when engaging in such behaviors leads to fear relief (cf. Hastings, 2007, p. 94). There are numerous anecdotes about adolescents in focus groups responding most favorably to fear appeals and citing them as being the most effective concepts, and at least one study has demonstrated adolescents' preference for fear-based messages to discourage unhealthy eating (Chan, Prendergast, Grønhøj & Bech-Larsen, 2009).

However, research in field settings suggests that negative appeals are most likely to result in self-protection and inaction for behaviors related to both health and climate change (Brennan & Binney, 2010; Muthusamy, Levine & Weber, 2009; O'Neill & Nicholson-Cole, 2009). Hastings (2007, pp. 95–98) enlarges the debate about fear messaging from one about communications to one about marketing by asking, Is relief from being upset, scared, or discomfited much of a benefit for engaging in new behaviors? Especially when social media become a way for people to share fearful messages outside our defined segmentation criteria, and undermine our ability to deliver messages to a circumscribed group of people, how will people outside the intended group respond to them?

Once fear is incorporated into the strategic platform for the program, it will be necessary to increase it on subsequent occasions to overcome habituation effects. This raises the question of how long it will be before a threshold of acceptability or ethical standards will be crossed or before the intended group will be unmoved or will suppress responses to the program offerings.

A working conference of thirty experts in behavioral and social sciences, advertising, public health, and fear communication research developed a set of considerations for using fear appeals in communication and marketing programs (Lefebvre, Bellicha & Novelli, 1987).

1. Different people will react differently to different fear appeals. High sensation-seekers, especially among teenagers, were noted as a group where fear appeals may need to be much more intense than for other groups.
2. People will easily dismiss or discount a fear-based message if they do not view it as coming from a trustworthy, expert, and sincere source.
3. People must understand that an important problem exists and that they are personally vulnerable to it before they will attend or respond to the message.
4. People need to not only understand what steps they can take to minimize or avoid the threat; they must also have confidence in their ability to do so.
5. Fear appeals that focus on immediate or short-term negative consequences have more impact than ones that focus on longer-term consequences.

6. Fear appeals should not be so strong that they overshadow or divert attention from the objective threat itself.
7. Delivery of fear-based messages needs to be carefully crafted through channels that reach the priority audience but minimize spillover to audiences that may not understand them or may react very differently from the original intended purpose.
8. Fear-based messages can be quite effective in capturing the attention of the media and policymakers, even when the appeals are not intended for them.
9. Fear appeals may have a significant desensitization effect. Frequency of messages, in the quest for high exposure, can also inoculate people against the message.
10. Fear appeal messages may be most appropriate for advocating avoidance behaviors.

This list makes a good set of guideposts for thinking through the use of fear messages as a strategy, the research questions that need to be answered first, and the types of effects that should be monitored and evaluated.

PULLING IT ALL TOGETHER

The marketing mix provides a heuristic that helps program planners to think outside their default approaches to solving puzzles. It directs us to think about the types of products and services we can offer to support behavior and social change, the incentives and prices we might consider, the ways we might distribute products and service offerings or offer opportunities to engage in the targeted behaviors, and the methods we might use to promote them. Despite common agreement among social marketers that the marketing mix is a core element of the approach, this belief translates into practice less often then we think.

How often the marketing mix is missing in many social marketing interventions was documented by Luca and Suggs (2010). They conducted a systematic review of peer-reviewed articles that purportedly described social marketing interventions from 1990 through 2009. Once the 271 articles initially identified in

the search were screened using social marketing benchmarking criteria, only twenty-four of them, describing seventeen discrete interventions, were included in the review (some interventions were discussed in more than one publication). A behavior change or a product to be adopted and a promotion strategy were described for each intervention. While the price component was reported in thirteen of the seventeen interventions, in eight of those thirteen cases the reviewers described the price as "an exchange of benefits." What this exchange refers to in each case is using persuasive communication to emphasize the benefits of engaging in alternative behaviors, minimizing the perceived costs (through rhetoric, not environmental change), providing information on the costs and benefits of engaging in various behaviors, and engaging with social supports and norms. In only three cases were tangible costs addressed by lowering the costs to access services or offering less threatening products (HIV testing technologies). In only one study were financial incentives employed. Finally, these authors stated that place was also reported in all seventeen studies, though how place was used in the studies differed. As reported, it appears that place was a communication or intervention delivery channel description, not a site or situation offering opportunities to engage with the product (especially the target behavior). From a marketing point of view, where an intervention is delivered is not a place strategy—for example, locating a program in a school or worksite would not constitute a place strategy unless opportunities were being created there to engage in new behaviors or discontinue existing ones. How a message is disseminated (in places where people congregate) is a communication tactic not a marketing one. (For a comparison, consider that where Coca-Cola places its promotions and advertisements for its products is very different from the opportunities and places Coca-Cola creates for people to buy its products.) Luca and Suggs's analysis illustrates that many programs confuse the marketing mix with a communication mix where the message becomes the driving force (product) that determines how the program planners address perceived barriers and costs and where and when the product is distributed. For effective marketing programs, changes in behavior need to be the focus of the marketing mix, not just an outcome that is evaluated.

SUMMARY

Even when the options are not immediately apparent, consideration of the entire marketing mix provides an opportunity to brainstorm possible innovative solutions

and test them. What I stress with students and planners is to develop a program strategy for each of the 4Ps. For example, what if we could develop a product to support our effort—what features would it have and what value could people find for it? Are there nontraditional distribution channels and places that could provide opportunities to engage in targeted behaviors? What if we could develop an incentive system—what would it look like? How could we develop a program that talked about the change objective through a different frame, via storytelling and in ways that people find engaging enough to pass along to others? Even though not all of the ideas may be implemented, conducting the exercise forces us to disrupt our usual ways of doing business and social change. And when these strategies can be consolidated into an integrated program, the evidence that was reviewed in this chapter suggests that the likelihood of success may be much higher. The most important point in using the marketing mix is that each mix is developed with a specific priority group or segment in mind. One size should not fit all.

Winett (1995) suggested that social marketers also think about how they can expand their theoretical toolbox by using the 4Ps framework. He noted that most theories used in social marketing and behavior change programs focus only on the promotion element—the theory of reasoned action, health belief model, and protection motivation theory, for example. He called for including other theories of change to inspire a deeper examination of how the other 3Ps might be better employed to achieve individual and social goals, theories such as diffusion of innovations, social-cognitive theory, and ecological models for change. Indeed, disciplined use of the marketing mix may help us overcome any theoretical myopia we might have in examining and solving puzzles, as well as interrupt the defaults or "commonsense" approaches we each have when it comes to how we approach social change.

KEY TERMS

conditional cash transfer

contingencies

costs of change

elasticity of demand

fear appeal

5 percent solution

geographical information system (GIS)

incentive

marketing mix heuristic

mass media campaign

promotion object

retail health clinic

service delivery

social franchising

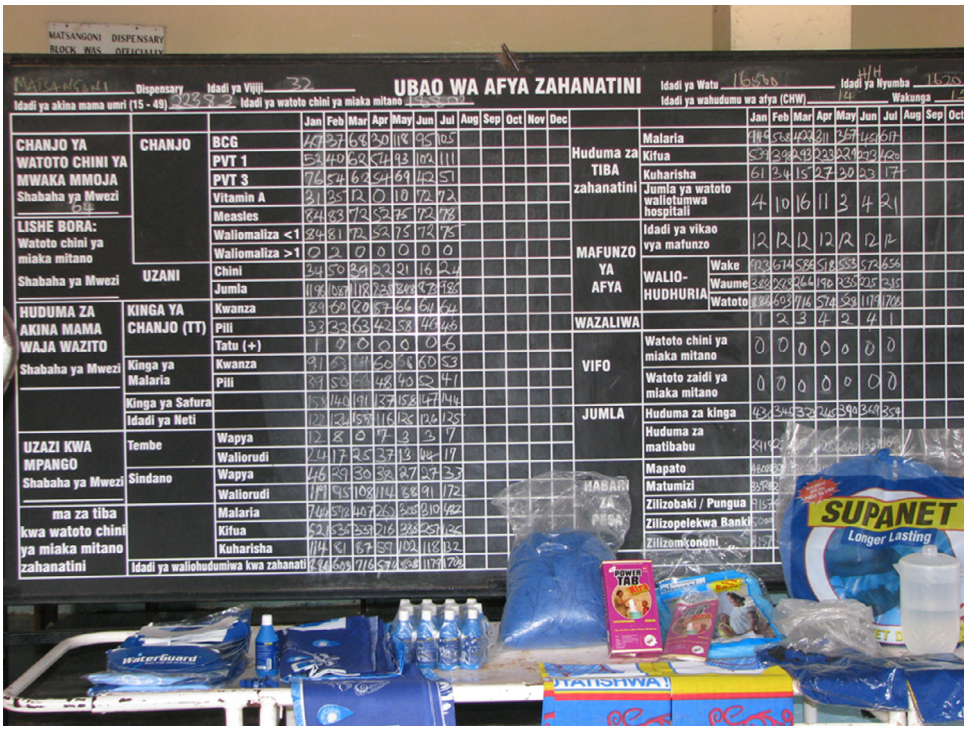
sponsorship

DISCUSSION QUESTIONS

1. As described in this chapter, the Community Preventive Services Task Force (2010) reviewed product use to promote specific health behaviors and suggested that its findings might be applicable to other behaviors. Select a behavior that was not part of the task force review and choose or create a product that could increase the likelihood of change. Discuss how a marketing mix would be developed for this behavior for a specific priority group.
2. How could a closer look at marketing mix variables be used to improve public services such as childhood immunizations, adult flu vaccinations, breast-feeding programs, or other service-oriented efforts? Select one of these services, or another public service, and work through several strategies for each of the 4Ps.
3. Review the conditional cash transfer (CCT) programs described in this chapter. What are the social and political costs and the benefits of using CCTs more broadly—for other population groups and other health or social behaviors? What are some behaviors adjacent or similar to the ones described in this chapter for which CCTs might be particularly useful and might have implementation support? With what types of behaviors and situations would you expect to see particularly strong resistance to the use of CCTs or other incentives? How would you address these concerns?

Chapter 10

Monitoring and Evaluation



A rural health care clinic in Kenya monitors childhood immunizations using a low-tech approach that is well suited to resource constraints and highly successful. (Image courtesy of the author.)

Learning Objectives

- Identify the key questions program monitoring systems should be designed to address.
- Discuss the advantages of Balanced Scorecard approaches over traditional program monitoring systems.
- Describe the advantages of case studies for building the evidence base for social marketing and social change programs.
- Recommend a variety of evaluation outcomes for social marketing programs.
- Discuss the strengths and weaknesses of current evaluation studies in social marketing.

Monitoring of social marketing programs involves answering these questions: Is the plan implemented as intended? Is it reaching the priority group(s)? Is it having the desired effects? Is it having unintended effects? Is the marketing mix (still) relevant for the priority group? The evaluation of social marketing programs should have at its core these issues: How will the information being collected and analyzed improve the program? Is the priority group's perspective incorporated? What is the relationship of the priority group to the program? Were exposure targets met? Has there been enough time to see measurable change? This chapter looks at how to get answers for these and related questions.

The three displayed quotations make and reinforce an essential point about program monitoring and evaluation. Too often we see social marketing programs spending most of their resources on planning or implementation; clearly both are important elements for achieving behavior and social change. Yet what often is overlooked or treated as an afterthought is the management of the process and program. When Lefebvre and Flora (1988), both managers of complex community-based programs, presented their eight essential components of social marketing interventions, marketing management was among them. They stated that "a well-functioning marketing program can provide a manager/administrator with a level of analysis, planning, implementation *and control* of agency operations that can lead to more effective and efficient use of resources and improved consumer satisfaction" (p. 305, emphasis added). Too often planners of social change programs view monitoring and evaluation as being too costly, time consuming, an

THE VALUE OF MEASUREMENT

"What gets measured gets managed."

—Peter Drucker

"What gets measured gets done, what gets measured and fed back gets done well."

—John E. Jones

"What gets measured gets improved."

—Robin S. Sharma

unwelcome imposition of controls and processes from external funders, disruptive of standard operating procedures, designed too much as a research project, and as having other externalities that obstruct the essential purpose the programs serve. Decisions about which variables to monitor and what outcomes to assess are decisions about what will get done, how well it will get done, how well the entire process will be managed, and whether it will be improved based on documented evidence. Without a monitoring system in place, program managers find it impossible either to control how their resources are being used or to make informed decisions about the appropriateness of the tactics they use. A well-used illustration of this problem is a statement attributed to John Wanamaker, founder of a large chain of US department stores: "Half the money I spend on advertising is wasted; the trouble is I don't know which half."

PROGRAM MONITORING

A critical feature every marketing manager demands, for both private and public sector projects and programs, is as close to real-time monitoring of critical operational variables as feasible. These operational variables are often associated with elements of the marketing mix, though they may also include behavioral indicators, changes in awareness, and levels of user and stakeholder satisfaction. In constructing

what are sometimes referred to as process monitoring systems, historical practice has been to simply count agency or organizational outputs such as numbers of brochures distributed, the frequency of airing of public service announcements, the number of pages downloaded from the agency's website, or the number of posts and comments on a social media site. While these (euphemistically called) bean-counting exercises may be able to document some level of agency activity, very few people would argue that these outputs serve in any way as proxies for effectiveness or efficiency. That is, it would be a very tenuous set of assumptions that would link the number of brochures distributed, minutes of PSAs that are aired, amount of downloaded content, or number of followers or members on a social media site with any impact on risk behaviors, unless those risk behaviors are also part of the monitoring and evaluation process.

Program systems can cover a range of activities, from the collecting of information on program outputs to the measuring of program reach, monitoring of media activity generated by the program or about relevant topical areas, continual assessing of client satisfaction with service delivery, and tracking of policy development and implementation milestones (for example, following a relevant bill from its submission through its assignment to and consideration by legislative committees, hearings, passage by legislative bodies, and being signed into law). Inputs that might be monitored include the money and staff resources allocated to various project activities—information that is necessary to develop indicators of program efficiency and calculate cost effectiveness and return on investment (ROI), the contributions made by members of coalitions and partnerships, and positive or negative responses to program elements by key stakeholders or sentinel agents or panels. These *sentinel agents* or panels could be people from one or more stakeholder or priority groups who are identified before the implementation phase begins and are contacted periodically by the program to gather feedback on awareness, conversations, and actions they or others in their network might be engaging in with respect to the program's activities and objective. Monitoring of social media conversations about the program can also be useful for gathering such responses, though it will not necessarily be as targeted or as sensitive to priority groups. The monitoring system should also track environmental changes that can affect program implementation, such as competitive offerings being introduced to the marketplace, negative opinions about the program appearing in the media, or changes in advertising and promotion practices among competitors (for example, the tobacco,

alcohol, or food industries). The objective of a monitoring system is not to try to track everything, only those issues most important to the program's theory of change, its implementation strategies, and its ability to mark both progress and setbacks in achieving behavioral and social objectives.

Monitoring Community Social Marketing Programs

Monitoring progress in multifaceted, community-based programs illustrates the complexity of the decisions embedded in creating a monitoring system. A community-based example is also typical of the environment in which many social change programs exist. As social marketing principles were first being applied in community programs, the education directors of the Stanford Five City Project, the Minnesota Heart Health Program, and the Pawtucket Heart Health Program co-developed a *community education monitoring system* (CEMS). This system is unique as it takes into account the different strategies each program has independently crafted to approach the puzzle of reducing community rates of cardiovascular disease–related risk factors, morbidity, and mortality, rather than being specifically tailored to one intervention model or approach. The CEMS can be applied to programs in which there are multiple objectives for behavior change, multiple channels being used, and multiple behavior change strategies being employed to influence multiple priority audiences (Flora et al., 1993).

The CEMS approach assesses three types of variables: (1) constants about the projects and the communities, (2) time-based intervention characteristics, and (3) composite variables derived from the constants and intervention characteristics. Constant variables include community population size and demographic composition, number of households, and number of community assets such as schools, restaurants, or workplaces in which intervention activities might occur. Time-based intervention variables consist of the date of an activity, a unique product or program identification code for that activity, and the channel (or place) through which the intervention is conducted. These channels include face-to-face and single or multiple sessions; mass media including television, radio, and newspaper; distributed print materials; special events or gatherings; and interventions targeting the physical, social, or political environments: for example, smoking policies, restaurant menu labeling, and grocery store shelf labeling. In today's environment, obviously, these channels would be updated to include

such Internet tactics as e-mails, website links and downloads, use of social network sites, and use of social sharing sites. Each of these channels is coded for the objective of the activity, including awareness or behavior change, improving community relations, establishing networks for change (for example, coalition meetings), training of professionals and laypeople, or changes in policies or regulations. Each of these intervention activities is further described by its intended objective, ranging from increasing program visibility to modification of a specific risk behavior to program sustainability outcomes.

Other components of the CEMS include monitoring of community adoption of program offerings and the sustainability of specific program elements through judgments of the relative proportion of resources allocated from the projects themselves compared with estimates of the proportion of community resources and volunteers going into the effort. Intervention accessibility data for specific groups and the general public were also used to create denominators as well as to track the more targeted programs. For example, mass media activities would be accessible to broad bands of the general public, whereas activities conducted in specific worksites or by religious organizations would have more limited accessibility and thus lower denominators for evaluating reach and efficacy. The final variable in CEMS was the estimate of reach for program activities.

In their report, Flora et al. (1993) demonstrated that such monitoring systems reveal how similar theoretical approaches to community-based behavior change can lead to very different practices and activities in each program. For example, each of the three programs was quite different in its selection of media channels, its relative emphasis on environmental activities for behavior change, the estimated percentage of "educational episodes" for each risk factor in each quarter, and the relative percentage of education funded by each project that year.

CEMS offers a set of variables that could be monitored by many social marketing programs. The details of the priority groups, types of activities engaged in, channels and places, and the behaviors that are targeted can be tailored to a program's unique circumstances and context. What is notable about this system is its sensitivity to how programs are put into practice and the usefulness of the resulting data. Program managers can use these data to augment or shift resources to achieve a better mix of program elements, redirect resources toward specific outcomes or priority groups, and understand the dynamics of their intervention efforts over time.

Other Approaches to Monitoring Social Marketing Programs

Program monitoring does not need to be driven only by quantitative measures. Where resources and capacities limit the development and deployment of continuous monitoring systems, qualitative methods will still provide useful information. For example, a community-based social marketing project to improve agricultural worker health (Flocks et al., 2001) used participation observation methods, focus groups, and interviews with health care providers, employers, and supervisors to provide a multidimensional perspective on the progress of the implementation.

Well-designed program monitoring systems can also provide documentation of program efficacy when outcome studies are not possible. For example, Price (2001) used measures of access and awareness to judge the effectiveness of contraceptive social marketing programs (CSMPs) in reaching the poorest people. He established variables for monitoring equity in CSMP offerings to poorer and more vulnerable groups that included the offering of affordable condoms; geographical proximity or convenience; social and regulatory constraints that inhibited information flow and access; and awareness of HIV/AIDS and other STDs, risk reduction behaviors, and the variety of sources for CSMP products and services. Yet he concluded that most CSMPs relied only on sales data and CYP (couple-years of protection) to monitor and evaluate their programs. Thus he could not reach any conclusions as to whether CSMPs were, in fact, addressing the needs of poor and vulnerable population groups in the countries in which they were operating. This example illustrates that the measure by which we monitor program implementation (in this case, by units sold) can blind us to other outcomes that may be equally or more important to certain stakeholder groups.

The Price (2001) study reminds us of the need to focus program monitoring not just on reach and frequency questions but also on larger concerns related to social justice and equity. For example, many programs, including e-health efforts, run the risk of increasing awareness, information, communication, behavioral, health status, and disease burden inequities among different segments of the population if program offerings are not carefully calibrated to seek reductions in existing health disparities—whether they be due to socioeconomic status, membership in certain ethnic or occupational categories, age, gender, sexual orientation, or physical limitations (Viswanath, 2006; Viswanath & Kreuter, 2007). In addition, focusing on single, or global, indicators of program outcomes can lead

program managers and staff to focus on the relatively easy "low-hanging fruit"—that is, people who are prepared to change—as opposed to undertaking the more difficult challenge of working with the people who are most in need.

Monitoring systems also provide managers and staff with a gauge of the success they are having with those program outcomes more directly under their control. In health service franchises, for example, a major challenge is monitoring the quality of services provided by the clinicians in the network. In these cases, where direct observation of every clinical encounter is impossible, and client satisfaction can have multiple determinants, proxy measures might include documenting the stocking, use, and proper disposal of single-use needles; the availability of sterilization methods; the adequacy of stocks of medicines and associated materials; the cleanliness of consulting and operating rooms; the number of clinical procedures done each month; and clinician knowledge of potential side effects associated with each offered service (Montagu, 2002).

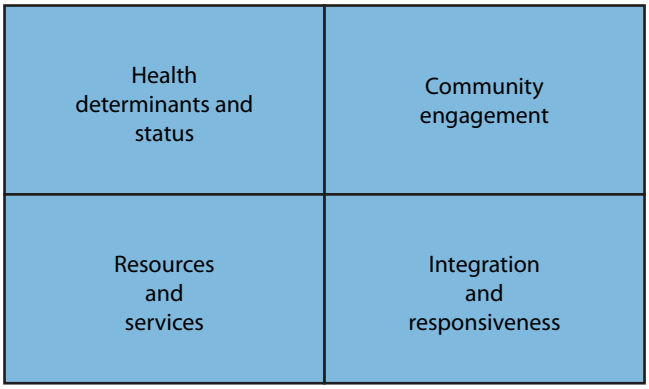
Using Balanced Scorecards for Program Monitoring

Program *dashboards*, or *balanced scorecards*, were introduced by Kaplan and Norton (1992) as a way for managers to gain an overview of the performance of an organization in several areas simultaneously. The balanced scorecard approach is applicable to any organization that is addressing complex public health, environmental, and social puzzles. A balanced scorecard for social marketing programs should reflect four perspectives:

- How do our clients or people we serve view us?
- What must we excel at to achieve our goals with respect to the challenge we are addressing with this program?
- How do we continue to learn, improve, and create value?
- How do our funders and stakeholders see us?

Balanced scorecards (BSCs) were introduced to shift businesses, government agencies, and nonprofit organizations and NGOs away from purely financial measures of operations such as cost-effectiveness studies and ROI analysis to measures linked to organizational strategy. BSCs are designed to link the short-term actions of the program with long-term strategies for improving environmental sustainability, public health, and social welfare (cf. Niven, 2008). Indeed, a recent review of the

FIGURE 10.1 The four quadrants of a balanced scorecard for public health agencies



Source: Woodward, Manuel & Goel, 2004.

impact of BSCs on organizational performance found that they lead to a better translation of strategy into operational terms, stimulate ongoing strategy review and development, and serve to align the various processes, services, competencies, and units of an organization with its strategic objectives (De Geuser, Mooraj & Oyon, 2009).

The Institute for Clinical Evaluative Science (ICES) has developed a BSC for public health performance measurement (figure 10.1) that consists of measures of health determinants and status, community engagement, resource use, and system integration and responsiveness (Woodward, Manuel & Goel, 2004; Weir, d'Entremont, Stalker, Kurji & Robinson, 2009). The *health determinants and status* quadrant includes measures of determinants, population health status, and impact measures of the intervention (is it leading to change in determinants and health status?). *Community engagement* is the second area of focus for this BSC. This engagement goes beyond client satisfaction with individual offerings to satisfaction of the community as a whole with the program (as expressed, for example, in stakeholder interviews) and community awareness and support for the program or organization. Financial resources and other costs for program offerings, staff capacities and availability to support operations, the number of offerings delivered, and the availability of needed support services (such as an advertising or public relations agency, equipment, software, and Internet access) are reported in the *resources and services* quadrant. In the fourth quadrant, *integration and responsiveness*,

system-level issues are tracked, such as the capacity of local organizations to implement needed programs, the extent of community programs that address priority and emerging population health needs, the presence and vitality of intersectoral partnerships, and the development of healthy public policies.

This may seem like a lot of work. However, Woodward et al. (2004) note that the benefits of adopting a BSC approach include

- Helping to align the organization around its mission and strategies
- Facilitating, monitoring, and assessing implementation
- Supporting greater communication and collaboration
- Assigning accountability for performance to all levels of the organization
- Providing continual feedback on strategy and opportunities for adjustment

BSCs broaden the perspective of program monitoring from just outcomes to overall program performance and organizational functioning. Creating a BSC involves time and effort by organizational leaders and line staff if the resulting tool is to serve as a truly balanced perspective and set goals that everyone in the organization can support through his or her daily actions. Once developed, a BSC provides a framework and common understanding for developing and monitoring a transition to a more market-oriented organization, and can serve as a template for future program and service offerings.

This discussion of various ways to monitor social marketing programs is intended to elevate monitoring's importance in the design, implementation, and management of complex social change programs. While there is no one-size-fits-all approach to program monitoring, a key ingredient is to select variables that are adaptable to each program and are linked to program strategies and anticipated outcomes. Well-planned programs are like maps; they can show you where you want to go and various routes to get there. Yet without an adequate monitoring system (or navigational system) for understanding the terrain we are actually encountering in real time, even our best intentions can be thwarted.

Using Case Study Research in Social Marketing

Case study research has a great deal to contribute to the evolution of social change research and practice. The bias that only randomized clinical trials qualify as

evidence for the effectiveness of social marketing, or any other intervention strategy, needs to shift to allow more practical research approaches (cf. Balch & Sutton, 1997). Case study research is one type of research methodology that, when done well, can provide evidence of program effectiveness, efficiency, equity, and sustainability. Flyvbjerg (2006) lists five common misunderstandings about case-study research that are embedded in the criticisms it receives from some scholars: (1) theoretical knowledge is more valuable than practical knowledge; (2) one cannot generalize from a single case, therefore the single-case study cannot contribute to scientific development; (3) the case study is most useful for generating hypotheses, whereas other methods are more suitable for hypothesis testing and theory building; (4) the case study contains a bias toward verification; and (5) it is often difficult to summarize specific case studies. He then examines and corrects these misunderstandings one by one and concludes that a scientific discipline without a large number of thoroughly executed case studies is a discipline without systematic production of exemplars, and a discipline without exemplars is an ineffective one. We can conclude that social marketing and innovative social change approaches may be strengthened by the execution of a greater number of sound case studies. Many social marketing texts contain a variety of brief case studies as exemplars of approaches, and two sets of extensive case studies in social marketing drawn from around the world for further reading are Cheng, Kotler, and Lee (2011), and French, Merritt, and Reynolds (2011).

RESOURCES FOR SOCIAL MARKETING CASE STUDIES

In addition to Cheng et al. (2011), and French et al. (2011), several websites contain case studies that are relevant for social marketers:

Fostering Sustainable Behavior: Community-Based Social Marketing (http://www.cbsm.com/cases/search) offers a searchable database of case studies of efforts in which CBSM was used to foster sustainable behaviors involved in conservation, energy efficiency, transportation, waste reduction, and water efficiency.

Cases in Public Health Communication & Marketing (http://www.gwumc.edu/sphhs/departments/pch/phcm/casesjournal) is an online, open-access journal that focuses exclusively on case studies from the fields of public

health communication and social marketing. The journal's mission is to promote the analysis of real-world experiences and practice-oriented learning.

Tools of Change (http://www.toolsofchange.com/en/case-studies) presents case studies of community-based social marketing programs, primarily in North America. The cases look at a broad sampling of programs to offer a wide variety of approaches and tools used, locations, types of organizations and participants, activities being promoted, and problems being addressed.

Centers for Disease Control and Prevention, Physical Activity and Obesity, Division of Nutrition (http://www.cdc.gov/nccdphp/DNPAO/socialmarketing/casestudies.html) offers case studies meant to provide detailed information on how to plan a social marketing intervention from people who have actually gone through the process. Addressing programs and interventions that are currently in the field, these cases are works in progress.

The National Social Marketing Centre, ShowCase (http://thensmc.com/resources/showcase) contains the first collection of fully researched case studies to enhance social marketing success. ShowCase features projects that have used social marketing to achieve real changes in behavior.

The Turning Point Social Marketing National Excellence Collaborative (http://www.socialmarketingcollaborative.org/smc/lessons.html) has collected a dozen social marketing case studies outlining campaigns to reduce obesity, increase screenings for breast cancer, prevent interpersonal violence, and address other current health issues. Each case study has been reviewed and rated for its strengths and weaknesses.

The compilation and analysis of case studies can provide the field with a set of lessons that can inform research questions and practice patterns. Within case analysis and replication logic are two techniques that can be used to develop empirically valid insights for theory and practice and testable hypotheses for subsequent research (Eisenhardt, 1989). And these lessons do not have to be based solely on efforts labeled as social marketing but can come from work with

broader issues that overlap with our concerns. For example, although their study was not explicitly focused on social marketing programs (but did include several community-based social marketing projects), Friedrich, Amann, Vaidyanathan, and Elliott (2010) reviewed behavior change efforts to change energy use. Their recommendations for future programs could easily be assimilated into ongoing or new social marketing efforts:

- Increase the visibility of people's energy use by putting the evidence front and center with visual displays.
- Understand what social norms influence consumers' energy use decisions, what social networks allow them to influence others, and what sources they consider credible.
- Move beyond the economic and environmental reasons to save energy and focus on learning what benefits matter enough to customers for them to change their habits—and what barriers prevent them from doing so—in order to select strategies that will speak to them.
- Act on the finding that competition and recognition that increase social status can increase participation and commitment to energy efficiency efforts.

There are any number of other reviews that could be used to strengthen our practical approaches to solving puzzles and complement our theories and experimental studies. What we need are more reviews of behavioral and social science research like this one on energy use that we can then apply and document in social marketing programs in order to scale up their reach and impact (I will look at scale in more depth in chapter 13).

EVALUATION

Program evaluation has drawn the attention and the ire of social marketers over the years (Balch & Sutton, 1997). For example, Balch and Sutton (1997) highlight the necessity for well-done program evaluations to document the effectiveness and efficiency of social marketing efforts. However, they also draw attention to unique characteristics of the social marketing approach that need to be considered in designing these evaluations. Probably the most important, and

most controversial, consideration is an understanding of the social marketing program as an ongoing, dynamic, learning experience in which managers adjust the marketing mix, and even the composition of priority groups, as information from the monitoring system highlights what is working, what is not, and whether the program is reaching the intended population. Traditional program evaluators, in contrast, often have a mind-set that says an intervention will be a fixed, static, and highly protocoled endeavor in which managers will be blinded to, or unaware of, the monitoring data until the end of the project. However, many social marketers would agree that once that traditional approach is applied, the program being evaluated is no longer a true social marketing program.

Evaluating Social Marketing Programs

One of the most recent and comprehensive reviews of the evaluation of social marketing programs was carried out by Ross, McDermott, Stead, and Angus (2006). These authors identified fifty-four studies in which behavioral, environmental, and policy-level changes were the target for programs aimed at decreasing alcohol, tobacco, or illicit drug use or increasing physical activity. All these studies were either randomized controlled trials or used other experimental designs with control groups.

One of the challenges the review faced was the different definitions of social marketing and the way they were operationalized in many of these studies. To be included in the review, a study had to include

1. Specific and measurable behavioral objectives.
2. Formative research that was used to understand consumer experiences, values, and needs.
3. Pretesting of intervention elements with the intended priority group.
4. Segmentation variables that were used to select priority groups, and interventions tailored to those groups.
5. Interventions that consisted of a strategic application of the marketing mix (the 4Ps). (Studies that used only promotion were considered to be doing only social advertising and were not included.)

6. Consideration of what approaches would encourage people to voluntarily engage in the intervention and what the benefit (tangible or intangible) would be in return (the exchange concept).
7. Consideration of the competitors to the desired behavior, and a means of addressing them by removing or minimizing them.

Ross et al. (2006) reported that having a social marketing label was not a helpful guide to whether or not interventions met these criteria—usually because the term was often attached to interventions that consisted of only communication (promotion) efforts. Indeed, only four of the studies eventually included in this review were self-labeled as social marketing. This finding is not unusual when conducting literature searches for evaluations of social marketing programs. Sublet and Lum (2008), for instance, reviewed fifty studies in the occupational safety intervention literature and found only two articles that reported using a social marketing approach, and neither one met Ross et al.'s social marketing criteria. Ross et al. concluded from their review of qualified studies that social marketing programs resulted in significant positive changes in youths' smoking, alcohol use, and illicit drug use in the short term. These effects diminished over time, though some effects for tobacco prevention and alcohol interventions were apparent up to two years later. They reported mixed or moderate results for smoking cessation efforts and interventions to increase levels of physical activity. They also noted positive changes in the behavior of retailers of alcoholic beverages (who reduced their sales to youths and increased the checking of customers' ages) and in the adoption of environmental and policy changes.

These authors also cited several methodological weaknesses across this group of studies that should inform future research activities. The first was that many studies randomized participants at the aggregate level, such as by school or community, but then conducted their analysis on individuals—not taking into account the clustering effect—the confounding effect of similarities among people who belong to similar groups or what is also known as the unit of randomization versus the unit of analysis problem (Murray, Varnell & Blitstein, 2004). The review authors also noted baseline differences among groups in several studies that could have led to some of the observed differences as well as failures to account for participant attrition in a few of them. There were also indications that fidelity to the intervention may have been compromised in yet other studies (interventions

either were not implemented as intended or were done poorly). Thus whether those studies constituted valid tests of a social marketing approach was questionable.

Ross et al.'s overall conclusions on the effectiveness of social marketing programs were that

- Social marketing interventions can lead to positive changes in individual behaviors *and* among professionals, organizations, and policymakers.
- Competition emerged as a strong strategy in designing interventions to overcome both internal competitive forces (such as by helping people to cope with cravings and building their skills for handling emotions and conflict) and external forces (such as by correcting people's overestimates of the prevalence of social norms for certain unhealthy practices and building paths to encourage walking in low-income communities).
- Using sound theoretical approaches, combined with consumer research, was an important prerequisite for program effectiveness.

The following sections now shift to how we can put evaluation approaches into practice.

Putting Evaluation into Practice

What should be evident from the discussion up to now is that a social marketing program is, at its best, a series of well-informed experiments being conducted over time that are constantly checking, testing, and refining elements of the marketing mix to meet the changing needs and realities of the priority groups. The social marketing program is also adjusting to the shifting contours of the physical, social, technological, and political environments in which it is being implemented. I suggest that researchers who are studying social marketing without taking such dynamism into account are rarely conducting evaluations of social marketing programs but rather are taking overexposed snapshots that fail to reveal the texture, quality, and impact of the approach.

To help program designers and planners judge whether a proposed evaluation plan makes sense and is a good fit for a social marketing program, I offer the following five questions.

Does the proposed evaluation explicitly address questions that are worth knowing the answer to? To answer this question, we need to ask the SW^2C question, or "So what, who cares?" The point here is that although there are many research questions that can be developed and answered by a program evaluation, managers must weigh whether the priority is the acquisition of knowledge to be used by researchers or of knowledge to inform future practices and policies? When the intention of the research is to inform practices and policies, then the program staff and managers should be satisfied that appropriate questions are being asked and that they will be able to incorporate the results, positive or negative, into future efforts. Similarly, when research is conducted to understand whether and how a new approach affects behavior or systems-level change, or how the social marketing program might be more effective, equitable, or sustainable than another approach, then preference should be given to the academic and scientific stakeholders' interests.

Does the proposed evaluation reflect the program's model of effects, or how it is supposed to work? When an evaluation of a social marketing program is being considered, the program planners should carefully think through and document how and why they selected the existing priority groups to focus on; the theory in use; and the consumer information around which they designed the program, the offerings, and the hypothesized ways in which the 4Ps and other program elements will influence adoption, use, and sustainability of new behaviors, products, or services. They can do this themselves, but I have found that having the evaluation planners in some of these meetings, or holding debriefings with the key program designers in interviews during and after the initial planning phases, as well as reviewing the relevant documentation, provides the evaluation team with a thorough picture of how the program is designed to work. The team can then use this information to design a more relevant evaluation protocol. Too often funding sources and government agencies erect walls between the implementation and evaluation arms of a project, with the result that so little information is exchanged between the two teams that it is little wonder that what a program is designed to do and what an evaluation is designed to document are so often out of sync with each other.

Is the unit of analysis (the population sample being analyzed) the same as the priority group for the program? Put another way, is the evaluation measuring intended effects among the group of people whom the program was intended to serve, or is a different sample being used for evaluation purposes (as may happen owing to

structural or financial constraints)? This might seem to be a minor point, but decisions about the conduct of evaluations are often more dependent on the resources of the program than on its intentions. For example, in evaluating the US 5 A Day for Better Health program in its first years, even though the priority group was restricted to people between the ages of thirty and forty-five who had already been eating at least three servings of fruits and vegetables a day, the national survey on which decisions about the effectiveness of the program were based reported changes in consumption for all US adults. One of the arguments made for sticking to this evaluation plan was that baseline data had been reported only for US adults and not for specific segments of the population and that the cost of fielding a survey large enough to segment by consumption patterns would be too expensive. Indeed, one argument I have seen against segmenting a population into smaller groups is the difficulty and cost of conducting pre- and postintervention random sample surveys among a more precise and smaller population of people.

Is exposure to the program elements carefully assessed and monitored? Hornik (2002b) has noted that a common deficit among evaluations of health communication and social marketing programs is a lack of attention to measures of exposure. He states that exposure can work by increasing the opportunities for people to learn new behaviors through frequency and repetition of messages. Increased exposure also increases the chances that messages and program activities will touch people when they are most open to responding to them. When there are high levels of exposure, messages can also communicate implicit social expectations or norms, influence what people talk about, and possibly even set an agenda with policymakers who experience the messages and activities themselves. This issue of exposure links directly to the issue I discussed earlier of program monitoring often being done as a measure of outputs. Hornik and other communication researchers agree that outputs do not equal exposure. Here's a hypothetical example, if in a city of 500,000 people, one million impressions (the reach) are generated by a media campaign, the question of exposure becomes whether each person was exposed to the campaign messages twice or whether some subgroups were more and some were less likely to be exposed to the messages? Without an answer to this critical question, it becomes very difficult to determine whether the social marketing campaign's success (or ineffectiveness) was due to good (or poor) message, product, or service design; good (or poor) logistics and distribution of messages and products; or in the case of ineffectiveness, whether there were too many barriers to opportunities to

engage in new behaviors or access services—or simply a failure to achieve adequate exposure to make a difference in awareness or action among the members of the priority group.

Does the evaluation use research designs and time frames that fit the context of the program? I noted earlier the tension between evaluations that impose a static model on the program and those that allow it the flexibility to continually sense changes in people or the environment and adjust program elements accordingly. In the community cardiovascular disease (CVD) prevention projects funded by the National Institutes of Health in the 1980s, the Stanford Five-City Project, Minnesota Heart Health Program, and Pawtucket Heart Health Program were all designed to detect changes in cardiovascular risk factors and CVD-related morbidity and mortality over a seven- to twelve-year period. Although program monitoring and CVD survey and surveillance systems were standardized across the three projects, different interventions were introduced, directed at new population subgroups, refined, expanded, or discontinued at various times. Most fundamentally, all three projects conducted dozens of smaller research studies to assess the effectiveness of specific intervention products, services, and campaigns from community-wide smoking cessation and blood cholesterol screening campaigns to restaurant and grocery store labeling programs and volunteer-led behavior change groups. The lesson is that in any large-scale project different research protocols may need to be developed in order to answer different levels of research questions. In the community studies, these protocols were tailored to address the unique questions and needs of program staff who were searching for innovative ways to stimulate behavior change in communities.

Sequencing Time Frames and Behavioral Impacts

Another point to keep in mind when designing evaluations of social marketing and social change programs is to consider the time frame for the intervention and for the expected changes in behavior. It is an unfortunate practice that public and private funding for social marketing and social change programs occurs on two-, three-, and sometimes five-year cycles. These time periods may offer the funding agency the opportunity to review whether their assistance is still necessary or appropriate. However, the implicit (and sometimes explicit) expectation is that significant behavioral effects will be documented over these same relatively short time horizons from an intervention that is presumably able to start up and scale

up almost immediately after funding is received. The reality is that neither one happens that quickly in the real world.

This time pressure on organizations to perform often leads to the question of how long it takes to change a certain behavior or risk factor, or when we can expect to see significant change in a behavior among specific priority groups. And unfortunately, the answer to the first question is that we don't know. In regard to the second question, as I pointed out in chapter 9, Snyder and colleagues (Snyder et al., 2004; Snyder, 2007) have analyzed data from over 400 health communication campaigns and found the 5 percent solution: that the average effect size for targeted health behaviors is an increase above baseline by an average of about 5 percentage points. With the caveat that most of the research was concerned with communication efforts to change specific health behaviors, it is an extensive data set on which to base an estimated effect size for large-scale behavior change programs. How much change should we expect in a one- to two-year program? If we keep in mind the findings of the Community Preventive Services Task Force (2010) I described in chapter 9, I recommend that a 5 to 9 percent change in prevalence be your benchmark. Both the task force report and Snyder (2007) note that median changes in behavior varied by the health behavior under study, and you may want to consult those sources for more specific estimates of effects for your specific issue.

Balancing Intervention and Evaluation Decisions

The designs of the intervention and evaluation plans should go hand in hand. Several questions that focus on the intersection of implementation and evaluation planning should be addressed as the plans are drafted. For each question presented below, the stakeholder priorities I addressed earlier in this section and also resource constraints, technical feasibility (Can we actually do this?), viability (Can we implement each of the plans?), and desirability (Do we, our priority group, and stakeholders really want to go through all of these activities and protocols?) need to be weighed against achieving impact and satisfying curiosity.

■ ■ ■

1. *What else should be measured?* While behavioral outcomes are important criteria for judging the success of any social marketing or social change program, there are cases when temporal or resource constraints or theoretical or policy

considerations may focus a program on changes in awareness and knowledge, organizational practices, community indicators, or environmental conditions. While there is value in assessing a variety of socioecological and marketplace variables when feasible and practical, if we follow the management credo that "what gets measured gets done," then evaluation can serve to focus the program on the behaviors of the people who are important to success. Health communication evaluations fix on reach and frequency as things that should be measured and done. In social marketing programs we need to go beyond the 1P approach to evaluation to ask these questions:

- Are our offerings understandable and usable by people with lower and very low education, income, social status, or literacy levels?
- Are opportunities to engage in healthier choices and behaviors, or to use health-promoting products and services, more accessible and available than they were before?
- Are people having needs met, problems solved, or aspirations met with our offerings (are they experiencing value-in-use)?

2. *Which relevant intermediate effects should be monitored?* Having a theory of change that identifies the intervening variables that can be targeted by the intervention and measured for change has three important implications. First, it focuses program resources on key points in the process where it is believed program resources can be leveraged for change. Second, assessment of change among intermediate endpoints, if they are rapidly analyzed and the results used as feedback to program managers, can help managers identify whether the program is being implemented as intended and having the immediate impacts that were anticipated during the planning process. Finally, understanding intermediate effects allows program managers to understand whether their theory of change is valid, and in some cases this evaluation may be used to judge program effectiveness when the behavioral or other distal outcomes are negligible or mixed.

3. *How will message recall and understanding (exposure) be evaluated?* Evaluation methods for social change programs need to shift from a producer-focused perspective, in which outputs are the primary data points, to participant-focused perspectives in which priority group perspectives and experiences drive evaluation design and data collection decisions. Farrelly, Niederdeppe, and Yarsevich (2003), for example, identify

that substantial levels of participant-reported campaign exposure are necessary for antitobacco media campaigns to have an effect. They also note that media campaigns are more likely to be effective when complemented by delivery through school or community-based channels.

4. *If ubiquity is the new exclusivity, how will the various means of exposure be identified?* The findings of Farrelly et al. (2003) fall within the mainstream of research and marketing practice in which intervention designers are encouraged to maximize the number of channels they use for message dissemination. In evaluating such multichannel programs, a study by Lefebvre, Olander, and Levine (1999) is important as they document that it was the number of channels through which children reported getting messages about Team Nutrition behaviors (eating less fat; eating more fruits, vegetables, and grains; and eating a variety of foods) that was associated with healthy changes in self-reported and observed food intake, not the frequency or intensity of communication through any one or a combination of channels. In practice this has led to the idea of media multiplexity, or the immersive experience strategy, in which the number of directions from which people receive information and are exposed to social marketing offerings becomes the determinant of influence, rather than the sheer number of exposures. For evaluators, the idea of media multiplexity underscores the need to collect information about the variety of ways in which people are exposed to program offerings as well as the frequency of exposures.

5. *Should affective dimensions be evaluated?* Emotional, or affective, dimensions of program impact are rarely addressed or evaluated in public health and social change programs. One way to understand the affective dimensions of our behavior, product, and service offerings is to look at the ways people who engage with or use these offerings describe their experiences with them. These user experiences have been found to include one or more of twenty emotions: anger, discontent, worry, sadness, fear, shame, guilt, envy, loneliness, romantic love, love, peacefulness, relief, contentment, eagerness, optimism, joy, excitement, surprise, and pride (Aaker & Joachimsthaler, 2000, p. 59). Through formative research to understand which emotions are most relevant for the experience we offer people in our priority group, outcome measures can be devised to assess whether people who engage in specific behaviors, or use our products or services, have better (or worse) subjective experiences as a result of our efforts. Although evidence of change in these dimensions is not a substitute for behavioral reports and observations, it can

contain important clues that indicate why our behaviors, products, and services are not being adopted or are being discontinued by priority groups. In short, these offerings may simply not appeal to these groups or may actually make them feel worse.

There are two other considerations for incorporating the measurement of affect into social marketing programs. The first is that the *measurement of affect* is particularly important in understanding the value of brands. The essence of brands lies in the emotional and self-expressive benefits they provide to people, not that they are easily recognized and remembered (Aaker & Joachimsthaler, 2000, p. 48). While many government and nonprofit organizations expend many resources to create brands, I suspect that few of them understand whether or not they have achieved any emotional resonance with their intended priority groups and stakeholders. And this is because they failed to measure emotions, despite the fact that no commercial marketer would try to create and manage a brand without such data.

The second point reflects the new understanding and importance of the role that emotions play in most decision making (cf. Zaltman, 2003) and behavior change (Heath & Heath, 2010). Heath and Heath (2010, p. 7) draw from the behavioral economics literature to focus us on the analogy that while our efforts intend to influence the *Rider*, or the rational side of people, it is the *Elephant*, or the emotional and instinctual side of people, that ultimately decides when and in what direction to go. Indeed, we may be entering an era of thinking about behavior where emotions do not have parity with rational models of human behavior but actually trump them. This is not to suggest that behavioral outcomes will be any less important. Rather, the data argue for considering much more carefully the role that emotions play in our theories of change and in how we measure intervening variables that are not the rational constructs of beliefs, intentions, and self-efficacy.

Finally, I will note that in the marketing world there is a move toward the idea of *lovemarks*. Lovemarks build on the idea that emotion is essential to action, whether it be a product purchase, service use, or expression of behavior (Roberts, 2005). Distinct from brands that Roberts (2005) refers to as *trustmarks*, which provide information to consumers, are recognized by them, and have well-defined attributes and values, a lovemark seeks to establish a personal relationship with people in which passion and sensuality infuse stories about how people love the brand (not just recognize it). The essential difference between the two is the

emotional focus of the latter. This marks a good moment to turn to the evaluation of brands.

Evaluating Brands

The use of branding as a behavior change and social marketing strategy has substantially increased since it was first studied as part of the truth® youth antitobacco campaign (Evans, Price & Blahut, 2005; Evans, Wasserman, Bertolotti & Martino, 2002). This popularity has meant that research and evaluation methods used in the commercial sector have had to be explored and adapted to the unique behavioral context of most social marketing programs (Evans & Hastings, 2008b). Most behaviors that are the target of social marketing interventions are different from consumer purchase behaviors in that they are not as easily influenced and have different determinants. In adapting commercial brand measurement to social marketing programs, Evans et al. (2005) found evidence for the influence of measures of brand loyalty, identity, personality, and awareness on the relationship between advertising exposure and smoking adoption among teens. Some of the key ideas for brand equity in social marketing programs that Evans, Blitstein, and Hersey (2008, p. 56) focused on were people's willingness to invest time and effort in promoting the program to others, perceived satisfaction and loyalty, the perceived quality of the program and its offerings, the leadership and popularity of the brand among peers and leaders, how the brand expresses itself in ways that are relevant to participants, organizational associations with the brand that are positive, and level of brand awareness. As noted in chapter 9, there are now a series of studies that demonstrate an independent effect of social marketing brands on the adoption of healthier behaviors.

Evaluating the Quality of Relationships

Driven in part by the deeper understanding of how brands function—that is, at an emotional and relationship level rather than as providers of information—modern marketing practice has moved away from a focus on transactions between two parties to the development and nurturing of relationships with markets, audiences, and stakeholders. This shift toward relationship management has been accelerated by the emergence of social technologies in which the interaction among participants is the chief dynamic, rather than older inoculation models of communication where messages are sent from "*senders* to passive *recipients* or *audiences*" (Lefebvre, 2007).

Hastings and Saren (2003) note that this change in perspective makes marketing even more salient in managing long-term behavior change, where relationship thinking may be superior to a traditional transactional approach. That is, relationship thinking can lead to programs that offer opportunities for long-term engagement between program sponsors and participants rather than one-off, or short-term, *transactions* or campaigns that usually consist of messages aimed at an audience. Hastings (2007, p. 142) also notes that relationship marketing can help programs accomplish strategic goals by

- Focusing on participant satisfaction as a key metric
- Reinforcing and supporting long-term change
- Building trust among participants and stakeholders and showing commitment to them
- Engaging and mobilizing priority audiences

Relationship marketing can also be used to frame an approach to evaluating partnership development and stakeholder relations. In planning the US National Bone Health Campaign (NBHC) for osteoporosis prevention, twenty-four organizations and individuals who were identified as opinion leaders or who were stakeholders in youth lifestyle, health, physical activity, and nutrition issues participated in structured, individual telephone interviews so that planners could learn about their insights and lessons for targeting girls with health and marketing campaigns. These participants were also invited to strategic planning sessions, one of which specifically focused on the qualities they look for from partners and partnerships. Among the qualities they offered to describe what partners bring to a successful partnership were honesty about goals and objectives, trust, credibility with program recipients, ability to commit to the partnership, having similar missions or aspiring to the same larger goal, consistency, clear expectations, an interest in filling gaps in their own organization or program, and the ability to collaborate on the development of program offerings. The results of these interviews and strategic planning sessions led to the development of relationships among partner organizations that built on partners' strengths in one or more areas of developing products and services for the campaign: the ability to influence incentives for or barriers to increasing calcium consumption or physical activity among girls; managing or serving as distribution outlets for program offerings (products and services) and providing

opportunities for girls to engage in bone health behaviors; and developing messages, providing communications support, and distributing communication messages and materials (Lefebvre, 2006).

Thus evaluation questions that seek to identify the level of brand trust, commitment, identity, and loyalty will also direct attention to the relationships stakeholders and partners have with behavior, product, and service offerings and the sponsoring organization. An understanding of the nature of the brand and its relationships with priority group members and partners may also offer insights into how and why a program is or is not successful. For example, participants may not trust the sponsor of certain messages or services, may develop a strong commitment and loyalty to specific staff or volunteers involved in program delivery, or if they are program partners, might find that the suggested behaviors, products, or services clash with their own organizational mission and values. There are many ways these relationships can be evaluated. But if I were limited to one question to ask about relationships, it would be this: Would you recommend this behavior, product, or service to a friend? If the question was focused on partners, I would ask, How likely is it that you would recommend participating in this partnership to other organizations like yours?

Measuring Market Share

Measuring market share is an essential practice for marketers of goods and services. For many social marketing programs, market share is usually defined in epidemiological terms: what is the prevalence of a certain behavioral risk, a particular disease or condition, or death from a specific cause. The starting point in either case is in defining and quantifying the size of the market in which one is operating. For example, RJ Reynolds identifies one of its priority groups as "first usual brand young adult smoker" (FUBYAS)—a phrase that describes the young adult market in which competition among cigarette brands for "first brand status" among smokers under the age of eighteen is fierce, as the first brand is often the one people stick with as they grow older. This FUBYAS group is reported to drive the growth of major cigarette brands such as Marlboro and Newport (Cummings, Morley, Horan, Steger & Leavell, 2002). Analysis of market share, especially in comparison to competitors and over time, allows marketers to judge the relative standing of their brand and its relative strengths and weaknesses.

EVALUATING A LOVEMARK

Roberts (2005, p. 136) suggests three sets of questions we might ask ourselves as we think about evaluating our social marketing lovemarks:

Are we seen as empathic? Are we really listening to, understanding, and responding to people in our priority groups, our partners, and our stakeholders? Do we establish a level of intimacy with them (and for contrast purposes, think about the level of intimacy you establish with people with a mass media campaign)? Are we using methods that allow us to engage in conversations with people and understand their world from their point of view?

Do people see us as committed? Are we demonstrating that we are in the relationship for the long term, not just until the end of the current grant? Do we empower people to commit to our cause, the behaviors we promote, and the products and services we offer?

Do we, and the people we serve, have the passion of our commitments? Do we let our priority groups participate in the development and evolution of our social marketing program to ignite their passion and to feed off their energy for change—whether that change is among themselves, their community, or society?

For public health and social change programs, epidemiological data are not collected and analyzed in the same way. That is because the people who collect these data are not marketers. Epidemiology grew out of the search to describe and, it was hoped, to stop a cholera outbreak in nineteenth-century London. By plotting the outbreak of cases (market), a specific part of the city was identified in which most of the residents had the same water supply (a geographical market share). Once the handle of the pump for that public supply was removed, the epidemic quickly abated. The problem with this success story is that it only works for infectious diseases where modes of transmission can be described, isolated, and then addressed. In a world where wicked problems are now the rule, simple

breakdowns of risk behaviors, such as obesity or tobacco smoking; diseases; and causes of mortality by demographic or even geographical categories are only crude attempts at describing market share and provide very little insight into how to reduce risk, disease, and death from chronic diseases. We do not, as of yet, have our version of FUBYAS—markets we can identify and grow for improved health and social outcomes.

Market share is recognized as a critical measure by social marketing programs that offer products such as condoms, insecticide-treated bed nets, and oral rehydration salts. If we can learn to apply that approach to understanding the market share for different types of health and social behaviors, it might move us further along in understanding and countering the influences of competitive choices people have by allowing us to identify markets in which this competition is most active. Certainly, the work of Cummings et al. (2002) and other researchers who have examined the market share battles among tobacco companies has illuminated new ways for tobacco control activities to counter industry efforts to slash prices and increase value-added promotions in the face of increasing taxes. These efforts by the tobacco industry include loyalty programs, sponsorship of sporting events, tobacco product promotions and placement in entertainment media, product sampling in locations where young people congregate, expansion of point-of-service advertising in retail locations where youth shop, and a focus on developing milder and less harsh tasting cigarettes for this market. The discerning reader has, I hope, identified the use of the marketing mix in these efforts. The value of evaluations is not just in providing evidence of effectiveness, efficiency, equity, and sustainability; it also lies in the insight they can provide as feedback to program planners, policymakers, colleagues, and other seekers, feedback that can be used in the next round of solutions. Remember: what gets measured gets done; what gets measured and fed back gets done well.

A Theory-Driven Evaluation of Impact and Efforts to Improve ORS Use

An evaluation of a social marketing intervention to promote oral rehydration salts (ORS) in Burundi provides an excellent illustration and review of many of the points in this chapter. Although ORS were accessible to 90 percent of the population, surveys found that fewer than one-third of the people used ORS in caring for children with diarrheal disease. A branded ORS product, ORASEL,

was relaunched with an intensified social marketing intervention. Kassegne, Kays, and Nzohabonayo (2011) described the intervention and reported the results from pre- and postintervention household surveys of women of reproductive age (fifteen to forty-nine) in 115 rural and urban areas (*collines*) in the country to evaluate the intervention.

The PSI performance framework for social marketing and the PSI behavior change framework drove the intervention and evaluation for this project (see table 10.1). This performance framework is used much like a logic model to map out the potential pathways through which the social marketing intervention might potentially influence behaviors and their consequences. The behavior change framework considers behavioral determinants, consisting of sixteen possible constructs, which can be summarized as reflecting opportunity, ability, or motivation determinants (cf. MacInnis, Moorman & Jaworski, 1991; Rothschild, 1999). In this framework *opportunity* includes institutional and structural factors that might affect the ability to engage in a behavior, *ability* refers to having the requisite skills to engage in the behavior, and *motivation* addresses the person's desire to perform the behavior.

The behavior change framework that is used in PSI projects reflects an integrative and supportive approach to intervention planning and evaluation design. Both planners and evaluators work from a common set of concepts and operational definitions (table 10.1) that frame how they approach their respective tasks. One can argue whether or not these sixteen components are inclusive enough of the array of determinants and outcomes one might wish to engage in social marketing programs. Nevertheless, this standardized approach is in stark contrast to many large-scale intervention evaluation efforts where a theory of change may be developed and acted on by the program designers, but then the evaluation team constructs its own theory of change for the intervention (sometimes informed by reference to intervention planning documents) in order to develop *process* and *outcome evaluation* variables and methods to assess them. I would encourage more organizations to spend the time to develop an integrated intervention and evaluation framework that can be applied across many different types of behavior change challenges and social change puzzles, rather than creating a new one each time. Integrated frameworks such as the one created by PSI make communication across planners, implementers, and evaluators much more effective; speed the development of new programs (one can immediately focus on the sixteen constructs and not every conceivable option); and streamline the approach to evaluation (methods

TABLE 10.1 The sixteen behavioral determinants in the PSI behavior change framework

Construct	Determinant	Definition
Opportunity	Availability	Objectively, the extent to which the promoted product or service is found in a predefined given area; subjectively, perceptions about the frequency and accessibility of the promoted product or service within a predefined area.
	Brand appeal	Objectively, an identity that the social marketing agency creates and gives to a product or service; subjectively, perceptions about the level of identification with the brand.
	Brand attributes	Objectively, the extent to which physical components of a brand are practical to use, based on the number of steps required to use the promoted product or service and the frequency with which those steps must be taken; subjectively, perceptions about the physical components of the brand related to the practical use of the promoted product or service.
	Quality of care	Objectively, compliance with standards that increase the safety of, effectiveness of, and satisfaction with services; subjectively, perceptions about services with regard to the delivery point (waiting times, cleanliness, privacy, reliability, and so forth) and provider (suitability [female provider for female patients], trustworthiness, and so forth).
	Social norms	Objectively, the presence or absence of formal or informal laws, regulations, and rules that affect behavior; subjectively, the perceived standards for behavior accepted as usual practice.
Ability	Knowledge	Ability to provide correct information about the public health problem (that is, symptoms, causes, and transmission) when tested.
	Self-efficacy	An individual's perception of his or her own ability to perform a promoted behavior effectively.
	Social support	Objectively, the number of times or length of time an individual gives or receives help; subjectively, the perceived quantity (number of times, length of time, and so forth) and quality (content, depth, mode, type, and so forth) of help that an individual gives or receives.
Motivation	Attitude	An individual's evaluation or assessment of the promoted behavior.

TABLE 10.1 (*Continued*)

Construct	Determinant	Definition
Motivation (*Continued*)	Belief	Perception about the promoted behavior, which may or may not be true—typically, myths and misconceptions related to the promoted behavior.
	Intention	The future want or desire to perform the promoted behavior.
	Locus of control	The site of control in an individual's life in relation to the promoted behavior. It may be external (under the control of others; determined by fate, luck, or chance) or internal (controlled directly by the person).
	Outcome expectation	Belief that a promoted product, service, or behavior is effective in fulfilling its purpose as intended.
	Subjective norms	Perceived pressures in direct relation to the promoted behavior.
	Threat (risk)	Threat is first created by severity, the individual's perception of magnitude of the harm of the targeted public health problem (significance or seriousness of a public health problem; degree of physical, psychological, or economic harm caused by the public health problem, and so forth); threat is also created by susceptibility or the individual's perception of the likelihood that the targeted public health problem will negatively harm him or her (that is, degree of vulnerability, personal relevance, or risk of experiencing the public health problem).
	Willingness to pay	A theoretical estimate of the amount in currency that an individual would pay for a promoted product or service.

Source: Adapted from PSI Research Division, 2004.

for assessing the core constructs become well developed and are validated across different populations and contexts).

The ORS study focused on ten of the sixteen behavioral determinants that other studies and available data had demonstrated were relevant to caregivers' use of ORS. The new ORASEL product was reconstituted to meet more recent osmolarity (a measure of concentration) guidelines established by UNICEF and to add an orange flavor to improve its taste appeal among children. The price of the "new and improved" product remained the same as for the original version; distribution outlets remained intact as well. Four new radio spots were developed to address causes and consequences of diarrhea and the importance of using ORS, and

specifically ORASEL, to prevent it. In addition, 1,914 health workers, vendors, and pharmacy employees were trained and given promotional materials to support outreach activities at schools and health centers.

Trained interviewers were authorized to collect the data via an in-person questionnaire. Pre- and postsurveys were conducted among random samples of eligible women (total respondents were 2,499 and 2,101, respectively). The key behavioral outcome, use of ORASEL during a child's last diarrheal episode, showed a statistically significant increase from 20 percent to 30 percent in one year. In addition, the percentage of caregivers who believed that the product's scarcity and price were barriers to use significantly decreased. Knowledge about diarrhea and dehydration significantly increased, as did measures of social support and self-efficacy for the use of ORASEL. There were also significant increases in the amount that a caregiver would be willing to pay for one packet of ORASEL, in reported exposure to ORASEL messaging from both radio spots, and in reported attendance at a demonstration of its use.

Another set of analyses was used to identify the behavioral determinants associated with ORASEL use. Participants in the post-campaign survey were segmented on whether or not they had used ORASEL at a child's last diarrheal episode. Caregivers who felt that ORASEL was sold at an affordable price and was more available to them were significantly more likely to be ORASEL users (or put another way, caregivers who believed that ORASEL was scarce and expensive were less likely to use it). With respect to brand appeal measures, users were twice as likely as nonusers to think that people prefer ORASEL to other ORS products at health centers. And finally, ORASEL users were more likely to have discussed ORASEL use with others and to feel more capable of preparing and administering ORASEL to their child.

A third set of analyses looked at relationships between media exposure and changes in behavioral determinants. Perceived availability of the product improved significantly with media exposure, and caregivers in the high-exposure group were also less likely to find the price of the product a barrier to its use. Interestingly, there was no effect of high versus low exposure to promotional activities on brand appeal (operationalized as "thinks that many people believe ORASEL to be the best of the ORS products usually distributed in health centers"). Significant increases in the knowledge, social support, and self-efficacy items noted earlier were associated with higher exposure to promotional activities. Notably, the reports of discussing ORASEL with others increased from 29 percent to 86 percent, and the measure of self-efficacy for preparing and administering ORASEL increased from 28 percent to 88 percent among high-exposure respondents.

In their report, Kassegne et al. (2011) note the absence of a control group as a factor that might temper their conclusions. However, they also reinforce their argument for program effects by noting a documented increase of only 6 percent in ORS use over the previous eighteen years as well as the lack of any other major interventions, or other social or environmental events, that might have affected ORS use among the study group.

Both of these latter points are important for program managers to consider when reviewing the evidence for the effectiveness of their own programs. First, it may be impractical or financially not feasible to conduct randomized controlled studies of every social marketing intervention. In many cases even the random household sampling of the priority group before and after an intervention may face significant constraints. However, the use here of *historical controls*, that is, the documented prevalence of the targeted behavior in previous years, does give researchers a reasonable basis on which to state that a social marketing intervention may have "bent the curve." Second, in the absence of control groups it is incumbent on program managers to have an ongoing environmental scan to detect changes in the macroenvironment or marketplace that might shift the effectiveness of the project in either a positive or negative direction. For example, though the report authors do not mention any specific events they monitored, I would suggest that in addition to similar programs focused on caregivers of children under the age of five (whether or not they directly addressed use of ORS or other interventions aimed at diarrheal diseases), other activities that might have affected the program would include the introduction of another branded ORS product by another organization, increases or reductions in prices among competitive ORS products, changes in distribution or retail supply chains or outlets (for example, surges in product demand can make the product temporarily unavailable in some areas and that can then lead to longer-term declines in demand because of an increase in perceived scarcity among potential users), episodes of mass outbreaks of diarrheal diseases or child deaths in Burundi that might sensitize caregivers to children's health and care, and sustained news coverage or other information campaigns that might influence the key determinants of ORS use.

Evaluating Social Marketing Projects in the Field

In a review of over forty case studies from social marketing projects in the United Kingdom and internationally, Christopoulos and Reynolds (2009) found that

although most programs reported positive behavioral changes in pre-post designs, there were very few in which control groups of any kind were employed. Although not all programs need to aspire to conduct randomized controlled trials—a task that requires a complex blend of sophisticated research, analytical skills, time, and financial resources—comparison groups and quasi-experimental designs such as delayed treatment and time series might be more often applied in these settings (see Hornik, 2002a, for more discussion of evaluation designs for health communication and social marketing research). Christopoulos and Reynolds also note that process evaluations are not well documented, making it difficult to identify the elements of a social marketing program that may have been responsible for observed successes. It is also important to focus data collection on "harder" outcomes, such as behavior change, rather than relying on such "softer" endpoints as website visits, number of people trained to provide services, or increased awareness levels of the problem or the program brand.

Finally, Christopoulos and Reynolds (2009) also call for more collection and reporting of financial data from which to conduct cost-benefit or cost-effectiveness analyses—though these methods also have a set of skills and related costs that temper my support for this task on a general basis (cf. Edejer et al., 2003). For example, the World Health Organization (Edejer et al., 2003) recommends that disability-adjusted life years (DALYs) should be used to express the population effectiveness of an intervention, that analyses need to incorporate economic models for discounting and be adjusted to a common year using the GDP deflator or consumer price index, and that detailed descriptions of all costs incurred in the intervention should be supplied. Such data collection efforts and analyses may be important for policymakers to consider, but they are often out of the reach and control of many social marketing activities.

SUMMARY

This chapter has reviewed many of the practical issues of developing monitoring systems and evaluation plans for social marketing projects. It has looked at comprehensive community monitoring systems that can be applied in many different settings for many different types of outcomes. It introduced the balanced scorecard to reinforce that a single focus bottom line, whether it is for financial returns or behavior change, may not capture the most important information or

allow an organization to develop a comprehensive approach to puzzle solving. Measures of emotional responses to social marketing offerings require us to undertake more research and greater elaboration in how we approach the creation of brands and the development of helping relationships that transcend the transaction model. Doing justice to the details of process and outcome evaluations requires separate textbooks and courses. What I do hope you have picked up from reading this overview is a user's framework that you can employ when engaged in discussions and decision making about monitoring and evaluation systems. To conclude, here are some recommendations in the form of a set of questions for reviewing evaluation plans:

- Is the priority group perspective incorporated (are we measuring what is important to this group in making decisions about changing their behaviors or adopting new ones)?
- What are the key intervening or intermediate variables in our theory of change?
- How will various patterns of results be interpreted?
- How will the information obtained improve the program?
- Were exposure and accessibility targets met, and how will we know (did people hear from us, and were there increased opportunities for them to engage in the behavior or to use the product or service)?
- Will there be enough time to see measurable change?

KEY TERMS

balanced scorecard
case study research
community education monitoring system
exposure
market share
measurement of affect
model of effects
program dashboard
program evaluation
program monitoring
unit of analysis

DISCUSSION QUESTIONS

1. With known budget constraints, how would you decide which three to five elements of a social marketing program might be the most important ones to monitor? Discuss trade-offs including impacts on the program's priority groups, program operations, staff management, stakeholder value, and the need to demonstrate impact to funders and policymakers.
2. Consider an existing program you are involved with or one drawn from case studies in the literature. How might you design a low-cost and feasible evaluation project to demonstrate its effectiveness in comparison to other programs?
3. Assume that you are part of a team that is preparing to develop a research plan for a research grant. The focus will be on addressing an important question to understand or improve how social marketing can best be applied to a specific social puzzle or behavior change objective. How would you design such a study to scientifically test a specific hypothesis about social marketing (for example, that adding products or services to mass media campaigns improves outcomes or that decreasing inconvenience costs to participate in a program allows the program to increase financial cost recovery)?

Chapter 11

Personal and Community Engagement in Change

Social marketing requires community-based approaches to assure delivery of products, services, and messages, as is the case with this malaria prevention effort in Kenya. (Image courtesy of the author.)

Learning Objectives

- Compare and contrast two community-based models for social marketing.
- Describe how volunteers can be used in social change programs.
- Discuss and illustrate how social mobilization and social marketing efforts can be combined in integrated program planning and delivery.
- Recommend strategies that can be used to market public participation in social change activities.
- Identify opportunities to use marketing methods to foster social change.

It is time to move beyond the usual settings and targets of social marketing programs and consider how they can increase the engagement of people, organizations, and coalitions in social change efforts (for example, how coalitions can become more effective and efficient by using social marketing).

COMMUNITY-BASED APPROACHES TO SOCIAL MARKETING

In the first chapter I noted that many social marketing programs focused on individual agency and action and were criticized as examples of victim blaming. However, over the years there have been cases of social marketing and community-based, participatory approaches using community development models, social mobilization, or citizen engagement practices being successfully combined into integrative program strategies.

Among the first large-scale applications of social marketing in the United States, the Pawtucket Heart Health Program (PHHP) considered community engagement and activation as its core strategy (Lefebvre, Lasater, Carleton & Peterson, 1987). The primary research hypotheses of this research and demonstration project for stimulating population reductions in cardiovascular morbidity and mortality included these propositions:

- "Community health change using lay volunteers is feasible and effective."
- "Health-promoting, population-wide risk factor behavior change will occur through a process of community activation with involvement by individuals, groups, organizations, and the entire community."

- "The creation of social networks in support of behavior change will result in altered attitudes concerning risk factor behavior-related change, and in maintenance of these changes" (Lefebvre, Lasater, et al., 1987, p. 81).

In explaining the theoretical elements that drove intervention planning for this project, Lefebvre, Lasater, et al. (1987) referred to the development of an optimal community environment through a systems-level, competency-enhancement process. Their approach blended elements of the social planning and locality development methods in which both *expert* and *enabler* roles were assumed by program staff, depending on the context of the specific challenge they were addressing and the level of community knowledge and resources available to address it. For example, in the early years of the project, health promotion programs in worksites and churches relied on PHHP staff for guidance as to what evidence-based programs they should implement and how. Then over the following years, internal organizational health promotion coordinators designed and managed their own programs, with assistance, when needed, from professional staff.

In practice, all interventions were designed with community activation at their core. The activation process was operationalized through a volunteer delivery system (Roncarati, Lefebvre & Carleton, 1989). Volunteers were both self-selected and recruited to be trained and involved in one or more roles as delivery agents of PHHP offerings, including serving as risk factor screeners and counselors, managers of walk-in blood pressure stations across the community, leaders of cost-effective group behavior change programs (Peterson, Abrams, Elder & Beaudin, 1985), and representatives of their organizations on community boards, including the Chamber of Commerce Heart Health Committee and the Church Advisory Board, which served as planning and networking bodies for organizational health promotion efforts. Lefebvre, Lasater, et al. (1987) summarized the first three years of experience with this volunteer-based model for community activation by noting that PHHP activities had resulted in over 30,000 contacts with residents of the community seeking to improve their health and was supported with over 30,000 hours of documented volunteer investment. "The volunteer delivery system that has been developed is effective: it recruits capable people, trains them well, supervises them in their intervention work, and increases their job responsibilities as they gain experience so that many residents and institutions will be ready to manage the heart health program when federal funding ceases" (p. 93).

Natural Helper Networks

This notion of using volunteers or, more generally, natural helper networks, is a popular method in many advocacy and social cause campaigns but seems woefully neglected by many social marketers. The idea of using informal helping networks in public health programs traces its roots to studies of South African primary health care centers in the 1940s and 1950s. These studies focused on the ways in which engaging natural helping networks in health care delivery led to a variety of positive changes in health among patients as well as positive changes in the health center staff's ability to understand and empathize with the daily lives and challenges of their patient population. This work was later transplanted to rural communities in North Carolina and spawned a number of church-based interventions in the 1980s aimed at serving black populations (Eng, Rhodes & Parker, 2009). By the 1990s, the idea of natural helpers was being adopted by public health researchers as a way of working effectively with Hispanic populations and other specific population groups and segments.

Natural helpers include family and friends; neighbors; people to whom others naturally turn for advice, support, and tangible aid; role-related helpers (including ministers, hairstylists, and shopkeepers who come into contact with people in the course of their work); people with similar problems; and volunteers. *Lay health advisors* is a term used to describe a more formal role these natural helpers might play in an intervention. One review of the literature found that lay health advisors have been used to address specific health needs of priority populations in HIV/AIDS and other sexually transmitted disease prevention programs, mammography screening programs for women, other cancer detection efforts, cardiovascular risk reduction projects (smoking, weight loss, nutrition, blood pressure management, and physical activity programs), and perinatal education efforts (Fleury, Keller, Perez & Lee, 2009). More recently, in the context of a community-based social marketing effort, Hill, Hill, and Moore (2009) recruited and trained volunteer *peer activist facilitators* to deliver parenting programs to parents and caregivers of children up to four years old.

As we consider social marketing programs operating in community settings where resources are constrained and where innovating sustainable and equitable solutions to puzzles is a priority, we see that these natural helper networks are not only delivery agents of behavior change programs but also proactive agents *for* social change as well. This means that the people whom we think of as potential

or actual volunteers need to become part of our marketing program and assume the status of an important priority group: people critical to success. These are people that we need to understand in terms of their perceived benefits for participating and also the value they receive from that experience; to track in terms of their involvement, contributions, and satisfaction with our programs; and to give serious consideration to in terms of offering them appropriate ways to serve our program and their communities.

Roncarati et al. (1989) presented a detailed marketing approach to volunteer development that included identifying program needs; developing relevant recruitment strategies; providing screening and training procedures; and establishing ongoing communication and evaluation processes between volunteers and staff, including recognition and reinforcement, participation tracking, and bidirectional evaluation of both the volunteers and their experience of program support. These authors also note the various reasons, or motivations, people have for volunteering for specific roles in a program, including affiliation, power, and achievement. These reasons need to be considered in recruitment and retention efforts. Boehm (2009) described a social marketing perspective to volunteer efforts operated by a nonprofit organization in Israel. He points out that conceiving of volunteering as a social product is important because it can lead to segmentation strategies for the potential pool of volunteers, the positioning of volunteer activities to each segment, a reduction in the costs of volunteering, an emphasis on the unique incentives for different groups of potential volunteers, the creation of available and appropriate volunteer opportunities, and diversity in promotional activities.

The next sections present some other approaches to conducting social marketing in communities, approaches that take into account their indigenous assets, capacities, and resources.

Social Mobilization in Developing Country Contexts

McKee (1992) presented a number of case studies in which social marketing efforts were complemented by community-based workers and volunteers. In one project he described, the objective was to reduce child mortality from dehydration associated with severe diarrhea by introducing prepackaged oral rehydration salts (ORS) in Honduras and teaching mothers in The Gambia to make a homemade mixture of a comparable ORS solution (because that West African country had

no capacity to manufacture ORS packets and no sustainable distribution system for them). Following the priority population segmentation and in-depth formative research, a set of behavioral objectives were created for obtaining ORS packets and another set for mixing and using ORS with sick children. Distribution plans for ORS packages and for mixing ingredients were designed, and the appropriate promotional and educational materials were developed for each country. The primary promotional channel was radio spots; however, the projects in both countries also relied heavily on community health workers and other volunteers such as traditional birth attendants to support message dissemination and serve as backup distribution points for ORS packets.

Several global programs for health in which social mobilization was a key component are also reviewed by McKee (1992), including the Expanded Programme on Immunization launched by UNICEF and the World Health Organization in the 1980s, the very successful national breast-feeding program in Brazil, the Tamil Nadu Integrated Nutrition Project in India, and the Iringa Nutrition Programme in Tanzania. As McKee states, social mobilization programs have brought about huge transformations in the health and nutrition sector in many countries around the world; however, these programs have also had shortcomings that social marketing insights could have prevented. For example, health workers were often not identified as a primary communication channel early in these programs' development and were not trained to be as effective as they could have been. This lack of attention to groups who are critical to program success is a problem I have discussed elsewhere. The core problem McKee identifies among the social mobilization programs he looked at is that they lacked the social marketing planning and research methods that might have helped them to avoid this oversight and other implementation issues.

In his call for a synthesis of social mobilization and social marketing approaches to health and development, McKee presents many of the same arguments for community participation as were put forward by the PHHP investigators; namely, that participation by members of the community can lead to

- Creating a better understanding by the community of the determinants of and potential solutions to community members' health and other social puzzles
- Developing a freedom from dependence on professionals

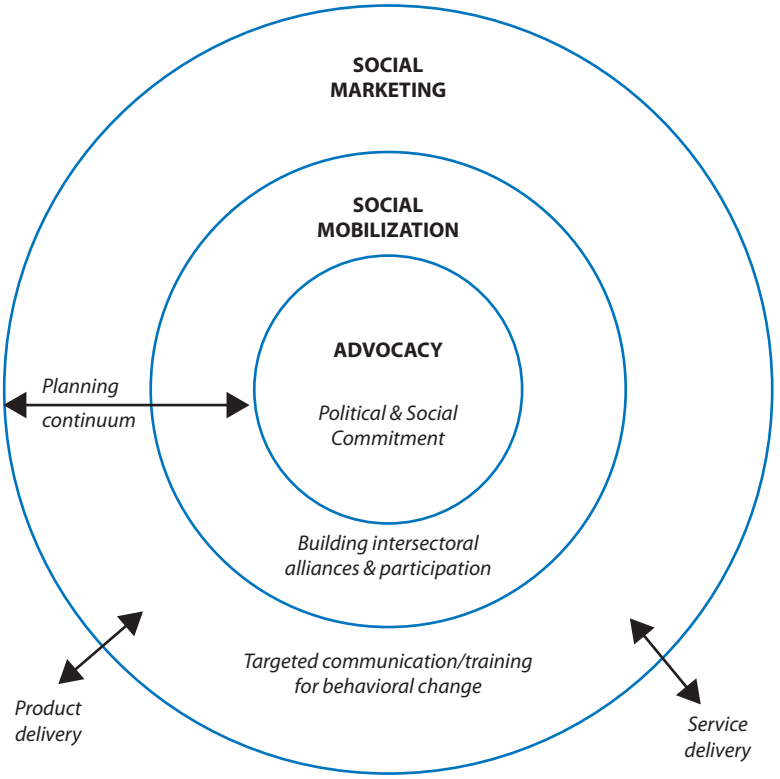
- Ensuring the use of local knowledge and expertise
- Ensuring that proposed solutions and their implementation fit local needs and are tailored to the local context
- Developing a greater sense of responsibility for the project for both the short and the long term
- Delivering products and services at lower cost
- Accomplishing more

While being quite supportive of community participation, McKee also cautions that small groups of motivated people may be expressing particular points of view about a community need or a possible solution that may not be representative of the larger community. Communities often give heightened scrutiny to "outside" solutions, some of which may be a challenge to traditional power structures; however, "inside" solutions also present concerns about possible social coercion or the imposition of the will of the majority on a particular group.

The model for a synthesis of advocacy, social mobilization, and social marketing that McKee (1992) created can be quite useful for reaching across perceived chasms among practitioners who each favor one strategy to the exclusion of the others (figure 11.1):

- At the model's core is an *advocacy* component that refers to gaining the acceptance of political and social leaders for specific program initiatives and to setting the agenda for the community.
- The middle ring is a social mobilization process that requires bringing all feasible and practical allies together to increase demand for specific programs, assist in the delivery of resources and services, and strengthen community participation in order to increase sustainability.
- The outer ring is the social marketing component (which McKee refers to as *programme communication*, while noting that he sees these two terms as interchangeable). This includes identifying and segmenting priority groups, conducting formative research and evaluation, developing and implementing communication and training programs for these groups, and ongoing program monitoring as well as outcome evaluations.

FIGURE 11.1 A model for the synthesis of advocacy, social mobilization, and social marketing in health and social welfare programs



Source: Adapted from McKee, 1992, p. 164.

One of the key takeaways from this model is that social marketing should not begin and end in the outer circle. Rather, social mobilization programs need strategies to create social, or community, demand and ownership for the program's offerings. In addition, the incorporation of social mobilization strategies ensures that the program's new products, services, and behaviors will be widely diffused through various interpersonal channels, whether this is done face to face or is mediated through technologies. Finally, widespread participation and commitment from both community leaders and residents creates a platform from which to build sustainability and ownership of the health and social welfare goals of the program.

Community-Based Social Marketing

The community-based social marketing (CBSM) approach was developed by McKenzie-Mohr (2000) as a method to apply psychological research and knowledge to the development and delivery of environmental programs. CBSM merges this psychological perspective with social marketing expertise in order to understand the barriers people perceive to engaging in sustainable behaviors and to craft programs that address these behaviors among specific segments of the public. These programs may have goals such as lowering greenhouse gas emissions or reducing waste and increasing efficiency in energy and water use. At the core of these and other environmental issues, McKenzie-Mohr argues, is the need to change individual behaviors in order for communities to have a sustainable future. The CBSM approach he offers is in contrast to information intensive approaches that focus on increasing knowledge and encouraging the development of positive attitudes toward sustainable behaviors but have demonstrably little or no impact on behaviors. McKenzie-Mohr also positions CBSM against programs that employ economic appeals and assume that the public will act in rational self-interest. He takes note of several mass media campaigns and advertising efforts that have used this approach with minimal or no savings realized in household energy use, and other cases where mass media campaigns have cost more than the documented savings that resulted from them.

In its original conceptualization, CBSM was composed of four steps (McKenzie-Mohr, 2000):

Step 1: Uncover barriers to behaviors, and then select which behaviors to promote.

Step 2: Design a program to overcome the barriers to the selected behaviors.

Step 3: Pilot the program.

Step 4: Evaluate it once it is broadly implemented.

When considering individual behaviors to target for sustainable outcomes, McKenzie-Mohr points out that even though many different behaviors can have an impact on such environmental issues as reducing solid waste streams, lowering greenhouse gas emissions, and lowering household energy use, it is rarely the case that large groups of people will participate in a wide range of activities. This

premise sets the stage for the first step of identifying which behaviors, out of all possible ones, will have the most impact in terms of achieving reductions in waste, emissions, and energy use, for example. Once these behaviors are identified, the next phase of step 1 is to identify the internal (or personal) and external barriers different population segments would face were they to engage in these activities. Then the question becomes whether resources exist to overcome these identified barriers.

In step 2, the CBSM approach limits itself to the strategy of removing barriers to the desired behaviors. For example, the barrier of low awareness can be addressed through various promotional channels, difficulties in identifying more environmentally friendly (or green) products can be remedied through in-store or point-of-decision advertising, and low motivation can be addressed through the use of commitment strategies such as pledges and behavior contracts.

Step 3 is formative research in which small-scale pilot projects are conducted to test whether, and in what best combination, the active components of the CBSM program achieve the desired behavior changes.

And finally, in step 4, CBSM confronts the infrequent use of effectiveness evaluations in other types of environmental programs. Evaluation of CBSM programs emphasizes the direct measurement of behaviors and of their immediate consequences (such as reductions in the solid waste stream, greenhouse gas emissions, and energy and water use), rather than relying on self-report.

In his recent update of the community-based social marketing approach, McKenzie-Mohr (2011) has expanded the model to five steps by disentangling the selection of target behaviors from the earlier step 1 and putting it first (see the accompanying box). He also stresses benefit analysis along with identifying barriers in what is now step 2. The new step 3 is focused on developing strategies that not only address barriers but also leverage identified benefits. In addition, this step now includes the idea of focus group testing of strategies. Step 4 continues to focus on pilot-testing, for which McKenzie-Mohr champions the use of a control group or multiple comparison groups to test different strategies. And the new last step is "broad-scale implementation," where the focus continues to be on gathering behavioral data for program evaluation.

Although this approach appears to be straightforward, McKenzie-Mohr (2000) comments that there are many environmental program planners who are reluctant to adopt CBSM. The most common resistance point is the step of identifying barriers, which most program planners believe they already understand

UPDATED COMMUNITY-BASED SOCIAL MARKETING PROCESS

1. Select behaviors.
2. Identify barriers and benefits.
3. Develop strategies.
4. Pilot-test.
5. Conduct broad-scale implementation.

Source: Adapted from McKenzie-Mohr, 2011.

quite well; they view the effort to understand barriers to sustainable behaviors from the people's point of view as taking an unnecessary amount of time and money. These planners, like many others across the range of health and social issues, have formed their personal theories about the behavior of others and go about their program planning work selectively using information that confirms their beliefs. Thus, taking four to eight weeks to conduct research with priority groups to uncover their perceptions of barriers not only requires more resources but also questions their professional competence and understanding of the problem. Yet as McKenzie-Mohr goes on to point out, the costs of this research may be minimal in the longer term when compared to the time and costs of revamping a program and then implementing that new version because the first attempt failed to change behaviors in meaningful ways.

A distinguishing element of CBSM is that the marketing mix is not used as the strategic core of the approach. Rather, social marketing is viewed as a dissemination framework through which social and psychological knowledge about proven behavior change methods, packaged as *change tools*, can be tailored and delivered to the most appropriate segments of a population, including the program planners. (I will discuss social marketing as dissemination in more detail in chapter 13.) Some of the change tools around which Fostering Sustainable Behavior, the CBSM website (www.cbsm.com), is organized are commitment, communication, convenience, framing, goal setting, incentives, norms, prompts,

and social diffusion. Though many of these tools are employed in other types of social marketing programs, McKenzie-Mohr has elected to emphasize the people-centered perspective, the importance of segmentation and of understanding people's perceived barriers and benefits, and the need to develop interventions that scale. CBSM has been widely adopted and used around the world to foster sustainable behavior change. As of mid-2011, the CBSM website contained numerous articles and cases about CBSM use in various areas: 56 about agriculture and conservation, 272 about energy use, 117 about transportation, 381 about waste and pollution programs, and 83 about water management and conservation. Yet I found no evidence of empirical research on CBSM in the peer-reviewed literature.

Community-Based Prevention Marketing

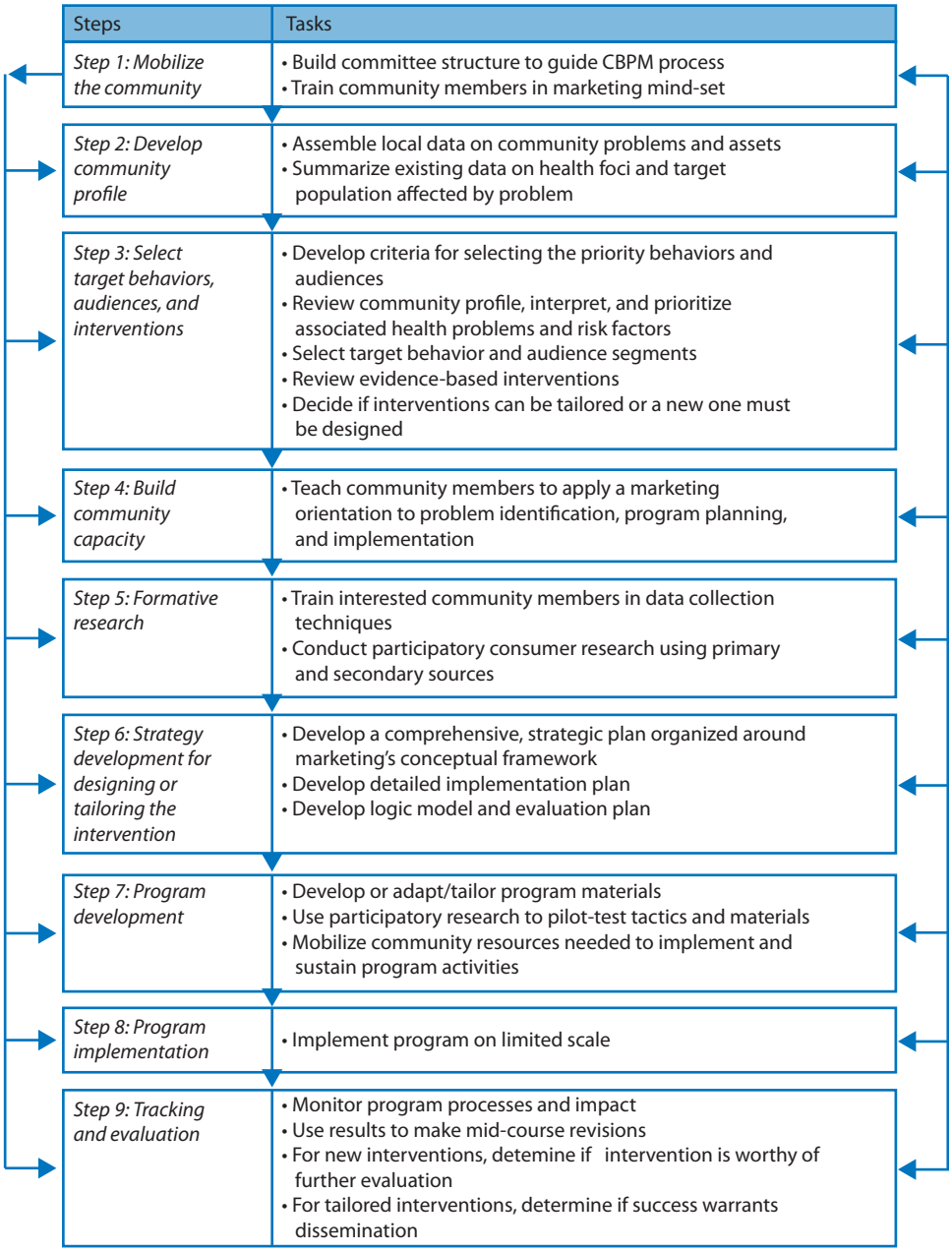
Community-based prevention marketing (CBPM) was developed as a framework for creating action-oriented partnerships between community members and university researchers. It fosters public health program planning that blends social marketing and community organization principles into an integrated approach to program design (or tailoring), implementation, and dissemination (Bryant et al., 2009).

CBPM employs many of the social marketing concepts we are familiar with: consumer orientation, formative research, competitive analysis of current practices, the marketing mix, and monitoring and evaluation activities. However, the cornerstone of CBPM is its co-creation perspective, which supports participation by community members in identifying problems, mobilizing resources, planning and implementing strategies, and tracking and evaluating progress toward program objectives. The process is broken down into nine steps and related tasks, as shown in figure 11.2.

CBPM is not focused just on achieving behavior change objectives. Building community capacity and community empowerment are also critical outcomes of the process (Bryant et al., 2009). These capacities are characterized by citizens' adoption of a *marketing mind-set*, which allows them to use the strategies and tools of social marketing in other types of projects and for solving other types of puzzles.

CBPM has been successful in addressing a variety of puzzles, including how to reduce smoking initiation among youth, how to increase the use of safety glasses to reduce eye injuries among agricultural workers, and how to increase

FIGURE 11.2 Steps and key tasks in community-based prevention marketing



Source: Bryant et al., 2009, p. 334.

LESSONS LEARNED FROM THE TESTING OF COMMUNITY-BASED PREVENTION MARKETING TO IMPROVE FARMWORKER SAFETY

It always sounds good in theory, but just how does a planning framework that uses social marketing and community organization principles actually help us design behavior change programs in the real world? In a 2008 article, Monaghan et al. described their work to use CBPM with citrus workers, their employers, their health providers, and academic researchers. These authors learned many lessons from this project that they shared in their report. It is important to

- Overcome any long-standing mistrust among participants (in this case, among harvesters, their advocates, and managerial representatives).
- Delay selecting the lead community agency for the project until you have an understanding of the relationships among participants.
- Have at least one academic researcher reside in the community to provide technical assistance to community researchers.
- Be aware that board members who on the one hand can provide access to data and workers may on the other hand have varying levels of interest and skill in actually conducting research activities.
- Help community board members develop multiple criteria and a voting system to use to prioritize problems and make decisions.
- Include public health and other social service personnel on the board in order to engage representatives from disenfranchised communities in learning and applying social marketing principles and practices.

physical activity among tweens and sedentary middle-aged women (Bryant et al., 2009). Bryant and colleagues also describe these challenges to bringing social marketing practice to community settings:

- Respecting community self-determination and relevance can lead to a difficult and time-consuming process, in which some social marketers may not be prepared to participate effectively.

- The trust and cooperation that needs to be developed between the social marketing experts and community members can be difficult to establish.
- Community access to professionals with formal social marketing education and adequate professional experiences may be limited or not available.
- Community members may not be able to adequately evaluate the skills and competencies of social marketing consultants.
- Social marketing itself may be misunderstood by community leaders as involving only formative research with focus groups, creating clever messages and logos, and producing and distributing advertisements and other promotional materials (in essence, a 1P campaign), and that perspective may guide their judgment and expectations.

Similarly, not all communities are equally capable of using social marketing to address their puzzles. For example, communities may not be in a state of readiness or preparedness to identify and address particular puzzles, they may not currently possess the resources that are necessary to address them, and they may not have an appropriate agency or individual to serve as the leader or champion of the process (Bryant et al., 2009; Kelly et al., 2003).

A final point to emphasize here is that the developers of CBPM view their framework as more than program planning. They also advocate using CBPM to tailor evidence-based practices to local contexts, to translate empirical research into interventions that have ecological validity (that are more likely to be adopted by communities), and also to disseminate public health interventions among various population segments. In regard to this latter point, Bryant, McDermott, Lindenberger, and Lefebvre (2010) have adapted the CBPM framework into an approach for communities to use to implement the evidence-based policies for obesity prevention recommended by Khan et al. (2009). These social marketers work with selected communities to help them use a modified CBPM process to identify the policy product and strategy that make the most sense for them to pursue given the local marketplace and the contours of their obesity puzzle; the main priority groups, partners, and opponents (competitors) present in the community; and the type of tailoring and marketing mix that will be needed to implement the selected policy given the local conditions. With this information, the community can then create and implement a marketing plan for its specific policy product solution.

Recommended Community Strategies to Prevent Obesity in the United States

- Communities should increase availability of healthier food and beverage choices in public service venues.
- Communities should improve availability of affordable healthier food and beverage choices in public service venues.
- Communities should improve geographic availability of supermarkets in underserved areas.
- Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- Communities should improve availability of mechanisms for purchasing foods from farms.
- Communities should provide incentives for the production, distribution, and procurement of foods from local farms.
- Communities should restrict availability of less healthy foods and beverages in public service venues.
- Communities should institute smaller portion size options in public service venues.
- Communities should limit advertisements of less healthy foods and beverages.
- Communities should discourage consumption of sugar-sweetened beverages.
- Communities should increase support for breastfeeding.
- Communities should require physical education in schools.
- Communities should increase the amount of physical activity in PE programs in schools.
- Communities should increase opportunities for extracurricular physical activity.
- Communities should reduce screen time in public service venues.
- Communities should improve access to outdoor recreational facilities.

- Communities should enhance infrastructure supporting bicycling.
- Communities should enhance infrastructure supporting walking.
- Communities should support locating schools within easy walking distance of residential areas.
- Communities should improve access to public transportation.
- Communities should zone for mixed use development.
- Communities should enhance personal safety in areas where persons are or could be physically active.
- Communities should enhance traffic safety in areas where persons are or could be physically active.
- Communities should participate in community coalitions or partnerships to address obesity [Khan et al., 2009].

No data are yet available from their pilot studies, but this work highlights how marketing can be applied within a community engagement framework to achieve changes in the social and physical environment that support social goals. This work builds on the observations of Stone (1997), who argues that policymaking is not always a rational process of cool-headed decision making among people seeking to maximize their individual self-interests and well-being in an orderly sequence of stages. Rather, she offers a model of policymaking that invokes metaphor and category making (message development and testing) to persuade other people to adopt a particular policy. The essence of policymaking, in her view, is the struggle over ideas for creating shared meaning about the public interest and the nature of the community. Rather than seeing communities trying to achieve something as marketplaces of individuals maximizing self-interest, she sees them as communities; that is, as marketplaces of ideas for motivating people to collective action. It is influencing this marketplace of ideas through stimulating many people to collective action that marks a new horizon for future social marketing practice.

Public Participation

As this chapter has demonstrated, social marketers are involving people from their communities in the co-creation of programs and not just recruiting them to focus groups to understand them and test concepts and materials before widespread

GUINEA WORM ERADICATION IN NIGERIA

In the 1980s, Brieger, Ramakrishna, and Adeniyi (1986) reported on their approach to guinea worm eradication in Nigeria. Consumers (the community members) were involved in each decision about the marketing strategy—including product design, price, distribution, and promotion. Volunteer primary health workers helped set the price, sold the product produced by local tailors (a monofilament nylon filter for removing guinea worm larvae from the water), and educated each consumer on its proper use. Product coverage in those neighborhoods and farm settlements where primary health workers were involved in the planning and delivery process was nearly double that in other sections of the program area, demonstrating the value of co-creation for designing and marketing health behavior changes and products.

implementation. Public participation is common among environmental management programs, health reform efforts, and urban planning, and in other arenas in which change must occur across levels of social organization, including individual behavior changes, modifications of organizational and business practices, and the enactment of policies (cf. Brabham, 2009; Dietz & Stern, 2008; Dunston, Lee, Boud, Brodie & Chiarella, 2009). There is much knowledge available about methods to encourage and facilitate public participation, and social marketing programs would benefit from employing some of these strategies more often. Social marketers can also assist agencies that conduct public participation programs to become even more effective and efficient in their approach, as well as to learn how to attract people they have previously labeled unresponsive or apathetic (just as many in public health have asked whether there really are so-called hard-to-reach audiences; Freimuth & Mettger, 1990).

Despite the lack of conclusive research evidence for its utility and effectiveness, public participation, or citizen engagement, has become a critical element of many public policy and social change efforts (Carpini, Cook & Jacobs, 2004). While public participation has been a long-standing interest of people working in environmental issues (Chess & Purcell, 1999), education, and transportation (Morris & Fragala, 2010), the national and international shifts to open or participatory governance has broadened its role, making it desirable for all types of public activities (Reddell & Woolcock, 2004).

If we consider *civic engagement* to consist primarily of people engaging in behaviors that allow them to provide their perspective on local and national issues, then there are opportunities for social marketing to facilitate and enhance that process. These behaviors might consist of one-off responses to short surveys, attending public forums, or at a more complex level, participating in ongoing meetings and working groups. The question organizers often ask is, How do we motivate people to attend? From a marketing point of view, we might ask:

- Which priority groups should be represented at these meetings?
- What do we know about the people who do attend, or who never attend, such forums?
- How do we design engagement opportunities that are attractive to the key segments of the population identified by the answers to the first two questions?
- How do we make these meetings personally relevant and beneficial to the participants?
- How do we minimize opportunity and other costs associated with participation? (Should we convene them at convenient venues and times, or perhaps not rely on direct interactions and instead use technology-mediated techniques such as virtual meetings or teleconferences? Should we promote these opportunities and participation in them so as to appeal to personally relevant benefits for each distinct priority group?)

The International Association for Public Participation (2006) has a toolbox for people to use when considering public engagement programs. It identifies techniques for public participation based on the goals of the organizers (shown in italics):

Share information (usually for awareness raising and information dissemination). Techniques include using targeted media such as bill stuffers; using interpersonal channels including briefings of social and civic clubs and organizations, providing key information contacts for the public and the media, and convening expert panels; employing media tactics such as publishing feature stories, sending out press releases, producing print advertisements and public information materials, arranging appearances on television programs, and developing websites; and

offering services such as field offices, hotlines, information kiosks, information repositories, list servs, and e-mail.

Compile and provide feedback. This activity is essential for ensuring that the public has opportunities to monitor and contribute to the ongoing development of the project. Some techniques include the use of mail, telephone, in-person, and online comment forms and surveys; having computer-based polling; establishing community facilitators or outreach workers; conducting stakeholder interviews; and using the Delphi process.

Bring people together. Techniques for convening people to interact with others and provide group input to a program include the appreciative inquiry process; citizen juries; charrettes; interactive technologies to register opinions; deliberative polling processes; focus groups that solicit input into program decisions rather than reacting to proposals; advisory groups; panels; task forces; public hearings or meetings; study circles; open space, town hall, or web-based meetings; symposia; and workshops.

■ ■ ■

Clearly, there are many ways for organizations to engage people in social change, whether at a local or a more global level. The lists in this section are prompts and reminders for social marketers and change agents that there are many different ways

THE UK APPROACH TO CITIZEN PARTICIPATION IN HEALTH

A 2008 UK government report titled *Excellence and Fairness: Achieving World Class Public Services* charts a new course for reform in order to achieve excellence in providing public services in the United Kingdom. The vision is based on three principles: citizen empowerment, a new professionalism in the public workforce, and strategic leadership from government.

In several places the report identifies opportunities to empower citizens where social marketing might contribute to national policy development across all public services. For example, the report states: "For many services, empowerment starts when people are able to make real choices about which

services are best suited to them—their lifestyles and their needs. Enhancing and extending the opportunities people have to make choices empowers citizens. It also creates pressure for improvement by rewarding services that offer what people want . . . in a range of sectors from childcare to primary health, alternative education, probation and employment services."

The next stage of the reform program, says the report, "must put power directly into the hands of citizens, driving services to become more responsive and personalised to each individual's needs and aspirations—and provide a strong set of incentives for the system to innovate and improve." A goal that a social marketer could not have constructed any better. As a consequence, the report continues:

- Services should reflect people's **aspirations and lifestyles** to offer users the increased personal control they demand, and adapt to meet new demands such as more flexible opening hours or better online access.
- Services must be designed around people's **complex and inter-related needs**, for instance providing those with long-term health conditions with greater continuity of care between their home and hospital.
- A **stronger relationship** needs to be created between the citizen and public service professionals. Only when citizens are treated as equal partners do they bring their knowledge, time and energy to address challenges such as preventing ill-health [emphasis in original].

If readers had any doubts as to whether social marketers can learn from and contribute to public participation movements around the world, I hope this chapter has helped to dispel them. Not just in the British Isles but in many countries around the world, individuals', groups', communities', and governments' overlapping interests in and philosophies of people-centered actions, their interest in offering services that are tailored to segments of the population, and their desire to act on the idea of cooperation in search of shared values offers much on which to build a social marketing approach to solving social puzzles.

Source: Quotations from Cabinet Office, 2008.

to have conversations with people. Moreover, applying marketing principles and techniques can strengthen the reach and impact of many public participation efforts.

SHIFTING FROM ENGAGEMENT TO ACTIVATION

The similarities between great social marketing and great advocacy programs are more numerous than their differences. Once we determine whether we are mainly concerned with identifying and influencing behavioral determinants and outcomes or whether we are seeking to influence social ones, the approaches taken are remarkably similar: identify an audience for specific actions, decide on the offering that will be of most value to them, uncover the benefits and costs for action, deliver the program at the most appropriate time and place, and craft a persuasive communication and promotion approach.

One behavior that both advocates and upstream social marketers tend to be very interested in is moving certain groups of people, or at times specific individuals (such as an elected official or policymaker), to action. Even when we have social goals in mind, achieving them is pretty much impossible without changing the behavior of (at least) a few people.

Discovering the Activation Point (Grimm, 2006) presents a systematic and strategic approach to citizen engagement for social change that anyone in the world-changing business should have in his or her toolbox. Grimm worked with a group of experts and conducted eleven in-depth case studies to arrive at eight recommendations for moving citizens to action (see the accompanying box). The report is filled with research-based insights, which are framed by a set of strategic questions that can be applied to both social marketing and advocacy programs:

1. "Who do you need to persuade . . . to do what?"
2. "What stage of persuasion is the audience in currently (build knowledge, build will, or reinforce action)?"
3. "What can be done to build the audience's will to act?"
4. "What barriers need to be overcome and how?"
5. "When is the best time to persuade?"
6. "Once your audience takes action, how do you reinforce that action?" (Grimm, 2006).

RECOMMENDATIONS FOR MOVING PEOPLE TO SOCIAL ACTION

1. The smaller the priority group you wish to activate, the easier it is to create a focused campaign that can move them to action.
2. Ask decision makers how many voices from what interest groups or constituencies are enough to get their attention and change their behavior.
3. Focus on priority groups who are not actively opposing your issue or position.
4. Segment by their willingness to publicly demonstrate their support until you can't segment anymore.
5. Focus on the groups with the greatest influence over your decision maker.
6. Find and activate priority group members who are likely to bring along additional supporters.
7. Put a premium on people and groups who are willing to publicly support the issue or cause.
8. Test your messages and value proposition in ways that allow people to actually demonstrate what they will do in response—do not rely just on what they say in polls or focus groups.

Source: Adapted from Grimm, 2006.

Throughout her discussion of how to activate people, Grimm continually refers to understanding how prospective priority groups feel about the issue, whether they trust the sponsoring organization, whether you can show them respect, how to make the issue personal and emotionally relevant to them, and what their comfort zones are in terms of what they are willing to do and what will fit into their lifestyles (and what they will not do). The most important consideration is discovering ways in which you can showcase the benefits of participants' actions to keep them engaged, turn them into heroes whenever possible, and continually link program successes with their existing values. In short, the best practices for effectively activating people for community action come from using the social marketing framework.

CAN SOCIAL MARKETING REVITALIZE COMMUNITIES?

The report of the White House Neighborhood Revitalization Initiative (The White House, 2011) summarized the knowledge and experience base for building *neighborhoods of opportunity*. These neighborhoods are described as ones in which improved educational and developmental, commercial, recreational, physical, and social assets are sustained by local leadership and lead to improved well-being and community quality of life. The idea of using social marketing to change neighborhoods and communities may seem absurd to people who believe that social marketing is *only* about behavior change. Yet the five strategies outlined in this report reflect many of the core ideas in our discipline.

1. *Resident engagement and community leadership*. "It is critical for leaders to understand residents' views of the neighborhood, particularly the neighborhood's needs and assets, and how residents want their neighborhood to change. Revitalization efforts involving, and in some cases led by, community members create a sense of ownership of the challenges, and help ensure the path forward is relevant, accountable, and sustainable" (p. 5).
2. *Developing strategic and accountable partnerships*. "To create deep and lasting change in the community, high-quality interventions must be linked to address interrelated problems. This requires the development of strategic partnerships to achieve identified goals, as well as share accountability for the intended outcomes. Some key elements for effective partnerships are clearly defined roles and agreement upon a common vision, theory of the change, and theory of action" (p. 6).
3. *Maintaining a results focus supported by data*. "Data should not only measure population-level outcomes, but should also drive the development of the other elements identified in this report—engaging neighborhood residents, establishing strategic and accountable partnerships, securing and sustaining diversified partnerships, and investing in capacity building. . . . [D]ata is a critical tool for building cross-agency accountability systems and tracking progress against desired results" (p. 7).
4. *Investing in and building organizational capacity*. "Building and managing data systems, recruiting and retaining staff, and developing resources are examples of organizational capacity that take money, time, and energy. Developing

these capabilities should be a key strategy of organizations pursuing comprehensive neighborhood revitalization, rather than an afterthought" (p. 8).

5. *Alignment of resources to a unified and targeted impact strategy*. "Communities with comprehensive revitalization efforts strategically align their resources in targeted geographic areas to move the needle to reduce poverty and neighborhood distress. . . . [T]argeting limited resources rather than spreading them thinly across an entire city offers greater returns, especially in high-poverty neighborhoods" (pp. 8–9).

Two core social marketing elements (see Lefebvre, 2009a) are easily identified here: The report sees that programs should be audience-centric; that is, based on understanding the people to be served by the program, having insights into how they perceive the problem and possible solutions in the context of their everyday lives, and engaging them to be co-creators and eventual owners of relevant solutions. The report also understands that audience engagement, from who is sitting at the policy table to who is sitting across from a teacher, is both a core value and outcome for success. It becomes part of a common framework for understanding and implementing programs with population-wide benefits.

You may also recognize the call for integrated collaborations across multiple sectors of the community. Yet the challenge is to identify a common way to frame the problem, the hopes of the community, and a strategy to achieve them (the theories of change and of action). A social marketing approach to neighborhood revitalization would lead to strategies that include "a set of integrated activities that analyze, design for, implement and evaluate programs that specifically (1) address products, services and behaviors that will improve individual and social well-being; (2) realign incentives and costs to facilitate behaviors for the individual and social good; (3) create opportunities and improve access to beneficial products, services and places that encourage and support behavior change; and (4) employ state-of-the-science communication strategies and tools to promote and support positive change at all levels of society—individuals, families and other social networks, organizations and communities" (Lefebvre, 2009a, p. 144).

Of the five strategies in the report, the issue of capacity building is one many social marketers totally overlook in their programs. More change agents need to be using marketing to improve services in our communities that initiate and sustain positive individual, community, and social change.

If you want to use social marketing to expand your scope of impact from individual behaviors to community or social indicators, careful reading of this report can help you rethink your models of change and practice. Yes, there are many gaps in its analysis and many steps between recommendations and implementations. But those are precisely the areas in which social marketers have so much to offer.

SUMMARY

The integration of social marketing with community development and social mobilization approaches in both developing and developed country settings has a much longer and richer history than many public health and social change professionals suspect. The preoccupation of many social marketers with messages, mass media campaigns, and formal research methods has obscured the important role that citizens, community leaders, and other actors have played in many social marketing efforts. The CBSM and CBPM models are two approaches for applying social marketing in community settings. As I have shown in this chapter, people can engage with social marketing programs as natural helpers, volunteers, and advocates for social change and improve the effectiveness of these programs. That is not to say that working with people, as opposed to developing programs for them, does not have its own set of challenges, starting with whether a community is even ready for a social marketing approach to solving its puzzles. But given the current movement of many governments and organizations to increase public involvement, I have demonstrated in several examples how social marketing can make contributions to these efforts now.

KEY TERMS

civic engagement

community-based prevention marketing

community-based social marketing

community participation

natural helper network

public engagement

social mobilization

DISCUSSION QUESTIONS

1. Compare and contrast the two community-based approaches to social marketing described in this chapter: community-based preventive marketing and community-based social marketing. What are the relative strengths and weaknesses of each approach in addressing community puzzles such as reducing childhood obesity, increasing energy efficiency in households (or businesses), increasing the use of fluoride in town and village water supplies, or reducing domestic violence?
2. How can social marketing strategies and techniques be applied to improving social mobilization efforts? Create a hypothetical example and map out how it might work in a community. Who would participate in the priority groups? What would they need to do? What types of marketing mixes could be designed to motivate, support, and sustain their efforts?
3. Proponents of social mobilization or community development strategies often view social marketing as a top-down model for change, whereas this chapter has examined the case for community participation in change efforts. Using your experience and the work cited in this chapter, how would you respond to these distinct views? Create teams who will take opposite sides of the question of which approach (top-down or community-based) should be used, and create a debate or role-play encounters that give voice to each side of the issue. Can the two sides find any common ground to work from? Are there effective rebuttals to the charges that the top-down approach is open to external control, manipulation, lack of community involvement, victim blaming, and lack of consideration of social determinants and of needs for self-direction and capacity and competency development, for example?

Chapter 12

Social Technologies for Social Marketing and Social Change

The essence of social media lies in its intrinsic capability to facilitate collaborations and interactions among others. (Image courtesy of the author.)

Learning Objectives

- Identify five fallacies that underlie many approaches to using social media to change individual behaviors.
- Describe the changes in approach that are necessary to shift from traditional communication and intervention models to ones that capitalize on the strengths of social technologies.
- Discuss how social technologies influence social marketing strategic options.
- Illustrate the use of mobile technologies as part of each element of the marketing mix.
- Discuss how social technologies can be used in scaling up behavior change programs.

The development and adoption of new social technologies, including social media and mobile phones, has presented important challenges as well as opportunities for social change makers around the globe. In this chapter I examine some of the strategic implications for these technologies in social marketing programs. I start from the premise that these technologies offer new ways to develop and scale up population-based behavior change strategies and to address social issues.

DEVELOPING STRATEGIES FOR SOCIAL MEDIA

The strategic use of social media is about changing your perspective, not using new communication tools. Using social media for social change first entails that we make a shift in how we think about interacting with people formerly known as the audience so that we are much less focused on tactics, that is, on how to manage the technical side of specific social and mobile media tools (Lefebvre, 2007). Fortunately, many social marketers and change agents today already possess the technical skills to execute tactics—but what about creating the broader strategic picture? The adoption of social media in social change programs of all kinds is outpacing the understanding that social media are not simply a new set of communication tools to substitute for or complement posters, pamphlets, PSAs, and publicity events.

The essence of social media lies in their intrinsic capability to facilitate collaborations and interactions among people. It is easy to think of these media as digital extensions of our interpersonal channels of promotion, allowing us to narrow our use of broadcast-type communication. However, thinking about these new media as just new communication channels to send out messages to people misses what the revolution is all about: using media in new ways *not* using new media. These new technologies have implications for how we think about the behaviors, products, and services we market; the incentives and costs we focus on; the opportunities we present; and the places where we interact with our priority groups and encourage them to try new things. The finding that two-thirds of US adults who are online are using social media platforms such as Facebook, Twitter, MySpace, and LinkedIn lends more urgency to our need to get involved with people where they are spending more and more of their daily lives (Hampton, Goulet, Rainie & Purcell, 2011).

Communication, engagement, transparency, and trust are the four pillars that support our efforts in the new media world. If we and our organizations cannot demonstrate those supports, it will not be long before our priority groups and stakeholders figure it out, confront us, and challenge us. If we view new media tools (blogs, podcasts, wikis, social network sites, apps, and text and multimedia messaging) as complementary to traditional communication activities and recognize the social characteristics of effective communication, then we have a better than average chance of succeeding and making new friends and allies in our quest to achieve public health and social change.

As we get involved in social media or rethink our current position and priorities, the strategic issues revolve around the self-defining question of what the role of a sponsoring organization should be when launching social media efforts.

The default positions most people gravitate toward come from the old model of communication; as a result they develop "innovative" or "pilot" projects that use various social media tools—usually social network sites (SNS) and micro-blogging sites (for example, Twitter, Sina Weibo), maybe a blog, a mobile strategy, and a wiki—and perhaps build relationships with bloggers or work with existing local SNS. Among the most conservative organizations a social media strategy may not consist of much more than buying advertising on social media sites, thus ensuring that the organization maintains control over the message content and exposure and avoids any *talk back*. A few groups will recognize the value of co-creation of content, but usually they have little idea of where to start and are anxious about

how all that consumer-generated content will work out *if* they were to try it. Somehow many people become amnesic about the fact that we have always had essay, photo, poetry, and other types of contests to elicit content from the people we serve, and we have managed it just fine. It just was not so public before.

A more enlightened position for social media use is to assume the familiar role of content creator and become the expert consultants or coaches for others. Organizations doing this develop content for dissemination through other groups' social media sites and provide training and technical assistance to them. What will they teach? Mostly how to use the new media in old ways—to disseminate messages.

The more powerful position that organizations can take to exploit the features of social media is to become collaborators, conveners, facilitators, brokers, and network weavers (Lefebvre, 2007). By *collaborators*, I mean that they work inside what others have created, such as existing blogs and SNS, or they create platforms for group participation from the beginning. *Conveners* use social media to bring people of common purpose together to get things done—rather than simply substituting computer-mediated meetings for in-person ones, as the burgeoning *webinars* do. One of the major barriers to becoming a convener is that few people and organizations understand the effort that must go into changing the behaviors of their collaborators so that they become workers who use technology—a point I will return to later. Becoming a *broker* means becoming a dynamic resource center—not a place where people go to check out job posts, download toolkits, and consider case studies but where people can, among other things, exchange advice and information, solicit creative work, comment on works in progress, and allow agencies to see who outside the usual networks might have the ways and means to reach priority groups. For example, why do so few health programs reach poor, underserved, and rural populations through agricultural extension services? Why do federal health agencies work so closely with state health departments for pandemic flu preparedness when they clearly do not achieve the presence that is necessary for an informed public and well-prepared smaller public health agencies (cf. Ringel, Trentacost & Lurie, 2009)? And finally, agencies and organizations need to think about themselves as *network weavers*—pulling together diverse and isolated groups working on the same problem who do not have the connectors, or bridges, to bring them into contact with one another. Creating a collaborative platform does not mean moving all the usual suspects onto it; it should instead become a way to engage local organizations, advocates, and other affected groups in the effort.

Using social media means embracing the idea that the world is fundamentally composed of social networks; social media create a world of distributed networks, where anyone can be a producer and distributor of information. This new world should focus us on engaging with people, rather than trying to creatively break through clutter; it should bring home to us the idea that people are continuously interacting with each other and, yes, will talk back to us (the secret is that they always were, we just could not hear them); and it should tell us of the need for multiplexity, because in the new world of masses of media, and the personalization of individuals' media environment, it is ubiquity that is important, not being on one or two of the most popular SNS. Unfortunately, many people are still creating tactic-driven strategies. Their reasoning goes like this: we want to use Twitter (or some other social media tool) because it's cool, or someone really wants us to, or everyone else is doing it. So how can we rationalize it; what strategy can we create that says it makes sense for us to use social media?

Working effectively in a social world means shifting our focus from individuals to the connections between them. That is why we need to have social theories for change and not just individually oriented ones. The power of using social media is not that we can reach people in new ways but that they allow us to take advantage of the connections people have with each other. The challenge has to be framed as how do we design experiences people want to share (or pass along), rather than as how do we design something that is entertaining and changes people's behavior? Behavior and norms can be shaped, changed, and shifted through people's exchanges with each other. The people we wish to serve are not a horde of individuals only calculating costs and benefits for behaving in self-interested ways but are forming and participating in any number of social networks through shared social objects, beliefs, customs, and norms that in turn influence their and our behaviors. New technologies have made it clearer than the theorists ever could that we are all connected in many different ways.

Social media gives us the tools to discover and transform our working relationships, not just pay rhetorical homage to intersectoral collaboration, bursting out of silos, reaching across departments and offices, nurturing and sharing collective wisdom and experience, co-creating with the public and building social capital, and leveraging scarce resources. And that means we need to think first about social media as a means for pursuing social strategies for making the world a better place for all the people who live in it. And then we can also use them as a way to transform how we go about doing our work.

HOW TO USE SOCIAL MEDIA EFFECTIVELY

No one wants to waste resources in a trial-and-error effort to use new technologies such as social media and mobile phones. The question many managers will ask is, How do I decide whether social media are a good option to explore in more depth? Your first step should be a review of recent research on the use of social media and mobile technologies to determine how and where your priority group is using them. In the United States, the Pew Internet & American Life Project conducts random sample surveys of adults to answer many of these sorts of questions (www.pewinternet.org). Other useful starting points for gathering statistics on various groups' use of social media and mobile technologies can be found at the comScore, eMarketer, MarketingCharts, and MobileMarketer websites.

The second step is to immerse yourself in social media by searching for and listening to and reading conversations on the topic you are interested in or conversations that will tell you more about what people in your priority group are talking about and how they talk about it. Social media monitoring has become one of the more useful tools for tracking conversations on the Internet; dozens of companies offer these services, though it is also possible to do it yourself with search terms and patience (social media do take time to use well, though the capital costs will be low).

As you learn from these conversations, and perhaps even participate in a few, you can then consider each element of the marketing mix and ask these questions:

- How do I add social media features to my behavior change products, services, and programs?
- How do I use these technologies to overcome psychological and social barriers (costs) people have to engaging in new behaviors, develop new incentives and reinforcers, and create new ways of providing social support to people who are trying to change behaviors?
- How can I place shift; use SNS, co-presence, and virtual worlds; and add GPS to create scalable behavior change programs?
- How do I facilitate conversations among people, and not aim messages at them?

If you come up with good answers to any of these questions (you don't have to answer all of them at once), then the next step is to check in with members of your priority group and see which of these answers are worth implementing.

Fictions About Social Media

Many conversations that occur among social marketers contemplating using social media (and not just social marketers but leaders and staff in most organizations considering moving into the social media space) start from this premise: we can reach and change the behavior of our target audience through social networking sites such as Facebook and Twitter. This objective may seem plausible at first, but it rests on five misperceptions, or fictions, about social media.

Fiction 1: We Can Reach Audiences with Social Media

Many actors in the social media space, and this extends to people far beyond public health and the public sector, think of social media as another channel through which they can deliver messages to audiences. They view social media in much the same way as they have long viewed broadcast and print media: as a tube through which they can interrupt people to deliver messages that will stick with and persuade people to change behaviors, purchase products, or use services. They also greatly simplify the challenge—for example, by thinking of social media as consisting of only social network sites. Yet the social media landscape is more complex than that, including such things as blogs, wikis of all sorts, social sharing sites such as Flickr and YouTube, social gaming sites (Café World, FarmVille, Doof), massive multiplayer online games (Happy Farm, World of Warcraft), virtual worlds (Second Life, Habbo Hotel, Whyville), discussion forums (Skype, Chatroulette), and microblogs such as Twitter, Posterous, and Tumblr. Indeed, it is difficult to imagine that an organization would undertake a television project in the United States believing it could reach its desired audience by relying just on CBS and Fox as its only outlets, but many organizations do not see that using just Facebook and Twitter to contact people is an analogous situation.

Once people see more of the social media universe and its possibilities, one reaction is to be simply overwhelmed by them. How will we reach all these networks and interest groups? is a typical next question. But the point of new media, and why they are so different in use from traditional media, is that they are not new ways to *reach* people; they create an *attract and join* space. It is not a space with people sitting on a couch waiting to be entertained; this is a place where people actively seek out their own entertainment and, more important, connect with their family, friends, and people with whom they share similar interests.

The people we wish to engage with around specific issues need to be understood in the context of how they construct their social media space, not by how we construct it for ourselves. This idea became crystal clear during a project in which my colleagues and I were interviewing young, low-income women about their use of social media. Because we were already contemplating recruiting peer promoters, or evangelists, as part of a social marketing program to increase the use of family-planning services, we deliberately constructed focus groups consisting of women from this priority group who were currently enrolled in two-year nursing or other health professional education programs. What we heard from these women was that they were now creating Facebook profiles because they felt they needed a more professional identity. These women had all been MySpace users and insisted they would continue being active there as well. Their comments reinforced what is being reported by others and work being done on personas at the MIT Media Lab: that many people use social media to create a variety of personas (see personas.media.mit.edu). Most interesting in our research was the women's perception that having a Facebook profile signaled their transition into a new stage of their work life or career.

Fiction 2: We Can Change People with Social Media

This assumption is predicated on the idea that persuasive messages can be developed and delivered intact through social media to the people we wish to influence. This assumption often leads to the concern, how do we ensure that our message is delivered as we want it to be? When people are used to the security of putting words on a printed page, into a pdf format, or into a prerecorded radio or television spot, where "tampering" with the message is designed out of the process, they have a great adjustment to make when working with social media,

where content is designed with the expectation that it will be passed on by others, perhaps edited or amplified, perhaps have an opinion attached to it, be mashed up with other content, or even be responded to—rather than simply consumed.

Another underlying assumption is that people are active in social networks to learn things and are open to changing their behaviors. What we do know is that most people on the Internet are there to tap into their social networks. And people do not choose to be friends with other people, or organizations, because of a promise that "we are here to change you (or sell you something)." If we are to honor the notion that relationships through common interests are the basis on which social networks are developed, then we also must recognize that people on SNS are not looking for people to change them. To return to the attract and join position, the early experiences change agents have had with using SNS for behavior change efforts in these networks and communities is that these efforts tend to attract like-minded people who are either looking for ways to support their own change efforts that are under way or for resources they can use, or can share with others, to make the same change—for example, people who are attempting to lose weight or who have quit smoking will seek out support for doing that.

The third variable in the presumption that we can change people with social media is that this change will occur through individual, or psychological, mechanisms. This perspective overlooks the value of working in the social media space: that is, having the capability to directly address some of the social variables that influence behavior, as well as improving social connections and social capital in online communities (see chapter 3). The explosion of social media confronts us with the reality that social networks frame the opportunities and constraints for change, and we need to learn to work with them—not ignore them.

Fiction 3: Health Behaviors Are the Focus of Our Social Media Efforts

Many people who undertake social media efforts targeted at behavior change assume that people interact with social media much as they do with broadcast media—that is, very little. People on social media sites are not sitting in front of a computer screen simply switching websites or adjusting the volume. They are reading news and updates from friends, searching for information, sharing words and videos with others, making new friends, rating products and services, tagging content, posting and uploading content, and linking to content as well as

retweeting it—to name just a few behaviors that will affect their ability, as well as ours, to effectively engage with each other for the common purpose of learning and acquiring new behaviors. Overlooking these component skills may be the greatest risk for social change and public health programs that are delivered via social media.

For an illustration of this point, consider that segmentation is not just about the behaviors that are of interest to us, our organizations, or society. Rather, we also need to include in our segmentation schemes the fact that there are social media behavioral segments that need to be incorporated into the design of our programs. For example, Forrester Research (Bernoff, 2010) has identified seven segments of US online users (note that the segments include people who do any one of the activities, thus the total is greater than 100 percent).

- *Inactives* (17 percent of users), who do none of the online activities that the other segments do.
- *Spectators* (70 percent) read blogs, tweets, online forums, or customer ratings and reviews; watch peer-generated videos; and listen to podcasts.
- *Joiners* (59 percent) visit or maintain a profile on social network sites.
- *Collectors* (20 percent) use RSS feeds, vote for websites online, and tag or bookmark web pages and photos.
- *Critics* (37 percent) comment on blogs, contribute to online forums and wikis, and post ratings and reviews.
- *Conversationalists* (33 percent) post updates on Twitter or update their status on an SNS.
- *Creators* (24 percent) publish web pages or blogs, upload videos and music they have created to share them with others, or write articles or stories and post them online.

Preece and Shneiderman (2009) describe a similar behavioral segmentation scheme, which they call the *reader-to-leader framework* and which should be required reading for designers of behavior change programs in SNS or online communities. They give a number of both technological and social prompts that can guide people through the process of moving from a reader role to a contributor, collaborator, and finally, leader role.

What both of these segmentation strategies highlight is that most people who participate on SNS or in online health communities participate at very low levels of activity. This finding should make some people pause and question their assumption that behavior change through social media is accomplished simply by presenting the right message, at the right time, to the right audience. It also highlights why the current interest in engagement is such a priority for all organizations that are in the social media space. Moving people from being inactives, spectators, or readers to being conversationalists or collaborators may be a precondition for people trying new behaviors or discontinuing old ones.

Fiction 4: We Have Target Audiences Who Use Social Media

At a superficial level this assertion is true. However, the presumption that a target audience is waiting for us to reach, touch, or engage them or otherwise treat them as passive consumers is a sure route to failure. As most people soon learn, in the social media space the targets can shoot back with as good an aim as we have. So it is little wonder that when organizations intend to use social media, much of the early planning centers around questions of how open they will be to comments and participation, whether and how to create content that people can modify (or not), whether to involve people formerly known as the audience as co-creators of content, and whether to design program elements that allow people to actively reach out and engage others in their own social networks in the change process (that is, become extenders or evangelists for the cause).

Thinking of people in SNS or online communities as *target audiences* also fails to acknowledge that in the social media world it is not about audiences but communities. This bias arises when agencies begin thinking about creating their own online audiences before understanding whether there might be existing online communities that they could join.

The most important opportunity that letting go of the target audience mindset provides is that we can leverage and facilitate the interpersonal, or word-of-mouth, communication that occurs naturally in these social networks and communities. If we approach social media without a consumer frame, we can then think about how we can use the most significant influencer for new learning and behavior change—interpersonal communication. Adopting this perspective makes it easier to understand why we have to let go of our content, unlock the

formatting keys, and make the content accessible to people who can then pass it along to others (cf. Lefebvre, 2007).

It is remarkable that program staff and managers believed that people either heard or saw their content and said nothing to anyone else, or if they did, that they repeated that content perfectly. Only with the advent of social media and the ability to experience these second- and third-hand transactions does the issue seem relevant to them. But that does not change the fact that people have been talking about our messages and content for years; we just weren't able to watch or hear it (or maybe we just were not interested). Now some of us may still be evading the new reality of social media by focusing on a concern that we might be held accountable for how people treat our messages.

Fiction 5: To Use Social Media Effectively We Need to Be on the Hottest Sites of the Moment

The prevailing wisdom is that using the hottest sites, or the ones with the largest number of visitors or members, is the key to success in the social media world. In most cases, this presumption fails to consider whether our priority groups are among these visitors or whether these popular sites are the best place to try to engage people in behavior change or community-building activities. Once we get beyond the popularity contest, we can see that there are many different types of social network sites that people visit. For example, it is impressive just how many health communities can be found around blogs or the smaller SNS targeted specifically to people with particular interests, such as patients with specific diseases and their families, people trying to manage risk behaviors by quitting smoking or losing weight, health care providers, and social entrepreneurs.

It is also important not to rush past other internet assets just to be part of the social media dance. As John Mack (2010) of *Pharma Marketing Blog* found from a recent Accenture survey, social media sites are the ones health information seekers are least likely to visit—lagging behind online patient communities, websites sponsored by pharmaceutical companies, and general and medical websites such as Wikipedia and WebMD, respectively. This calls for carefully considering our objectives and the way our priority group uses the Internet and SNS before we jump to the Facebook and Twitter default.

Decisions about where organizations or programs focus their social media resources may also contribute to widening health awareness, information, and status gaps between people who use SNS and other social media sites and those

who do not use them. It is also well worth considering whether sites such as Facebook deserve the attention of public health organizations at all. For example, when one looks at the groups of people most deserving of public resources, and among whom some health problems may be more prevalent, MySpace may be more important. As danah boyd (2007) noted several years ago, "MySpace has most of the kids who are socially ostracized at school because they are geeks, freaks, or queers." MySpace has always been the habitat for people outside the mainstream, and ignoring that fact and that there are millions of teens and adults who are MySpace users lends an urgency to getting answers to social marketers' questions about attracting and joining with people who hang out on SNS so we can promote and support more healthy choices in their everyday lives.

Social Objects: Sharing Devices of Object-Centered Sociality

The most important asset you can have in a social media intervention is something worth talking about—not a "message" to listen to, read, or watch. There are no markets for messages, or to paraphrase the introduction to the Institute of Medicine's *Promoting Health* report (2000, pp. 5–6), people in the health and social change communities have *messages* while the individuals they are targeting in communities have *lives*. Having lives means, among other things, that people are talking to each other as opposed to listening to us. Why do they choose to talk with some people and not others? Mainly because they share something in common with the people they choose to talk with, whether it is a passion for bowling, their dogs, work, *Star Wars* movies, a local sports team, being in the church choir, or attending charity balls. Jyri Engeström (2005) and Hugh MacLeod (2007) have advanced the idea that all social networks consist of people connected by a shared object—whether it is an intangible idea or something more physical and tangible. The development of social media parallels this object-centered sociality: social media offer sharing and SNS designed around, for example, pictures, music, videos, jobs, dating, diseases, hobbies, places, and especially friends. This feature of social networks is often overlooked by social media programs, which attempt instead to "build communities" around the sponsoring organization's interests (aka messages and brands), not people's lives.

Social networks form around social objects, not the other way around. The value of social objects is that they are transactional—they facilitate exchanges among people who encounter them. People see or hear a social object (like a juicy piece of gossip or a cute animal video) and immediately want to share it with their

friends, who, they believe, will also find it interesting, useful, or entertaining. But the point about a social object is not simply that it is something to share but that it becomes the centerpiece in a dialogue between people. Again, too frequently social media efforts try to discover something for people to share and wind up creating passive objects that are viewed and then forgotten and never passed along. Creating objects that deliver messages creatively is not the social media challenge; *creating things that people talk about* with each other in ways that relate to your program's objectives is the challenge and key to having a social object. Social objects are personal, active, provocative (or surprising), and trigger natural, enthusiastic sharing.

If you look closely at successful social media programs, you will find social objects embedded in them. The easiest way to find them is to hear what the people involved with successful programs are saying. You have to listen and engage with the conversation to get the big results in social media. Otherwise, the social media program is just another message machine. One example of figuring out the social object was the connection made by the US Centers for Disease Control and Prevention between young people's interest in zombies ("a corpse mysteriously reanimated to serve the undead") and the CDC's desire to talk about emergency preparedness. The inspiration was to answer the question, How do you prepare for a zombie apocalypse? It turns out the answers are very much like what you do for any emergency. But rather than talking about "public health emergencies," the CDC's approach used zombies—already a social object for many teens—as the object of a conversation about preparing for the day when zombies might take over the world, which, by the way, might provide helpful information about what to do in the event of a real emergency (Weise, 2011).

As Rangaswami (2008) put it: "If markets are conversations, then marketing is about the things that conversations are about. Not about placing those things or promoting those things, but about the things themselves." In the zombie example, thinking about an emergency preparedness kit and messages for teenagers and young adults—how to make them "cool," where to distribute them, what incentives to use or barriers to address, and how to creatively promote them—might have led to some interesting marketing. But by thinking about social objects of the priority group (what do they talk about versus what do we want to tell them), the CDC made the courageous choice to fit the effort into that group's conversation (see the campaign materials at www.bt.cdc.gov/socialmedia/zombies.asp). It is to be hoped that more programs will follow the CDC's lead.

AVOIDING EIGHT DEADLY SINS OF SOCIAL MEDIA CAMPAIGNS

Aarons and Nelson (2009) looked at failed social media campaigns and made this list of suggestions for avoiding the common problems and expectations people have when embarking on social media efforts.

1. "Good strategy results in viral, but viral is not a strategy."
2. "What someone says about you is more important than what you say about yourself."
3. "People are already motivated to do many different things. By identifying where their motivation intersects with yours, you can avoid creating a contrived campaign. However, if you are ready and able to compensate people for their effort, the likelihood of participation goes up exponentially."
4. "Money isn't the best social currency; relationships and knowledge are."
5. "PR is great for news and launches, but social media creates the ongoing and sustained interest between news and launches."
6. "Buying advertising space on social media sites doesn't return a quarter of the value you could be getting. Further, the costs of the campaign drive up the ROI bar you need to justify it."
7. "Social media sites, people, and applications have vastly differing capabilities. Random, unplanned usage of these tactics will deliver poor results."
8. "Social media is a strategic amplifier for your campaign, not the entire campaign" (Aarons & Nelson, 2009).

These reminders seem obvious, but many people still manage to forget them.

Implications of Social Media for Social Marketing

I have been among the earliest and most active social marketers working in the social media space and writing about it. A few years ago I suggested the following

ideas to keep in mind as your organization engages with people online (Lefebvre, 2007).

■ ■ ■

Be everywhere. Use multiple channels and technologies in your programs. It is not about having a Facebook page or a Twitter feed but how these and other sites are linked together to reach various groups, engage in different types of conversations, and increase visibility on the web. You need to attend to how these sites optimize users' searches. When users are looking for content that you can provide them, can they quickly and easily find it? In the networked and connected worlds, friend feeds and Twitter may be more important than television as sources of news for some audiences, podcasts more relevant than radio, print magazines irrelevant to users of RSS readers. But looking for the magic bullet is not where to focus. Instead, ubiquity is the new exclusivity.

Interactivity and AGC (audience generated content). Offering more, not just some, occasions for contributions from the people you serve, collaborators, and partners needs to be built into your program development philosophies and practices. How social are your websites and other digital media products and services? This means moving beyond coalition meetings and focus group rooms and embracing people as idea generators, strategists, and producers. The finding from the Edelman Trust Barometer (2011) studies that people trust information coming from people like themselves more than information from scientists, CEOs, and celebrities goes to the point that top-down control preferences for message delivery need to be reexamined. Whether people shop for shoes, electronic devices, books, hospitals, or solutions to health problems, what they look for is information from their peers. Your job becomes finding ways to provide value to them that they can then add to their interactions with others.

Collaboration and sharing. A philosophy of collaboration and sharing will have a substantial impact on not just how you think about the people formerly known as the audience but also how you collaborate with your colleagues, partners, and competitors. When all of us, as change agents and social marketers, learn how to harness and utilize our collective wisdom through media like wikis, we can unleash talent, apply wisdom, and be more efficient stewards of the program resources we have to address the health and social issues we face.

Social networks and social capital. The new technologies also bring us to a new appreciation for the study of social networks and social capital. These somewhat intangible ideas now come alive on the web every moment of every day. We can no longer ignore them. Social media allow us to operationalize these concepts and create interventions to directly affect them. Inputs and outputs now become observable, tangible events, not the whispers and presumptions of interpersonal communication and group dynamics we have had to cope with in the past.

Aggregators or COGs (centers of gravity). The concept of the *long tail* (Anderson, 2006) suggests that although numbers will accumulate to a few megasites—the COGs such as Facebook, Amazon, Yahoo, and YouTube—many different groups can occupy niches or segments in their wake, or along the tail, niches that are more accessible than ever before. One response to this observation that you can make as a social marketer is to try to identify "your" space on the long tails of health and social improvement. Another strategy is to search for the spaces others have already staked out and go where the numbers are.

Education, engagement, entertainment, empowerment, and evangelism. These are the five E's you need to keep in mind as you work with social media. When designing interventions that will effectively lead to behavior change, you need to ask whether you have harnessed the ability to educate people about issues and problems that are relevant to them (not just you), whether what you do is engaging people in positive and meaningful ways, whether your offerings have an entertainment value, whether people believe and feel empowered as a result of their experiences with your programs (products and services), and whether you are taking advantage of every opportunity to let your customers and clients become your evangelists. The CDC's use of people's interest in zombies demonstrates the 5Es in action.

The Research Evidence for Social Media

Eysenbach, Powell, Englesakis, Rizo, and Stern (2004) conducted a review of the early literature on using online social networks for health improvement and found only six studies that focused on what they termed "pure" peer-to-peer interventions and another thirty-two studies that employed online social networks as one component of more complex interventions. None of the pure programs had

used a randomized design. These authors found little evidence that participation in peer-to-peer social-networking communities was associated with change in health outcomes. As the popularity of social media exploded, two forums showcased the use of social media in public education campaigns addressing drug use, HIV, physical activity, prevention of teen pregnancy, reckless driving, and youth voter registration (Kaiser Family Foundation, 2006, 2007). These campaigns focused on young people and used text messaging, or SMS, as an adjunct to a campaign website, PSAs, and paid advertising on television, radio, and websites and in various print media. The generic game plan across these campaigns was to (1) set up a website with information and with self-described "cool stuff" to interact with or download (there was almost no use of social network sites as we now think of them), (2) heavily promote the site through traditional media and the web, (3) use cell phones and text messaging as a response channel, (4) push messages and alerts out to participants who opted-in at the website or through SMS to receive them, and (5) measure results by counting eyeballs and click-throughs. It was at meetings for such campaigns that it first became clear to me how much the old model of communication was being applied uncritically to the use of the emerging social technologies.

The online journal *Cases in Public Health Communication and Marketing* appeared the next year, 2008, with the purpose of addressing the gap between the increasing use of social media in public health practice and the almost nonexistent literature about the effectiveness of this approach. In the second issue, six case studies illustrated the use of social media for motivating young teenagers to be more physically active, enabling parents to speak with their children about delaying the onset of sexual activity, increasing hand washing among adults, building consumer communities and increasing sustainable food practices among adults, increasing recycling among young adults, and promoting HIV prevention and testing among youth (these case studies are available at www.gwumc.edu/sphhs/departments/pch/phcm/casesjournal/volume2/index.cfm). The editors of the issue highlighted how different the studies were from each other in terms of the problems tackled, the types of sponsoring organizations involved, and the resources they had available for social media. All the projects used social media to augment traditional media tactics (print and television advertising, interpersonal communication, and websites), and according to project monitoring data, all found social media successful in expanding the reach and exposure of their campaign messages (blogs received the most mixed reviews). Only one of the

campaigns reported survey-based outcomes that found significant, positive, short-term effects (the one that dealt with parents' self-efficacy for talking with their child about sexual activity, actually speaking with the child about sexual activity, and recommending to the child that he or she wait to have sex; Abroms, Schiavo & Lefebvre, 2008). These case studies supported the promise of using social media to achieve impacts on behavior and set the stage for further research utilizing control or comparison groups to provide better tests of social media's relative efficacy. The lack of empirical evidence for the effectiveness of social media interventions for changing health behaviors has been noted by Bennett and Glasgow (2009) and also by Schein, Wilson, and Keelan (2010), who conducted a systematic literature review of multiple databases and identified a single controlled intervention study, which failed to isolate the impact of social media in a larger communication campaign.

Until the measurement of social media effects moves beyond the outputs of the number of messages sent, the number of followers (reach), and the frequency at which these messages are received, there will be few *social* uses and impacts of these new tools. The arena of research in social media is one of opportunity to understand how we can initiate and sustain conversations with people who intend or are trying to maintain new behaviors, encourage people to participate in online change programs that have social features, measure the ways messages and social objects are transmitted through and across social networks, and create new social networks to improve people's health and the world people live in.

MOBILE TECHNOLOGIES

Mobile technologies include any device or application that uses cellular (or wireless) technology to send information or communication across distances to other devices or people. Mobile telephones, or cell phones, are the most common example, offering voice data; SMS (short message services, or text messaging, where up to 160 characters can be sent from one cellular telephone to another); and multimedia services, or MMS (the ability to transmit audio, still pictures, and video). Smartphones, or web-enabled cell phones, use wireless signals to connect with the Internet as well. At the basic level, this interconnectivity can be used to exchange e-mails with any person or web server connected to the Internet through either a wireless or landline connection. Internet connectivity can be

expanded to include browsing websites to search for information, access SNS, and receive updates from websites and blogs through RSS feeds. New e-health applications are looking at how this internet connectivity can be used to provide remote sensing of health status and biometric data, transmit clinical information, facilitate e-prescribing, and enable health behavior change.

In the commercial sector there is cautious enthusiasm that the mobile handset may be the next revolution in marketing, and understanding how these marketers are using mobile devices will provide inspiration to social marketers. *Mobile marketing* has been defined as "the use of wireless media as an integrated content delivery and direct response vehicle within a cross-media or stand-alone marketing communications program" (Mobile Marketing Association, 2008). Mobile marketers look beyond using the mobile phone as simply another advertising delivery channel. Instead, they have focused on its unique differences from other mass communication devices, differences based on its immediate response capabilities. The Mobile Marketing Association (2009) has identified a variety of behaviors (table 12.1) that may be stimulated by marketing messages.

Ahonen (2008) has characterized this new medium as unique. For social marketers and change agents, the potential of mobile technologies becomes obvious as we review Ahonen's list of features. The cell phone is a mass media device that

- Is the first personal mass media device
- Can always be carried with you
- Is always on
- Has a built-in payment mechanism
- Is present at the point of creative inspiration
- Can support accurate participant measurement
- Is able to capture the social context of media consumption

Mobile Phones and Behavior Change

Mobile phones are not simply a communication device; they are an instrument that is central to identity formation and the creation and maintenance of social ties, or social cohesion (Ling, 2008). If one believes that behaviors,

TABLE 12.1 Techniques for using mobile phones in marketing programs

One-way mobile phone use (may be in response to communications and promotions via various media)	Methods for engagement and interaction with people (response systems for text messages originating with the organization)
Text-based—send an SMS/MMS • Opt in to receive messages on an ongoing basis • Text in to receive more information, such as sample content • Text in to enter a sweepstakes • Text in to participate in a customer survey • Text in to vote • Text in to refer to a friend • Text in to buy • Text in to locate a nearby location • Text in to receive the promotion Call based—voice • Call in to vote • Call in to buy • Call in to get more information (e.g., about loans, new products) • Call in to renew a plan • Call in to complete survey • Call in to chat • Call in to receive the promotion Mobile Web Landing Page—from an SMS/MMS, click on a WAP link and go to a WAP site	• Click to call (Users place an outgoing call to the agency or program sending the SMS.) • Click to locate (Users find, for example, the closest HIV testing center, as the national Rap-It-Up campaign does. People can text their zip code to the short code "RAPIT" (72748) to receive a text message back with information about the testing site nearest to them.) • Click to order brochure (Users receive marketing materials by supplying their postal addresses.) • Click to enter competition (Users enter text to enroll in activity events, health competitions.) • Click to receive e-mail (Users receive an e-mail and a link to an online site by supplying their e-mail address.) • Click to receive mobile coupon (Users receive an electronic coupon on their mobile phone that can be redeemed immediately at a participating merchant. Borders has been very active in this area.) • Click to buy (Users make a purchase paid for with a credit card, added to their monthly mobile bill, or using some other form of mobile payment.) • Click to download content (Users download content, including logos, wallpapers, or ringtones, onto their mobile phones.)

(*Continued*)

TABLE 12.1 Techniques for using mobile phones in marketing programs (*Continued*)

One-way mobile phone use (may be in response to communications and promotions via various media)	Methods for engagement and interaction with people (response systems for text messages originating with the organization)
	• Click to enter branded Mobile Web site (Users click a banner to get connected to standing or campaign-specific Mobile Web site.) • Click to forward content (Users forward relevant content to friends, creating a viral campaign effect.) • Click to video (Users click a banner to view an advertiser's commercial for a product or service.) • Click to vote (Users reply to a ballot or poll from their mobile phone and provide public health programs with valuable research insights.)

Source: Adapted from Mobile Marketing Association, 2009.

including healthier ones, are more likely to be adopted and practiced when they are consistent with a person's self-image and the norms of that person's social group(s), then cell phone use in public health programs calls for a nuanced approach.

A national survey of 1,503 cell phone users in the United States (Rainie & Keeter, 2006) showed how on an everyday, functional level cell phones have been incorporated into people's lives; among other things, people use them in emergencies, for passing time while waiting for someone, and for sending important information along to others. Ling (2008) reviewed the literature of cell phone use from a social-psychological perspective and concluded that mobile communication expands people's interactions beyond face-to-face interactions and is changing the character of our public spaces by blurring the boundaries between personal and public space. The research also suggests that mobile communication results in stronger internal group bonds and may be an important tool for

developing social capital. In short, mobile communications are changing people's expectations about when and how others are available to them. As social marketers and change agents we need to understand and respond to the changing expectations of our role in people's lives and ask: *Are we available when, where, and how people want us to be?*

Rainie and Keeter (2006) asked their survey respondents about what features and applications they would like their phones to have in the future, such as internet browsing (especially for maps and directions and movie listings), music playing, gaming, photo sharing, video watching, and of course instant messaging and texting. The type of application and the frequency with which it was endorsed by respondents was highly age bounded, but to quote Rainie and Keeter: "As we look into the future, it is possible to see how the cell phone might become the Swiss Army knife of media and communications for a considerable number of users."

User Segments

The SMS marketplace (ringtones, wallpapers, commerce) is estimated to be worth over $80 billion worldwide. Thus the commercial sector is investing heavily in understanding users of mobile phones (see NeilsenMobile for audience ratings of mobile websites: http://www.nielsen.com/us/en/measurement/mobile-measurement.html). At a general level, comScore Networks (2007) has identified three broad segments of users:

The cellular generation, ages eighteen to twenty-four, who have grown up with cell phone awareness and are used to having these devices as part of their everyday lives.

Transitioners, ages twenty-five to thirty-four, who began to experience cell phones in their everyday lives during their teen years and early adulthood.

Adult adopters, ages thirty-five and older, who were not exposed to cell phones until adulthood. Adult adopters tend to have the most functional view of cell phones, with many requiring just the basics and showing limited interest in emerging technologies. Many public health professionals fall into this latter category.

Research from the Pew Internet & American Life Project adds texture to our picture of how mobile phones are being used by American adults (Purcell, 2011; Smith, 2011, 2012; Zickuhr, 2012):

- 88 percent own a cell phone of some kind, and more than half of these cell owners (55 percent) use their phone to go online (smartphones).
- Half of all adult cell owners (51 percent) have used their phone at least once to get information they needed right away.
- 50 percent have apps on their phones.
- 42 percent have used their phone for entertainment when they were bored.
- 31 percent of mobile internet users mainly go online using their cell phone instead of using a computer.
- 74 percent of smartphone owners use their phone to get real-time location-based information.
- 18 percent of smartphone users use a geosocial service to "check in" to certain locations or share their location with friends.
- 13 percent of all cell phone users pretended to be using their phone in order to avoid interacting with the people around them.

While people are surging ahead with the adoption and use of mobile phones, the public and nonprofit sectors, especially in the developed world, may be among the least imaginative users of mobile technologies when compared with organizations in other parts of the world. For example, a survey of 560 workers in various nongovernmental organizations (NGOs) offers insight into how cell phones are being used by public health and social service professionals in various locations and the geographical disparities in this use (Kinkade & Verclas, 2008). Eight-six percent of NGO employees were using mobile technology in their work. NGO representatives working on projects in Africa or Asia were more likely to be mobile technology users than were their colleagues in areas with greater availability of traditional wired infrastructures.

The next sections review how mobile technologies are finding a role in public health programs in the United States and abroad. The intention here is not to be

exhaustive but to highlight areas where theory-based ideas and *proof of concept* studies of applying cell phone and other wireless technologies to scaling up programs to influence behavior change have shown successful outcomes.

Going Mobile

Mobile technology strategy needs to start from the idea of contiguity: things that are in close proximity or relationship to each other are most likely to be associated with and to potentially influence each other. The fact that mobile devices are with people most minutes of every day makes them unique change tools—not just communication channels. They can create contiguity by, for example:

- Spanning geographical boundaries, so that people do not have to be within physical reach (such as face to face in a health care setting) to talk with each other or work together, and do not even have to be aware of each other's actual location.
- Bending time by making events more contemporaneous or asynchronous as needed, making reminders and feedback less dependent on physical connections, allowing completion of work assignments on a personal schedule, or making presentations or information videos available on demand.
- Bringing new perspectives to situations, as we are seeing with augmented reality and local GIS (global information system) applications whereby a person might access information about the social responsibility of a company by snapping a photo of that company's product with a mobile phone camera or locate treatment or social services by aiming a mobile camera at an unfamiliar street.
- Satisfying mobile phone users' immediate needs for information when organizations put QR codes on print materials so users can access websites, design mobile websites that make health information and alerts instantly available to travelers, or set up mobile systems for citizens to use to report crimes or environmental pollution.
- Allowing people to seek ways of motivating themselves through digital record keeping and other applications of self-change principles, as well as increasing access to social support networks.

- Developing co-presence among people, whether that occurs through mobile social networks, digital coaches, or connecting in real time with other agents.
- Increasing access to information not just through apps but through better design of information that can be easily found and understood through the mobile web.

In low- and middle-income countries, a report by the Earth Institute (Mechael et al., 2010) calls for using mobile technology as an extender and integrator of health information systems, rather than considering it as a solution in itself. The system the report envisions would link the most remote community health workers with provider and national information systems to give the workers the best information and guidance when and where they need it, and it would also support national health information and disease surveillance systems.

The next section turns to some research-based examples of using mobile technologies in ways that fit with a social marketing perspective described by Lefebvre (2009c).

SEXINFO: Providing Health Information to At-Risk Groups on Demand

To develop an intervention to respond to the increasing incidence of sexually transmitted diseases among urban youth, the San Francisco Department of Public Health was inspired by an SMS-based program developed in London, England. The designers of the San Francisco project, SEXINFO, looked at the high rates of cell phone use among their priority group—fifteen- to nineteen-year-old African American youth—and developed an opt-in text messaging service to provide information about basic sexual health and relationship issues and referrals to youth-oriented services. In the first twenty-five weeks of offering the service, nearly 4,500 inquiries were made via SMS, and 2,500 of those led to requests for more information or referrals. Four months after the program began, a survey among a convenience sample of 322 twelve- to twenty-four-year-old patients at three STD clinics found that 11 percent of them were aware of the SEXINFO campaign. A subsequent survey of different clients at ten other clinics found that this figure had risen to 44 percent of respondents by the eighth month. Of those youths who remembered seeing advertisements and promotions of the SEXINFO service, 10 percent reported having accessed it with their cell

phones. Among those who reported seeing the promotions, the cell phone and text-based features had especially captured their attention (Levine, McCright, Dobkin, Woodruff & Klausner, 2008). The researchers concluded from this investigation that cell phones and text messaging were both feasible and culturally appropriate ways to provide sexual health information and service referrals to at-risk youth.

Cell-Life: Improving Adherence with Treatment Protocols Among Health Workers and Their Patients

To cope with the many challenges and resource constraints of providing antiretroviral therapy (ART) to the millions of South Africans in need, Cell-Life, a South African NGO, created an aftercare program to support public health workers in delivering home-based care for HIV/AIDS patients receiving ART (Kinkade & Verclas, 2008). Mobile phones are used for in-home collection of each patient's medical status, drug adherence, and other variables that might affect his or her response to treatment. This information is then sent by SMS to a central database where a case manager reviews it and can also respond in real time to any questions the patient or case manager might have to improve care. Indeed, in addition to improving data collection on patients with HIV/AIDS, the project is succeeding in another objective by reducing treatment errors and improving patients' quality of life.

Obesity

The increase in the prevalence of obesity in most of the developed world has been stimulating much attention among elected officials, policymakers, public health professionals, and public and private donors and foundations. Tufano and Karras (2005) surveyed what was known about the prevention of obesity and trends in mobile technologies. They concluded that the appropriate model for obesity prevention and weight management was tailored information, according to design principles suggested by social-cognitive theory and the social marketing model. The most important health behaviors to target, they believed, were self-monitoring of diet and physical activity. Finally, they noted that from an e-health perspective,

the devices that should be developed to support these prevention and maintenance behaviors are web-enabled cell phones (smartphones) and wireless PDAs.

Physical Activity

Hurling et al. (2007) evaluated a nine-week physical activity program that included both internet and mobile components among a randomized sample of seventy-seven healthy adults with a mean age of forty years. The intervention group (forty-seven of these adults) received tailored solutions for perceived barriers to becoming more active; a schedule to plan weekly exercise sessions, with mobile phone and e-mail reminders; a message board for sharing their experiences with others; and feedback on their level of physical activity. At follow-up, intervention group participants reported a significantly greater increase over baseline than did the control group for perceived control ($p < .001$) and for intention/expectation to exercise ($p < .001$). The average increase (over the control group) in accelerometer-measured moderate physical activity was two hours and eighteen minutes per week. The intervention group also lost a greater percentage of body fat than the control group did.

In discussing their results, Hurling et al. (2007) noted that not only was the internet and mobile phone–based intervention effective in increasing levels of physical activity, but all parts of the system were used by at least one-third of participants. They commented, and it is worth emphasizing, that "*each individual requires an idiosyncratic selection of support tools to achieve behavior change such that no one tool can be universally considered the most influential*."

PULLING IT TOGETHER: THE MEDIA MULTIPLEXITY IDEA

We live in a world of masses of media, not mass media. The ubiquity and variety of print, electronic, and digital media with tailored, and even user-generated, content should signal that the search for a silver bullet to deliver a message or behavior change intervention is pointless (cf. Hurling et al., 2007). Instead, we need to take the lead of Sean McManus, president of CBS News and Sports, who stated: "Our goal . . . is that whether you're in your car, on your computer, commuting, listening on your cell phone, or, God forbid, at home watching television, that the CBS news will be available to you" (Seibel, 2006).

Media ubiquity and multiplexity in delivering social marketing interventions informs the most important process measure of success for interventions in this age, not reach through a single channel. Indeed, the Team Nutrition results I discussed in chapter 10 found that the degree of change in positive outcomes was directly related to the number of channels through which a child reported seeing or hearing the Team Nutrition messages—not to the individual contribution of one program component over the others (Lefebvre, Olander & Levine, 1999).

I am suggesting that the use of social media and mobile phones offers social marketers the opportunity to develop and expand their relationships with others (whether they be called patients, priority groups [or even audiences], users, constituents, partners, or colleagues). These expanded and more personal relationships will lead to more effective and efficient programs that better target and serve people in need at scale.

Social media (including mobile phones) may not take the place of other media, though the rush to "go social" by traditional print and mass media, government and nonprofit organizations, search engines, and websites of all varieties, and also the convergence of media technologies toward single multipurpose devices, underscores the tentativeness of this assertion in the longer term. Immediately, I see the need for social marketing programs to add social and mobile technologies to their toolboxes to increase their ability to touch and engage people in relevant, timely, and meaningful ways. I foresee the day in the not-too-distant future when the kudos go to those programs that creatively and effectively use the power of these technologies for large-scale change, and not to those programs with (yet another) set of static communication tactics trying to break through the clutter of people's everyday lives.

IMPLICATIONS OF SOCIAL AND MOBILE TECHNOLOGIES FOR MARKETING SOCIAL CHANGE

1. *Mobile channels or tools*. One of the easiest but least effective ways to think about social media and mobile phones is as communication channels—another way to distribute messages. The more powerful choice is to view these technologies as tools that can be used to engage people in new ways to change behavior, encourage them to join and participate in social groups organized around their issue or cause,

access health information for themselves and others where and when they need it, monitor their health status and participate in their treatments, and collect and report personal and epidemiological data. It is also important to explore how these technologies can be used to improve the practice of public health and social change among professionals, from the simple—using SMS to stay in contact with out-of-office staff—to the more complex—using social and mobile technologies to extend diagnosis, treatment, and adherence programs for chronic diseases such as asthma and diabetes.

2. *Leverage place for social change*. Bernhardt, Mays, and Hall (2012) reinforce the idea of using mobile applications to allow social marketers to connect and engage with people where they are making decisions about product, service, and behavior choices. Technologies are becoming available that will also allow "places" to connect with people who opt in to their services and then come into proximity with them, in order to, for example, promote featured products and discounts, send reminders for appointments, or prime healthier decisions and choices when in restaurants or grocery stores. Bringing our offerings closer to people in their everyday lives brings us back to the idea of contiguity and how to be where people want us to be to help them solve problems and support them in their decision making when they need it.

3. *Enablers, life simplifiers, and life navigators*. Alan Moore (2008) states that in the future mobile technologies will play the roles of *life enablers*, *life simplifiers*, and *life navigators* for people. In that world, the language of *search*, *proximity*, *recommendation*, *links*, *discovery*, and the *currency of information* describes the essence of new approaches to addressing issues of equity, civic engagement, poverty, and health as people everywhere harness their collective intelligence to improve the public's health and well-being. Mobile applications for social change are already seeing success in supporting democratic movements and have the potential to vastly change the conditions for human and social welfare. Moore also notes that in addressing issues of poverty through income generation and better access to markets, using mobile devices pushes us even deeper into the networked society.

4. *Capitalize on the social nature of the technologies*. I encourage program designers to move beyond one-way and even two-way communication models

and to think about the ways that social media and mobile users can advocate for, promote, and support their programs. One of the overarching questions for program designers in the new media world is how to take advantage of and build opportunities for people's social networks to support change and for program participants to have a positive impact on their social networks as well. I see these technologies being used to influence social networks in much the same way as I discussed in chapter 3:

- Enhance existing linkages people have that can support positive, prosocial behavior change to deepen and strengthen existing relationships and bonds.
- Develop new linkages among people who share similar interests or goals for behavior change to create a broader network of support for both personal and community-level change.
- Enable natural helpers, who may be more formally known as community health workers, volunteers, or staff, to have better access to timely communications and information.
- Create new networks of people around new causes or behavior change objectives (for example, a common community concern or a weight loss program).
- Empower existing networks, including public health program staff, by using technology to focus and validate their work.
- Weave together networks of groups not normally accustomed to working together by using mobile technology to develop close ties among group members outside of face-to-face meetings.
- Engage communities in new ways to mobilize and to engage with public health priorities.

Examples of mobile technologies being used for such purposes are becoming commonplace. Lehr (2008) highlights that mobile phones are being used to shift markets as well, especially through mobile phone–based information services for the poor. Mobile technologies also serve social improvement when they spread access to information, open markets to people who have previously been isolated and exploited as a result of their information asymmetries in relation to middlemen,

deliver information to improve health and well-being, collect data, and assist the poor to gain access to financial services and begin to move out of poverty. It is incumbent on change makers to be leaders in harnessing these technologies for good.

SUMMARY

Social and mobile technologies are disruptive to traditional ways of thinking about solving wicked problems. They provide additional support for the idea that changing health and prosocial behaviors is a network phenomenon and not just an individual proclivity. These new technologies and software are making social networks more tangible to people, including social marketers, both in terms of the interactions they support and our ability to measure results from using them. At the same time, many principles of marketing, such as segmentation and the marketing mix, still operate in this new world. Social technologies also remind us that user-generated content and engagement (or co-creation) is essential for developing social marketing programs in this new environment too. Nevertheless, we cannot approach the new social media with all the same cookie cutters we used before and nothing more. We will have to adjust our intervention strategies and create new ones, using concepts such as social objects. Only then can we make use of the powerful role social media and mobile technologies can play in generating a scalable, multidirectional process to improve the well-being of people and the society in which they live.

KEY TERMS

brokers

collaborators

conveners

media multiplexity

mobile technologies

network weavers

reader-to-leader framework

social media

social object

social technologies

DISCUSSION QUESTIONS

1. Discuss the barriers facing organizations in adopting the new social and mobile technologies, and select one or more of these barriers for an in-depth exploration. How might marketing techniques be used to introduce these social and mobile innovations into an organization and speed their adoption and use?
2. Select a current mobile or social media project that is appearing in the popular press or is attracting interest among your professional network. Use the marketing audit (discussed in chapter 8) as a guide and identify where marketing principles are being used well in the program and where their addition might enhance the program offering. Also discuss whether the program designers appear to have made the shift from traditional thinking about these technologies to a more interactive and engagement-focused perspective.
3. How would you develop a mobile social networking platform that could increase the effectiveness and efficiency of an organization involved in social change efforts (see MobileActive.org for inspiration)? Describe a case example, or create a model for your own organization.

Chapter 13

Social Marketing for Dissemination and Program Sustainability

This Aboriginal storyteller's role exemplifies a valuable way to communicate many concepts, including the social and human value of social marketing programs and the experiences of staff, stakeholders, and clients. (Image courtesy of the author.)

Learning Objectives

- List the key considerations of potential adopters who are contemplating innovative programs and services.
- Discuss the application of diffusion principles to scaling up programs.
- Identify and discuss the importance of the 5Rs in the adoption of innovations.
- Create a story whose plot line concerns the sustainability of a program or service.
- Illustrate the use of a portfolio analysis to identify candidates for sustainability among existing program offerings.

This chapter looks at how social marketing can be applied to the enduring puzzles of how to ensure that evidence-based practices and policies are implemented by providers, and how to sustain these practices over the long term. I start by looking at questions related to diffusion of innovations across organizations (as opposed to diffusion among individuals, which was discussed previously) and then turn to ways to approach the puzzle of sustaining organizational practices and programs.

DISSEMINATION OF PROGRAM AND SERVICE INNOVATIONS

When we consider that social marketing has the goal of creating social change, the scaling up of change programs to increase their diffusion and thus help to accomplish this goal would seem inevitable. However, this has not been the case. Perhaps the intense focus on changing individual behaviors has been an impediment to using marketing for what it does best in the rest of the world: speed adoption, expand the market, and acquire a greater share of that market. Even though Rothman, Teresa, Kay, and Morningstar (1983) integrated social marketing techniques and diffusion research to study the question of how best to facilitate organizational adoption of a new program among community mental health centers, the strategic use of marketing for dissemination of evidence-based programs is rarely documented. Dearing, Maibach, and Buller (2006) rediscovered the allure of blending diffusion theory with social marketing and outlined a conceptual approach to disseminating physical activity programs. In their

analysis they too see the divergent paths of diffusion researchers, who sought to explain social change, and of social marketing scholars, who were interested in the behavior of individuals. Dearing et al.'s work offers a promising approach to the dissemination of evidence-based programs for comprehensive disease control efforts. Their ten principals of convergence for these two paths follow:

TEN PRINCIPLES FROM THE CONVERGENCE OF DIFFUSION OF INNOVATIONS AND SOCIAL MARKETING FOR DISSEMINATION OF PROVEN PHYSICAL ACTIVITY PROGRAMS

1. Conceptualize and operationalize the societal sector as the locus of change.
2. Identify and intervene with opinion-leading organizations within a chosen sector.
3. Use existing structured relationships as distribution channels for programs
4. Identify and target authority figures, opinion leaders, and program champions within complex organizations with information and influence.
5. Plan for and provide ongoing implementation support.
6. Anticipate activity on the part of practitioners.
7. Design programs and portrayals of them to invite productive adaptations.
8. Explicate each proven program's "theory of change" to enhance the likelihood that core components will be implemented in ways that produce effective outcomes.
9. Make use of marketing research to heighten the likelihood that programs will be adopted and implemented.
10. Cluster together alternative evidence-based programs to increase choice and perceptions of objectivity among potential adopters [Dearing et al., 2006].

Some of the key insights these authors have for transforming a marketing approach by incorporating dissemination efforts include shifting to the societal

sector as the locus of change. At this level, identifying opinion-leading organizations, rather than individuals, becomes paramount. Dearing et al. also acknowledge the role that peer social networks have in marketing new practices among organizations; the relationships among organizations as a distribution network for innovative programs and ideas require attention.

A societal orientation does not exclude a focus on individuals but specifies the priority group as those senior officers, opinion leaders, and program champions with information and influence within complex organizations. This necessitates market research (as expressed in principle 9) to identify the opinion-leading organizations, their peer networks of influence, and the gatekeepers and champions within each organization. The fact that we must plan to support organizations in the implementation of innovative programs is one facet of dissemination policy that receives scant attention in practice. This support might take the form of materials packaged to be self-contained or *turnkey*; of hotline or online support services; of onsite or web-based technical assistance and training workshops; or of funding for and relief from other pressing concerns so that the organization and staff can focus on adapting the innovation into their setting and work flow. In presenting the innovative program to organizations and their gatekeepers, we should also keep in mind that they prefer choices they can make and also having the freedom to tailor the offering to their unique circumstances. And finally, Dearing et al. (2006) note that having a clearly stated theory of change helps to ensure that the program, even if tailored or altered, maintains fidelity to the essential active elements intended by its creators.

HOW INNOVATION MAY BE STIFLED IN COALITIONS AND NETWORKS

Highly linked and centralized coalitions are less likely to adopt new evidence-based public health programs than are ones that are less dense and have more decentralized structures. That is the conclusion of a study reported by Valente, Chou, and Pentz (2007).

These important findings fly in the face of conventional wisdom that expects the adoption of new practices to be greater among dense, well-connected coalitions with strong central agencies than among sparse, loosely connected ones.

In other words, tightly knit, hierarchical coalitions (think of the "usual cast of characters" with a lead agency), and efforts to create and manage them, reinforce the boxes they think and act in.

These conclusions are based on a study involving twenty-four communities targeted for interventions to promote the adoption of substance abuse prevention programs. In interpreting the data, Valente et al. (2007) conclude that the "results suggest that simply increasing network communication or connectedness, or both, among coalition members will not result in improved adoption of evidence-based practices" (p. 884).

The findings should resonate with anyone who works with diffusion of innovations models, and they offer a cautionary tale for people planning dissemination efforts with a bias toward focusing on well-functioning coalitions in which cohesion, shared values, and common purpose are among the hallmarks. I'll let the authors' words explain the rest: "Communities that are less dense may have weak ties to other organizations that provide access to resources and power, which can be mobilized to adopt evidence-based practices. Too much density indicates that connections are directed within the group and do not provide sufficient pathways for information and behaviors to come from outside the group. Too much density leaves a coalition ineffective at mobilizing the resources it needs to adopt evidence-based prevention programs" (p. 884).

The findings suggest that as coalitions mature and become more centralized and effective in many useful ways, one side effect may be that they become closed off from innovative ideas and new practices—even when these have empirically demonstrated superiority over what they are currently doing. Such coalitions turn out to have a decreased ability to adopt these evidence–based practices. Valente et al. call for more use of systems-level thinking and research to help us examine our own naive theories about coalition development and functioning and especially how diffusion of innovations actually works in these types of networks.

Marketing Organizational Change as a Diffusion Process

When applying social marketing to facilitate the adoption of new products and services that are more effective and efficient than previous versions, we can draw on the extensive knowledge base of diffusion research (cf. Rogers, 1995). Before we look at this work, we want to be clear that we have shifted our interest from

diffusion of behaviors among groups of individuals to diffusion of practices among networks of organizations. At the same time, we need to remember that we may talk about how to change organizational behaviors, but at the end of the day, organizations do not have behaviors; the people in them do.

Adoption of New Programs: The First Step

Some of the key questions that potential adopters of a new program ask are

- Is it compatible with our current policies, procedures, and work flow?
- What are the relative advantages and risks of changing over?
- Are there opportunities to try it without committing to it?
- Can other people, especially from organizations like ours, explain it to us in easily understandable terms?
- How will it provide value to my organization and to me by meeting the agency's and my needs, solving a problem we each may have, or helping both of us to realize our goals?
- How can you help us minimize the chances of failure?
- How will I counter our devil's advocates?

Posed as a marketing challenge, the adoption of new products and services requires us to (1) develop a product or service offering that is responsive to the realities of our target market, (2) demonstrate the incremental value of adopting it over whatever the risks might be, (3) create opportunities to try the program (or experiment with it) in order to experience its value-in-use, and (4) arrange for stakeholders to observe and talk with people who are like them and who have successfully used the program. People who are decision makers for adopting new programs in organizations go through a process of becoming conscious of an innovation, becoming interested in it, experimenting with it, deciding to adopt it (or not), and then continuing to integrate it into their policies or practices. The first priority of a marketing campaign becomes identifying who these decision makers are and then developing an understanding of them and empathy with them, much as we would for any other priority group.

Segmentation of Organizations for Program Adoption

The approach an organization takes in adopting new evidence-based programs will be influenced by its unique characteristics. There are some organizations that are venturesome, have a high tolerance of risk, and are intrigued with new ideas (*innovators*); some have the respect of their peers and are opinion leaders in their sector, are well connected within their networks, and have the resources and risk tolerance to try new things (*early adopters*); some are very deliberate and are also very engaged in their peer networks, rely on gaining personal familiarity with a program before adopting it, and require a demonstration of the value the innovation will provide them (*early majority*); some have scarce resources, are cautious and want to minimize uncertain outcomes, and are generally skeptical of new programs and the value that these programs might provide them (*late majority*); and finally, some are suspicious of innovation and change agents, want guarantees that the program will not fail, but are also very loyal to the tried and true programs they have (*traditionalists*). Using this segmentation scheme can help us create marketing strategies for organizational change in much the same way as we do for individual change (as described in chapter 3). That is, we can focus on early adopters and facilitate communication exchanges among their social networks to address the core issues outlined so far in this chapter.

A marketing strategy for adopting innovation in an organization needs to address five steps. The first step is agenda setting, in which we must create a perceived need or value for the solution among the priority group. For innovators and organizations in the early majority segment, this may not need to be any more extensive than presenting the innovation to them with the evidence that it may be more effective and efficient than what they currently do. Other segments will be less persuaded by such communication efforts and will be more focused on talking with their peers and seeing how they are (or are not) responding to the new program: Do they like it? Is it a hassle for them? Are they getting higher engagement with it? Is it working for them? Will they recommend it to others?

Once the organization's decision makers perceive that a need or value is met by an innovative program, or solution, the second step is to work with them to find a specific problem for which the new program can offer them a solution or value. Sometimes the identified problem may not be what the program is designed to address, for example, reducing risk behaviors among a specific priority group. Rather than focusing on the explicit objectives of this offering, the new

program may offer ways of working with new media that the management sees as an opportunity to develop and upgrade the skills of staff across the organization. Then looking at how these new skills can be applied to the reduction of risk factors among a priority group, rather than narrowly focusing on the staff who would be responsible for implementing the program, becomes a better fit with the organization's "everyday life." Matching the program features and benefits to the needs of the organization, however people in the organization define them, becomes part of the marketing plan. Unfortunately, more often than not, marketers' dissemination efforts rely not on the process just described but on persuasion, exhortations, or contingent funding to "sell" new programs to health and social service agencies. That such coercive efforts usually achieve lackluster results is not surprising.

Once the decision is made by an organization to adopt a new program or innovation (step 3), there are still two related steps that must be carried out. The first of these (step 4) is deciding how to fit the innovation together with the organizational structure and staff work flow to solve the identified problem. For example, many health care settings are being inundated with products and services that capitalize on the use of mobile technologies. While the efficiencies and cost benefits are quite high, the disruptions of moving to wireless technologies and their impact on work flow (their *fit*) can be serious impediments to organizational adoption. As the answers to the question of fit become clearer, the organization then needs to clarify how the innovation and organization will evolve together as the problem is addressed. The last step (step 5) is to normalize the process; the problem appears to be solved and the program loses its "new" label as it becomes part of the usual routines.

TRANSFERRING A SERVICE INTERVENTION TO NEW SETTINGS

Van Beurden, Lefebvre, and James (1991) provided a detailed case study of the transfer of a specific intervention (blood cholesterol screening, counseling, and referral events, or SCOREs) from the Pawtucket Heart Health Program (PHHP) to the North Coast Health Region, a rural setting in New South Wales, Australia.

These program managers broke the process of adoption down into five questions that had to be addressed in the new user setting.

1. *What are the geographical, social, political, policy, and organizational settings of the resource intervention?* The PHHP was a well-funded community research and demonstration project located in an urban area of Rhode Island with proximately 72,000 residents. Area demographics revealed a predominantly blue-collar, ethnically heterogeneous population and many socially disadvantaged groups residing in the area. The PHHP *intervention unit* had full-time staff assigned to recruit and manage volunteers and to train them to implement SCOREs, and a team that planned and managed SCOREs. In addition, there were significant evaluation resources for conducting monitoring and formative process studies as well as for providing data management support.
2. *How does the resource intervention function within a geographical, political, and organizational setting, and what are its resource requirements?* The PHHP delivery model followed principles of social marketing and social learning theory to develop multiple intervention activities that were conducted continuously at various levels of the community. A staff supervisor managed the SCOREs and was responsible for each event that was staffed by trained and certified volunteers. In addition, members of the *channel team* were responsible for identifying and securing locations for these events at schools, worksites, and a variety of community settings. All participants in each SCORE completed contact activity sheets that were used for data collection and analysis.
3. *Is the resource intervention appropriate to the adopter's goals and setting, in full or in part?* The North Coast Health Region was a predominantly farming, rural, and residential area of 430,000 people living in villages and towns ranging up to 40,000 residents. Its heart health program had goals similar to the PHHP's of reducing cardiovascular risk throughout the region by implementing low-cost, community-based interventions. As the project staff became familiar with PHHP and the SCORE program, they found a consistent fit. The social marketing model was compatible with already established principles of North Coast Health Promotion Services, a large volunteer workforce was recognized as the only way to efficiently deliver

heart health interventions at scale in the North Coast, training of volunteers could enable communities to play a key role in their own programs, and models for training and implementation protocols and materials were available from the PHHP.

4. *How should the adopter modify the local setting to enable transfer of all components essential to program success?* At the time of this project, the health promotion unit was primarily engaged in clinical environments and had no training or experience in comprehensive community-based campaigns. The use of volunteers was also untried and actively discouraged by the health promotion unit's clinical colleagues. These challenges led the program managers to ensure that funding was allocated for health promotion activities, that hospital administrators would allow their staff to take part in activities located out in the communities, that training programs in community-based health promotion were created for the staff, and that the credibility and effectiveness of using volunteers and health promotion activities was widely understood and appreciated. In all, this process of making the appropriate policy and organizational changes took approximately two years.

5. *How should the adopter tailor the program to suit the local setting?* The choice of focusing on SCOREs (that is, on managing cholesterol) was in part a recognition that the entire PHHP intervention was beyond the current resources of the Health Promotion Services. The North Coast project set as its primary goal to screen 20 percent of the adult population in five years and to significantly reduce blood cholesterol levels among those with elevated risk. Because of limited resources, a process evaluation consisting of a participant-tracking system was put in place to demonstrate that the process was functioning as designed, but no large-scale surveys, control populations, or surveillance could be fielded. Two modifications to the SCORE protocol were the use of an eating pattern fact sheet, rather than the brief dietary assessment used by the PHHP, and a decision that only participants with elevated blood cholesterol levels would receive dietary counseling and referral. And finally, given the geographical area to be covered, program managers decentralized supervisory and quality control responsibilities to staff in each of ten planning areas and also made these staff members responsible for recruiting and training local volunteers.

Van Beurden et al. (1991) reported that social marketing principles, especially market segmentation, became an intrinsic part of the North Coast project. These authors also provided data from the first three years of SCOREs in both sites, where the primary difference was that relatively fewer events were conducted in rural Australia, but these events attracted more participants. The North Coast program was able to attract over four hundred volunteers to staff its SCORE program, a larger number than were used in Pawtucket but likely reflective of the larger population in the North Coast region. Demographic comparisons of participants across the two sites showed that women were more likely than men to participate in the SCOREs (making up 55 to 60 percent of participants) and the mean age of participants was lower in the North Coast—reflecting the differences in age between the two populations.

The transfer of the intervention was declared a success, and Van Beurden et al. noted that early recognition of the problems inherent in such a transfer (demonstrated by the five questions used to guide the process) allowed program managers to plan and pilot activities before full adoption and implementation. Documentation of protocols, realistic expectations of what could be achieved, and good communication between the two sites were also credited as significant contributors to successful diffusion of the project. Finally, Van Beurden et al. also noted that a well-researched and planned diffusion process may have resulted in an even better fit of the adopted intervention in the new context than in the original context, as the North Coast site was able to capitalize on lessons learned in the original setting.

Beyond Program Diffusion: Learning to Scale

Although this discussion has focused on the diffusion of programs, innovation can also be thought of as an organizational model (an overarching structure for mobilizing people and resources through, for example, a marketing management approach or a social marketing planning model for program development) or as a set of principles or guidelines for addressing a problem (such as the program or treatment guidelines that are developed and disseminated by many different types of provider organizations). In practice, an organizational model and program guidelines or principles are often combined in dissemination programs or efforts to scale up interventions (Dees, Anderson & Wei-Skillern, 2004). In many cases these

efforts are accompanied by various service offerings, ranging from brief workshops to ongoing technical assistance and training (see, for example, Bauermeister, Tross & Ehrhardt, 2009; Curry, 2000; Miller, Sorenson, Selzer & Brigham, 2006).

Creating a strategy and marketing mix for the scaling up of programs requires the same sets of skills and abilities that were outlined in earlier chapters. It also means that we need to ask some basic questions about the innovation or evidence-based practice. For example:

> What makes this approach to puzzle solving distinctive?
>
> What is essential to its success?
>
> What internal or external factors play critical supporting roles in its successful adoption by other groups and organizations?
>
> What aspects of the program or innovation could possibly be changed without jeopardizing impact?
>
> Will the core elements of the program be equally effective in different contexts?
>
> Are these elements easily communicated and understood?
>
> Are these elements reliant on specific or rare skills or conditions? (adapted from Dees et al., 2004).

After we satisfy ourselves that we can answer these questions in ways that indicate our innovation is ready for diffusion, we can consider Dees et al.'s (2004) approach to developing strategy for dissemination, which hinges on the alignment of the 5Rs.

1. *Readiness*. Answering the questions just posed will help us decide whether the innovation is ready for dissemination (that is, for a *push* out to priority organizations). However, we also need to look at the *pull* elements and determine whether there is a perceived need for the innovation among potential adopters and their stakeholders. I discussed the idea of readiness earlier, in applying the community-based prevention marketing approach in new community settings (chapter 11), for example.

2. *Receptivity*. Determining whether an organization will be open to our offering requires research to determine what the "pain points" are for the organization

(that is, the significant problems and challenges that this offering might address for it), what resistances we can expect from it, and how willing it is to invest the resources that may be needed to implement and sustain the new program, model, or guidelines.

3. *Resources*. Examining what resources will be needed to launch and support the dissemination effort is also a critical part of strategic planning. A plan for funding the project is essential; distributing costs across partners, realizing revenues through charging fees (for example, for attending conferences, purchasing support materials, or obtaining other support services), and expanding the donor base are just a few ways to develop a viable business model. Unfortunately, too many dissemination methods are undertaken with severe resource constraints and little planning to sustain the process.

4. *Risks*. Creating a variety of scenarios to determine what might happen if innovations are implemented incorrectly, do not achieve their intended impact, or have negative consequences for clients and communities being served by these adopters can identify potential negative consequences that can then be managed. These management strategies may range from highly protocoled approaches that require supervision and close monitoring of performance (in the case of risky innovations) to approaches that have a lighter touch, such as creating social network sites or wikis where adopting organizations can share experiences, troubleshoot issues, and transfer knowledge. Again, I see too many instances where organizations decide to adopt a new program but are then left with little guidance and support. Not anticipating and managing risks increases the chance that an organization will discontinue the innovation shortly after trying it.

5. *Returns*. While the ultimate goal of scaling up programs is to facilitate positive changes among people, environments, and society, change agents need more proximal indicators of success as well. For example, what strategy is most effective and efficient for driving adoption? How are decision makers responding to our messages? Is there evidence of networking and word of mouth enhancing or impeding adoption of the program among peers? What types of success do adopting organizations report, both in how the innovation fits with their organization and work flow and in its appeal to the people and communities they serve?

THE MARKETPLACE OF DISSEMINATION OF CLINICAL PRACTICE INNOVATIONS

Curry (2000) looked at the challenge of increasing adoption of evidence-based guidelines for clinical practice through a marketplace lens. She observed that there must be a science and technology push from accumulated evidence that creates a need for credible guidelines to be developed. This force originating from the producer should be accompanied by a market pull or demand from patients (for state-of-the-art treatments), providers (for engaging in best practices), or organizations (for enhancing efficiency, controlling costs, and improving health outcomes). Finally, attention must be given to the capacity of the adopting organization in order to ensure the development of organizational systems for guideline implementation, including a supportive clinical information infrastructure, benefit and reimbursement policies, and assessments of clinical outcomes. The utility of this marketplace model can be seen in the area of mobile health (*mHealth*) where technology push and patient and provider demand are stimulating great interest in applying mobile technologies to a variety of health promotion and disease management challenges. However, a critical issue in moving mHealth practices into broader adoption is the lack of capacity in the areas of existing information systems and reimbursement policies for their use. Also there is at present only modest evidence for their ability to improve health behaviors and clinical outcomes.

MARKETING TO ACHIEVE SUSTAINABLE PROGRAMS

We often go about adopting organizational innovations in the same way as we go about trying to change individual behaviors. We spend a great deal of time and effort on creating the circumstances and altering the context to facilitate acting on better choices, but little attention, if any, is given to supporting the maintenance of the behavior change or the organizational innovation. At the organizational level of innovation, the sustainability of public health programs and social change is one of the more important topics in both the health promotion (Swerissen & Crisp, 2004) and social marketing literatures. *Sustainability* in this context can be defined as "the continued use of program components and activities beyond their initial funding period and sometimes to continuation of desired intended

outcomes" (Scheirer & Deering, 2011, p. 2060). Many thousands of programs are funded with high intentions of achieving impact but have only hopes that they will survive beyond the funding cycle. Indeed, the idea of planning for sustainability of programs from the outset has only recently been broadly accepted. There are many conceptual approaches to this puzzle of how to maintain programs and services after external funding ceases, but few empirical studies and little consensus on how to conduct program sustainability research and evaluation (Scheirer & Deering, 2011). With this caveat, this chapter turns to a review of studies that are relevant to social marketing practice to see what empirical insights we can glean from them (see Scheirer, 2005, for a more complete review of this literature).

Empirical Research on How Sustainability Happens

The empirical literature on a subject so central to social change efforts of the past century or more has been described as "relatively simplistic and descriptive" (Swerissen & Crisp, 2004, p. 124). In part the research on sustainability has not received adequate or targeted funding; it is also true that many of these investigators brought very little theory to the process from, for example, community action, social policy, and policy analysis. Yet there are projects that do provide insights for marketing the sustainability of social programs.

In 2002, nine years of community-based tobacco treatment programs were abruptly defunded in the State of Massachusetts during a nationwide recession. LaPelle, Zapka, and Ockene (2006) conducted qualitative analyses with seventy-seven of the eighty-six programs three months and nine months later. They found that these agencies had implemented one or more of five sustainability strategies: (1) aligning services with organizational goals, (2) selecting acceptable and affordable services, (3) locating funding, (4) adjusting staffing patterns, and (5) assigning resources to create demand for services. Although this study measured sustainability in months, not years, two of the sustainability strategies specifically related to marketing decisions: redesigning services and creating demand for them. In another study (Bracht et al., 1994), conducted in Minnesota and looking at community ownership of programs after the cessation of federal funding for a heart disease demonstration project, programs' inability to create client demand and organizations' perception that the program life cycle was in decline, along with failure to procure alternative funding, were the factors most associated with discontinuation

of heart health programming. Again, at least two of the three factors are directly related to product marketing and consumer demand issues (and the third, fund-raising, some would argue is also a marketing challenge).

In a study of the sustainability of 189 community heart disease prevention programs across Canada, about 43 percent were found to have achieved a high level of permanence without further federal or provincial government funding (O'Loughlin, Renaud, Richard, Gomez & Paradis, 1998). The researchers identified four variables independently associated with sustainability:

1. Interventions that used no paid staff but rather relied on volunteers or were integrated into already existing settings were almost four times more likely to be sustained than those that required any paid staff.
2. Interventions that were modified during implementation were nearly three times more likely to be sustained than those that remained in their original format.
3. Interventions that fit well with the organizational mission, objectives, and routines were more viable than those that required adjustments by the organization.
4. The presence of a program champion who strongly advocated for continuation of the intervention improved sustainability.

In an innovative approach to examining program sustainability from a behavioral point of view, factors in the sustainability of behaviors related to community-based dengue control in Cuba were studied by Romani et al. (2007). Two years after community working and coordination groups were established in three health zones, indicators of sustainable behavior change (the proper use of water storage containers and the correct use of a larvicide) were compared to the same indicators in three control zones in which routine activities had been intensified without a community engagement or social mobilization component. Proper use of water storage containers in the intervention area was 87.5 percent versus 21.5 percent in the control, and larvicide use was found to be 90.5 percent versus 63.5 percent. The researchers then examined structural supports for these sustained behavioral improvements. They noted that host organizations had adapted their structures and procedures to maintain the program and that continuous capacity building in the community in planning,

implementing, and evaluating dengue control activities also contributed to the long-term program success.

Strategies to Sustain Social Marketing Programs

O'Sullivan, Cisek, Barnes, and Netzer (2007) conducted key informant interviews with people involved in the implementation and evaluation of social marketing programs. The focus of these interviews was on how sustainability was being addressed in developing countries by social marketing programs that featured product sales as a prominent part of their work. These researchers then drafted a sustainability continuum for social marketing that included descriptors and indicators to guide decisions about program, financial, institutional, and market sustainability. The major indicators were (1) whether the program was able to diversify its sources for donated commodities, (2) whether cost recovery covered the costs of the goods and services offered and generated revenues, and (3) whether there had been a shift from promotions and communication aimed at building demand for specific products and services to sustaining high-level use of those items. O'Sullivan et al. also focused on the need for a financial analysis of the program that examined total sales revenues and total operational costs; an institutional analysis that focused on governance, management, cost accounting, and internal control systems; and a market analysis of the number and growth of products, new product introductions, total market size, and each competitor's share of market in each product category.

These researchers identified a number of specific strategies to support the sustainability of social marketing programs:

- Develop the capacity to conduct international tenders and to source products independently.
- Work with commercial partners to collaborate on transition strategies, such as initial donations of products, with future product supplies then being bought at market prices.
- Assess strategies that move subsidies more toward the poorest and most vulnerable population groups.
- Introduce premium-priced brands to cross-subsidize lower-priced or free products.

- Gradually increase retail prices, and assess impact on sales volumes.
- Develop partnerships and leverage local institutions to sustain communication efforts.
- Analyze costs for communications that are brand or product specific versus costs for those that are generic (or nonbranded) behavior change efforts.
- Consider ways to improve the cost effectiveness of the distribution system.
- Move to commercial distribution models.
- Analyze costs to reduce and eliminate program inefficiencies.
- Diversify product lines to increase program revenues and spread operational costs across a wider range of products.

In concluding their analysis of the requirements for sustainability, O'Sullivan et al. (2007) came to the conclusion that sustainability always involves innovation in order for the program to evolve and adapt to the needs of the market and to be responsive to consumers. In addition, social marketing agencies need to have a sustainability plan that addresses goals, assessment of current status, areas for improvement across a number of program indicators, costs, and financial sustainability.

The sustainability of social marketing programs in developing countries in which donors subsidize product costs as well as many other facets of the marketing program (storage, distribution, communication activities) is an urgent question in search of answers. However, I suggest that many of the same problems are faced by programs in developed countries that may not have the burden of replacing subsidies for commodities but still have to meet many other financial and program obligations when grants or contracts are ending.

One project that looked at what happens to social marketing products and markets after donor support ends was conducted by Agha, Do, and Armand (2006). They studied four donor-supported social marketing programs, using data from demographic and health surveys conducted in Morocco, the Dominican Republic, Peru, and Turkey between 1986 and 2003. Changes were analyzed in the commercial sector's share of oral contraceptive (OC) and condom sales before and after the withdrawal of donor support, and a variety of country-specific changes in the marketplace were observed. Agha et al.'s overall findings supported

the idea that social marketing using a manufacturer's model (leveraging commercial sector efforts and then phasing out donor support) was likely to lead to a higher market share for the commercial sector products among lower- and middle-income women. In addition, the data demonstrated that the increase in the commercial sector's share remained at about the same levels after donor support was withdrawn and lessened the burden on the public sector to sustain product supply. The study authors did note that this ability to shift demand to commercial sector sources could occur only where there was a strong commercial infrastructure, high demand for the products, and little competition from the public sector (via free or substantially reduced pricing).

A Social Marketing Approach to Planning Sustainability

More than two decades ago, I formulated a social marketing approach to sustainability (or as I called it then, *institutionalization*) that included three possible objectives (Lefebvre, 1990). The first objective is the sustainability of an agency or organization in its entirety. In such a scenario the challenge for management and staff is to develop other sources of revenue to maintain core functions and services initially supported by start-up funds or grants. Strategies to support the sustainability of an organization, branch, or office might include

- Increasing current revenue streams by applying for continuation of current grants; incorporating the activities or program into a larger organization's budget; or increasing the prices of the products, services, and programs that are offered
- Diversifying revenue streams through seeking funding from other sources to continue programs and operations, or creating joint ventures or partnerships to share costs and create new offerings that will generate revenue that can be used to offset the cost of current offerings
- Determining what core offerings should be continued, and focusing only on these priorities as a way of reducing costs

The second objective is the sustainability of program elements by actively incorporating these elements into other community structures—for example, existing government and community agencies or NGOs. In the Pawtucket Heart

Health Program (PHHP) (Lefebvre, Lasater, Carleton & Peterson, 1987), this approach involved the integration of the heart health curriculum into the public school curriculum policies (Gans, Bain, Plotkin, Lasater & Carleton, 1994); the incorporation of the exercise, weight loss, and smoking cessation group programs into the city's Department of Parks and Recreation; the creation of a worksite health promotion committee in the local Chamber of Commerce to oversee worksite health promotion activities; and the adoption of community-based cardiovascular risk screening programs by local churches.

The third objective is the sustainability that comes from looking beyond the continuation of agency operations and programs and, instead, solving the puzzle of how to ensure that practices, relationships, and values become permanently entrenched in individuals, groups, organizations, and the community at large (cf. Romani et al., 2006). Here, the emphasis is not on the continuation of tangible products and services but on the development of social norms and market demand that legitimate, pull, and support the desired practices and offerings throughout the community.

This approach also acknowledges the important role of "the individual level of institutionalization" (Lefebvre, 1990, p. 212). It recognizes the important role that is played by program advocates or champions in the sustainability of programs (O'Loughlin et al., 1998; Scheirer, 2005; Shediac-Rizkallah & Bone, 1998). For example, the volunteer-based PHHP had set itself an objective of reaching out to political and business leaders and informal opinion leaders to do volunteer work with the program. The premise was that by bringing these leaders into contact with the program, they would develop a personal commitment to the values and objectives of community-based heart disease prevention and work to guide sustainability efforts. This individual-level effort was supported with a social networking strategy to continue both individual and organizational commitments to heart health objectives. The program managers discovered that creating these networks within various sectors of the community (such as the Chamber of Commerce worksite Heart Health Committee and the Church Advisory Board) was a more effective way for people to engage with the program and support mutual efforts than the use of an overarching community coalition. By working with smaller groups, with shared interests already established, program managers found greater commitment and more effort among their volunteers.

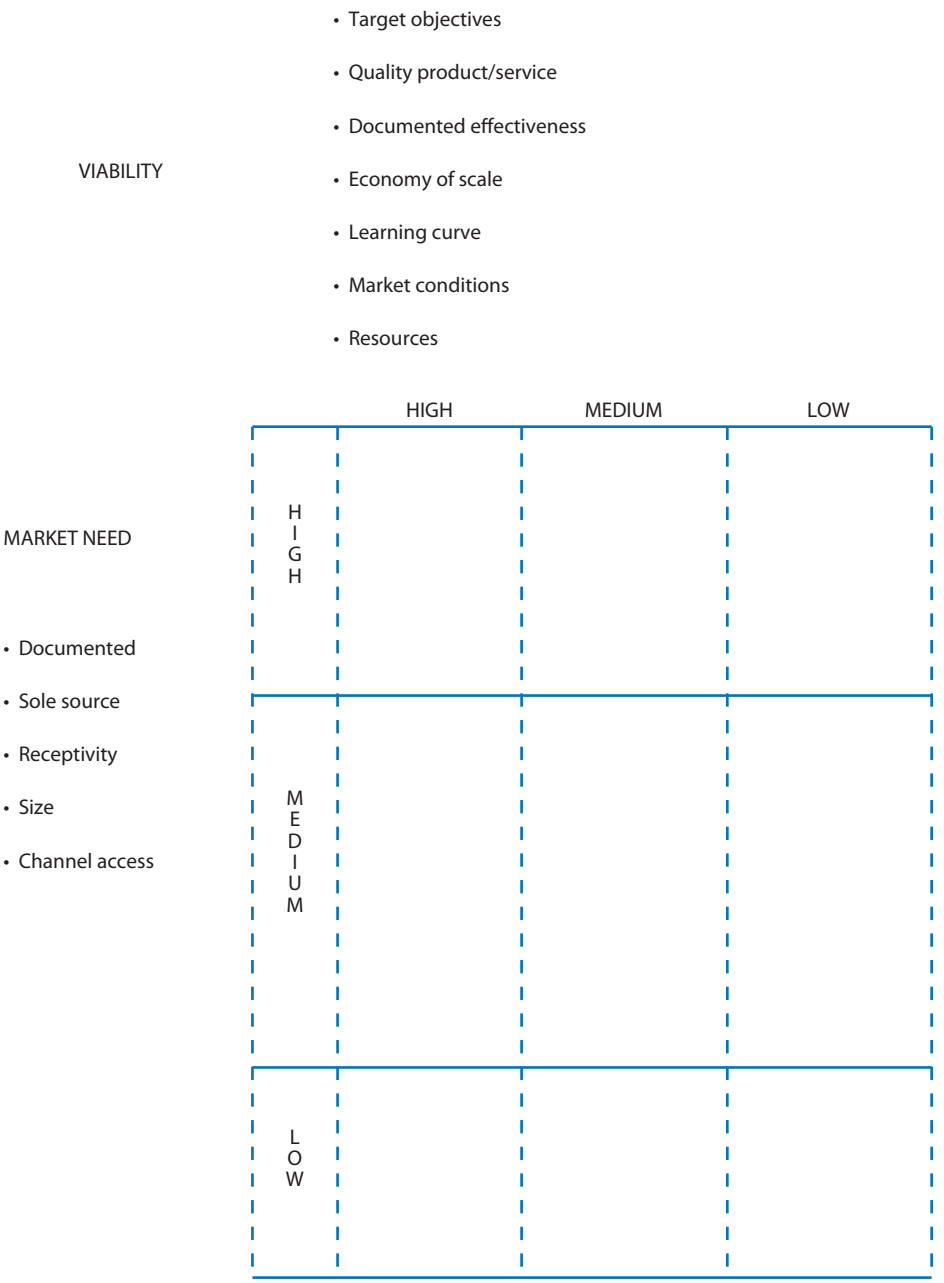
In its social marketing model, the PHHP identified five priority groups for institutionalization (sustainability) objectives:

1. Resource managers located in both nonprofit and for-profit organizations in the community, who were responsible for deciding how, when, and where to allocate personnel and financial resources. The goal was to have them allocate some of these resources to heart health programs.
2. Groups and organizations who found that the sustainability of heart health programs intersected with their missions and priorities. These groups could adopt specific program elements or contribute volunteer or other resources to heart health activities for their members or others in the community.
3. Key individuals with commitment and visibility who brought legitimacy to sustainability efforts and also served as champions and intermediaries for the program with other community groups and organizations.
4. Organizational publics (stakeholder groups) with whom the PHHP had existing relationships but who were not based in the community, for example, the state affiliates of various voluntary health organizations, the state Department of Health, private organizations, educational institutions, and federal agencies.
5. Community residents who were the focus of an agenda-setting strategy to make people aware of the *institutionalization agenda* so that they would understand the need for action, support activities, and in some cases, become directly engaged in the process.

To translate the plan into action, the program's managers adapted a *portfolio analysis* that Kotler and Andreasen (1987) describe. It has three steps: (1) partitioning the organization's offerings into smaller groups of products and services; (2) assessing present market conditions for each group and that group's current performance, or market share; and (3) forecasting the future location of the products ands services if there were to be no changes in the marketing strategy or marketplace. Using this portfolio analysis for sustainability planning, PHHP staff conducted the three steps using two analytical dimensions, *viability* and *market need*.

Figure 13.1 outlines this portfolio analysis scheme. The viability dimension was used to assess PHHP products and services by (1) the degree to which documented evidence showed they led to reductions in cardiovascular risk behaviors; (2) the current quality of the product or service in terms of its content, layout, and

FIGURE 13.1 The PHHP portfolio analysis scheme for program sustainability



Source: Lefebvre, 1990, p. 226.

packaging; (3) the economy of scale offered by the product or service (whether it would be cost efficient); (4) the reasonableness of the learning curve that other people would experience in adopting and managing the program; (5) the potential for sustainability given current market conditions; and (6) the amount of personnel and physical resources necessary to continue delivery. The market need dimension consisted of (1) the documented need in the community for the product or service (unmet demand); (2) whether there were already alternative sources for the product or service in the community; (3) the known receptivity of priority markets for the offering (as gauged through documented product and service use); (4) whether the market was of a sufficient size to justify resource expenditures; and (5) the availability of distribution channels for reaching priority groups and delivering the product or service.

In the process of mapping products and services through a portfolio analysis, while decisions should be based on data whenever possible, it is also important to solicit staff and community input (Lefebvre, 1990). Involving the community in the sustainability process not only provides an external validity check on the data considered in making these decisions (that is, are we asking the right questions and using the best information for answers?) but also lays the groundwork for community ownership and leadership in designing and achieving sustainability objectives. This analysis led to decision-making processes and the development of product- and service-specific marketing plans that guided the last year or so of winding down the intervention activities.

Portfolio analysis of offerings to assess the relative strengths and weaknesses of programs for achieving long-term maintenance in the community is one marketing response to the issue of what to do when external or temporary funding ends. Bryant et al. (2009) and McKenzie-Mohr and Smith (1999) have also examined the sustainability of programs in the context of community-based social marketing, and they stress the desire for community participation and ownership from the beginning of the program planning process for optimizing long-term success. Yet sustainability remains an illusive quality for social change programs of all types—not just social marketing ones. Our thinking about sustainability as a marketing problem has several implications. It could require us to think in new ways about our business models for social marketing (instead of being so dependent on government and NGO grants and contracts). We might ask if changing the marketplace should become a core sustainability strategy. We could also be leaders in developing models for sustainability that are responsive to

local conditions, people, and economies, rather than ceding those solutions to social entrepreneurs and marketers focused on the base of the pyramid (Lefebvre, 2008).

Stories for Sustainability

Storytelling has a long tradition that goes back to times before there were written languages. It is also a cross-cultural phenomenon—everyone loves a good story. Though social marketing literature does not usually include storytelling as a tactic, it has a role to play in any communication effort, as long as it is tied to a larger marketing approach. I have used storytelling exercises in a workshop as a way for program managers to begin to think more deeply about how they would go about creating the conditions to sustain substance abuse treatment programs in their community. First, the participants paired off and were given the Tapper task: one person in each pair was designated the *tapper* and the other the *listener*. Each tapper was then asked to pick a familiar song and tap out the rhythm of it by knocking on the table at which he or she was sitting. The job of the listener was to name the song based only on the rhythm he or she heard. Although the task seems quite simple for the tapper, the research finds that listeners guess the correct song only about one in forty times, a rate the workshop participants pretty much replicated.

The point of the exercise is that the tappers are hearing the song in their heads as they tap out the rhythm; the listeners are only hearing a rhythm. And as hard as the exercise is for the listeners, the lesson is more for the tappers. And that lesson is the curse of knowledge. The problem for tappers (and for program managers) is that we have knowledge about the tune (or our program) that others do not have. Until we can empathize with people who do not have this knowledge, it is difficult for us to share what we know with them because we are not playing to their state of mind or experience. In their 2007 book, Heath and Heath introduce stories as a way to transform our ideas to beat the curse of knowledge.

Tapper makes the problem of marketing sustainability concrete for almost all participants. We have an enormous amount of information about our programs and offerings, including their benefits to individuals in the community, which most other people do not share. Yes, we can try to inform and educate people about the various rhythms and patterns that make up our programs, and hope that those lessons improve their ability to "get it." However, another approach is

to design and tell stories about sustainability that are more responsive to other people's state of mind and can inspire them.

After the Tapper exercise, the managers and I reviewed the SUCCES approach to communicating ideas about sustainability. We can make ideas

- *Simple* by finding and focusing on the core issues of sustaining our program
- *Unexpected* to arouse interest and curiosity
- *Concrete* so that they are memorable
- *Credible* through providing supportive facts that are endorsed by authoritative sources
- *Emotional* by appealing to both self-interest and the social good that will come from sustaining programs
- *Stories* that provide both knowledge and motivation to act in support of a sustainability agenda (Heath & Heath, 2007).

The rest of the workshop involved moving the participants into small groups to explore how to create stories for sustainability using plot lines based on

- The *challenge* sustainability poses to the community, especially in terms of the obstacles that appear daunting to the protagonist (that is, the treatment program, its staff, stakeholders, or clients)
- The *connections* sustainability could create in the community by bridging gaps and creating new relationships among community organizations and various types of people
- Sustainability as something that is a long-standing puzzle that requires innovative thinking and approaches (a *creativity* plot)
- The current challenges for program sustainability, opening up possibilities to create goals and confront barriers that the listener can be asked to participate in (a *springboard* plot)

Each of these plot lines provides a way of framing sustainability to engage people in the community. In order to help people make the stories more concrete and emotional, I gave them several questions to consider as a starting point:

- What is the favorite or the most important part of your program—the part that you would want to see institutionalized or sustained in the community even if no other part remained?
- If your program were a person, how would you describe him or her?
- Who else might be attracted to this person—and why?
- Would she or he make a good partner for life? Why or why not?
- What would this person do or say that would have other people fall in love with him or her?

The energy level in the room peaked and sustained itself for the next hour. Many of the stories the groups shared were not just creative but profound and emotionally compelling. Perhaps the greatest compliment came from conference organizers and staff who were excitedly relaying the hallway chatter that the sessions prompted, as well as numerous references to the workshop in other sessions that afternoon and the following day.

The takeaway points are that *stories can be a valuable way to communicate the social and human value of our programs and the experiences of staff, stakeholders, and clients*. Rather than tapping out the need for sustainable programs, you can tell stories that can inspire and motivate people to become involved. The ways in which the participants go back to their communities, create their sustainable journeys, and achieve acceptable results (for them and their stakeholders) are stories yet to unfold and be told.

And finally, *creating stories about sustainability is hard work*. It might be much easier to find existing stories about other people's programs that have created large amounts of goodwill in the community and have then been integrated into the fabric of community life. And when that happens, the rest of us should tell these stories far and wide.

SUMMARY

The puzzles of disseminating or scaling up interventions and achieving their sustainability are ones that social marketing is uniquely equipped to delve into and solve. Unfortunately, at this point there are more ideas than data to

guide dissemination and sustainability activities. The multiple contexts of the problem—the characteristics of the intervention, the organizational capacities, the relationships among stakeholders and partners—and the social, policy, and financial environments that shape those contexts are a total market issue (see the next chapter for more discussion of this issue), not simply questions of behavior changes and organizational adoption patterns (cf. Scheirer & Deering, 2011). Marketing approaches that consider the scope of the problem—and do so from the perspective of people we serve, stakeholders, organizational managers, and policymakers—may provide better guidance for success when we find effective and efficient programs that improve personal health and well-being. However, as Scheirer & Deering (2011) also caution, we need to be sensitive to the question of whether it is desirable for all programs to be sustainable, especially as new evidence-based programs are developed to supplant the previous generation. We also have to be sure that the values we perceive in sustaining new programs fit with the values the community sees in them. One ongoing example of this dilemma in the United States has been the project Drug Abuse Resistance Education (DARE), the most widely used school-based drug prevention program in the country. Meta-analytic reviews have long concluded that the effect size for DARE is much smaller than for other drug prevention programs (Ennett, Tobler, Ringwalt & Flewelling, 1994) or that the program is ineffective (West & O'Neal, 2004). But the reason for DARE's popularity at the local level has less to do with its proven (in)effectiveness as a drug abuse prevention intervention than with its proven ability to create partnerships among police, families, and schools as part of larger community-based efforts to deal with the puzzle of youth illegal drug use (Birkeland, Murphy-Graham & Weiss, 2005). Such findings should remind us that in the real world, behavior change is only one thing people value when making decisions about their lives and communities.

KEY TERMS

organizational adoption

portfolio analysis

program diffusion

scaling up

segmentation of organizations

SUCCES

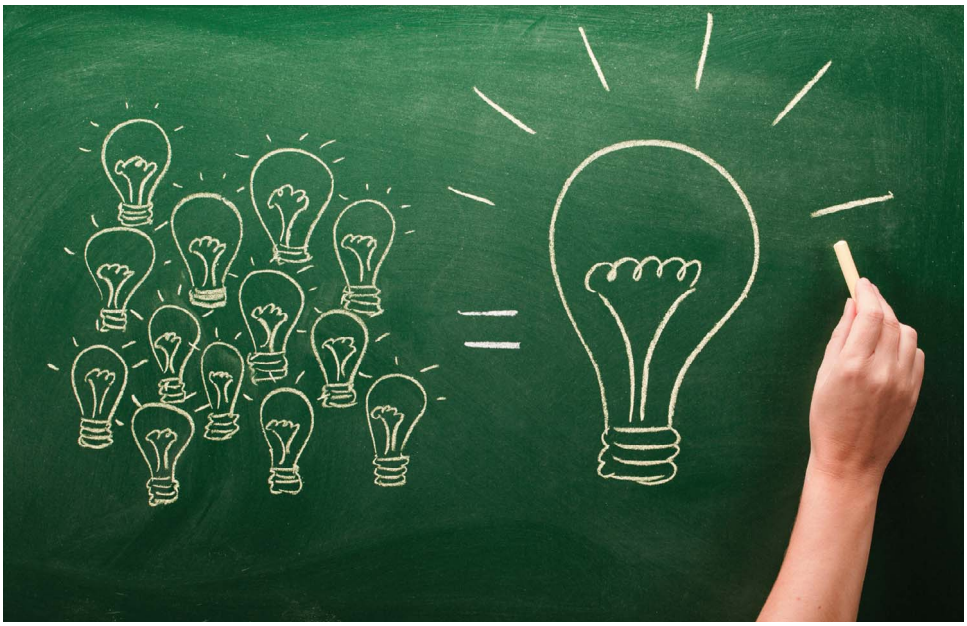
sustainability

DISCUSSION QUESTIONS

1. Describe the diffusion of an idea or effort that has recently spread across your school or workplace. What were its features or characteristics? Apply the basic questions about an innovation (those adapted from Dees et al., 2004) to identify other elements that made it successful.
2. What are the similarities and differences between the diffusion of an idea or program and something going viral on the Internet?
3. Discuss how programs that are well disseminated (with many elements to encourage, support, and facilitate sustainability) may actually make an organization more resistant to innovation adoption in the future.
4. Create a sustainability story for a behavior that you have adopted and maintained for at least two years.

Chapter 14

Management and Innovation



Collecting a lot of little ideas about marketing can yield a powerful social change idea that enables us to create more value for the people we serve and the communities in which we live. (Image courtesy of iStock.)

Learning Objectives

- Present several options for adopting a marketing approach to an organization's work.
- Describe the core principles of the total market approach.
- Discuss how P&G management principles and the "line of sight" complement the use of marketing approaches in organization management.
- Give an example of using marketing to introduce innovation into an organization.
- List the essential elements of innovative management in an organization.

Marketing is a way to strategically allocate resources for achieving the optimal good. An understanding of the key marketing functions for carrying out a social marketing program is needed in order to create beneficial personal, community, and social change and to allocate staffing and financial resources consistent with these objectives. This chapter draws on examples from the private and public sector to illustrate how marketing principles apply to the sound management of an organization and especially to the management of innovation in addressing wicked problems in communities and society. It concludes with a look to the future and questions to stimulate more thought and innovation for improving approaches to social change.

CREATING A MARKETING CULTURE

Slater & Narver (1994) stated that a marketing orientation is a particular form of organizational culture. This culture can be characterized as having a focus on interactions with one's customers and then looking within the organization to explore how the knowledge gained from these interactions can be integrated with existing capacities and experience to build organizational responses—whether they be product or service offerings, communication campaigns, or policy initiatives (Ind & Bjerke, 2007). Several surveys of businesses that vary in their consumer orientations have found that in addition to achieving the stated objective of delivering more value to customers, a market orientation is positively

related to overall business performance, the commitment of employees to the organization, and those employees' overall attitude and job satisfaction. The same surveys also identified that without top management support, an ability to tolerate risk among top managers, interdepartmental connectedness, a moderate level of centralization, and the orientation of reward systems that supports a consumer focus, most organizations would not be able to adopt this cultural practice (Ind & Bjerke, 2007).

Even with the best of intentions, the introduction of social marketing practice—one centered around people—can run into a number of problems. Among the major barriers identified by Lefebvre (1992) are

- A poorly defined organizational mission and objectives (usually due to a lack of consensus and inadequate consumer assessment)
- A lack of understanding about and focus on key priority groups and stakeholders
- Political and professional pressures that supersede consumer needs
- Organizational biases that favor expert-driven programs
- The influence of intermediaries who seek to shape program objectives and offerings to meet their own agendas
- A sense of urgency that often accompanies new initiatives and serves as a rationalization for shortcuts (see chapter 2 for a list of other barriers identified by various authors in the field)

Ind and Bjerke (2007) outline a three-step process for addressing some of the barriers and achieving what they refer to as a *participatory market orientation* within an organization.

1. Recognize the organization-wide responsibility to gather information about, and especially insights into, the various markets that could be better served.
2. Develop the ability and systems to connect people internally in developing responses to this market information that are consistent with the organization's vision and values.
3. Mobilize organizational and stakeholder resources into action.

Ind and Bjerke also point out that the inability to collect meaningful and usable insights, the failure to share them with others in the organization in a meaningful and timely fashion, and the further failure to galvanize organizational actions to deliver resources in response to these insights are additional barriers to achieving a market orientation.

Although there are dozens of books about managing the marketing functions in nonprofit and commercial organizations, there is very little in the social marketing literature that addresses management questions. Lefebvre (1992) suggests the use of a marketing audit to identify organizational strengths and weaknesses as they relate to social marketing functions (see table 8.2 in this volume). The results of this audit do not necessarily lead to a wholesale reorganization of the agency; rather, staff can focus on addressing as many, or as few, areas that need attention as resources and other agency demands allow. In addition, such a process should have its own internal marketing plan with achievable objectives for adopting certain social marketing practices and time frames for their accomplishment.

In some cases, developing social marketing functions may involve an elaboration of existing staff roles and functions. At other times it may require new job descriptions and hiring of staff with the needed knowledge and experience to fill in critical gaps. And then there are circumstances in which the agency might outsource certain marketing functions, such as contracting out (or commissioning) creative services to public relations and advertising agencies or market research and evaluation to private firms and such academic departments in universities as advertising, business, community studies, political science, psychology, public health, and sociology. The key part of the process of using outside partners and vendors is to have them (1) understand and be in sync with the customer orientation you are pursuing, (2) be integrated into the planning and implementation team, and (3) be responsible and accountable for contributing to, and not just supporting, the organization.

I have previously mentioned my colleagues' and my work with the Pawtucket Heart Health Program. Table 14.1 displays eight core social marketing functions around which the intervention unit of that program was structured (Lefebvre, 1992). While these roles and responsibilities seem to require an extensive staff, each function does not necessarily require full-time staff positions for the organization to become more proficient in its marketing. The marketing functions and responsibilities can serve as benchmarks for organizations to use in comparing their existing structure with what was found to

TABLE 14.1 The eight marketing functions of a community-based social marketing program

Product development	Specific staff had responsibility for development, testing, implementation, evaluation, and refinement of intervention messages, products, and services within their areas of risk behavior change expertise. These staff members had the title of *product manager* for each intervention program and, where delegated, ultimate authority and responsibility for their product line, including the development of an annual marketing plan for each product.
Training	Staff with training expertise were responsible for the development and implementation of training and certification programs, for both paid and unpaid staff, that focused on the knowledge and skills necessary to conduct various programs and program events (for example, leading smoking cessation or weight-loss groups or supervising multiple-risk-factor screening and counseling events). These staff were also responsible for the supervision of volunteers; staff monitored service quality and conducted annual recertification examinations of skills for each active volunteer.
Channel development	To facilitate outreach and coordination of program offerings, *channel managers* were designated for worksites, religious organizations, food retailers (grocery stores and restaurants), mass media, and those channels through which minority populations could be most effectively reached. These managers developed and nurtured relationships with gatekeepers and worked with product managers to create targeted distribution systems for their messages, products, and services.
Resource development	Staff assignments included locating financial resources to support specific implementation activities: for example, when incentives were needed for behavior change campaigns or new product development. As the program relied heavily on volunteer delivery of programs, a volunteer team of dedicated staff worked with community groups to recruit volunteers to the program, identified staffing needs of product managers and developed targeted recruitment efforts for these staff, and managed a volunteer registry that matched existing volunteer talents with emerging program needs.
Promotion	All products had internal staff with editorial, graphic, and publication expertise assigned to them. This group worked with all staff to ensure that the PHHP concept platform and brand were reinforced and carried out through the packaging and tone of the materials.

(*Continued*)

TABLE 14.1 The eight marketing functions of a community-based social marketing program (*Continued*)

Program delivery	Product managers, who worked with volunteer staff, had the responsibility of delivering behavior change offerings to city residents.
Management	Many staff had management responsibilities for volunteers as well as for program, channel, and resource development. They were overseen by the *unit director*, who convened an annual two-day planning retreat and a midyear one-day retreat to monitor progress across the product marketing plans, coordinate staff efforts in planning upcoming activities, and set annual objectives.
Evaluation	Staff in a separate formative and process evaluation section in the project's evaluation unit were responsible for this activity. The staff worked with product managers and tested the efficacy of new products and services, managed participant registries, and monitored activities through the CEMS system that was discussed in chapter 10 (for more information about these activities, see McGraw et al., 1989).

be needed to implement multifaceted social marketing programs in a community setting.

Finally, I note that social marketing management shares the same challenges as marketing management in any other firm. Effective management requires senior-level managers who are dedicated to pursuing a consumer-oriented approach to agency operations; attentive and responsive to changes in their economic, social, political, and technological environments; and open to new management strategies that permit the organization to thrive in a changing world. Here are some additional essential dynamics (Lefebvre, 1992):

- Using dynamism, not control, to ensure effective action in response
- Flattening hierarchies to ensure organizational responsiveness and be in closer touch with consumers
- Allowing fluidity in team building and development, rather than establishing rigid silos of responsibility and interests
- Pushing responsibility and authority down and across the organization

- Empowering staff to focus on the customers and people the program serves and to make things happen
- Leading by example
- Measuring what is important for success, not just what is convenient and measurable

In the next section I look at how a marketing powerhouse in the commercial sector approaches issues of marketing management, for further insights into what is needed to continually evolve a marketing orientation in large organizations.

Managing the Marketing Functions at Procter & Gamble

Procter & Gamble (P&G) has been among the trendsetters in consumer marketing for several decades, with twenty-three billion-dollar brands and twenty half-a-billion-dollar ones. Its accomplishments include the development of innovative programming (customer touchpoints), such as soap operas, and its portfolio approach to brand management. The way it manages its marketing functions carries several lessons for social marketing managers. It is instructive first to understand how P&G articulates its strategy: "to touch and improve more consumers' lives in more parts of the world . . . more completely." The company's 2009 annual report elaborated on this mission (Procter & Gamble, 2009): "We will provide branded products of superior quality and value that improve the lives of the world's consumers, now and generations to come. As a result, consumers will reward us with leadership sales, profit and value creations, allowing our people, our shareholders, and the communities in which we live and work to prosper."

Organizations like P&G, and I presume many public and nonprofit ones as well, that want to improve people's daily lives view it as vital to invest significant proportions of their resources in research. No company in the world invests more in consumer and market research than P&G. It reports that each year it has over five million consumer interactions in nearly sixty countries, conducts over fifteen thousand research studies, and invests more than $350 million in consumer understanding. So many social marketers and change agents are envious of the advertising budgets of large corporations—these figures are what inspire me! These people understand the real value of talking with and understanding their audiences in a variety of settings and contexts (rather than just sponsoring a few

focus groups here and there). That investment in consumer research, P&G acknowledges, is where the ideas for innovative products and better ways to serve its customers come from.

I have drawn other insights from P&G's approach that are relevant and transferable to social marketing and social change programs and the organizations that are responsible for them:

1. Strengthen the ability to develop innovative responses to customer needs and offer innovative value propositions through both internal resources and external partnerships (do not recycle old solutions or wait to act until all the evidence is accumulated).
2. Create and sustain strong public health or social program brands (do not let them wither away after a few years of funding or focus solely on their corporate image).
3. Be seen as the go-to and preferred partner for stakeholders and intermediaries because of a clear organizational mission and strategy, having programs and brands that are recognizable to them and their constituents, and being known for innovative marketing efforts (not as someone to avoid because of bureaucracy and painful "processes").
4. Have in place common systems for getting things done across disease and behavioral risk areas (for example, use the same segmentation systems, theoretical approaches, and evaluation methods across departments and programs when feasible; design and co-create program offerings and value with people, not for conditions; and have a standard monitoring system in place that all program managers can access).
5. Develop leaders rather than reward the status quo.

These are modern business and marketing practices; it is important to learn from them rather than dismiss them as irrelevant to our goals of changing the world. The fact is that companies such as P&G are carrying out these practices every day.

Having a Line of Sight

Even if an organization accepts and begins to adopt a marketing orientation in its mission and work, daily reminders of *who we serve* and *why we do what we do* need

to be etched into the organizational culture and the minds of the people we work with every day. One way to provide these reminders is to give every staff person *a line of sight*. Linden (2011) tells the story of Bill Leighty, a new deputy commissioner for the Virginia Department of Motor Vehicles. In his introductory walkabouts through his units, he found an especially low-energy, quiet sea of desks. When he asked what the staff there did, they responded, "We process Form 47." "And how does that fit into the mission of the department?" he asked. They didn't know and really couldn't explain much of what they did except to process the forms in less than six weeks—"Otherwise, we hear about it."

Later, Leighty told this story to a member of the state police who responded that Form 47 was the most important form they had to combat driving under the influence (DUI) of alcohol. When a person is caught driving under the influence for a third time, Form 47 starts the process of getting that person off the road by revoking his or her driver's license and imposing perhaps even harsher penalties. Leighty asked if the state trooper would come and explain that to the staff who processed that form, and he quickly did, without Leighty being present. A few weeks later, in a meeting with the head of the state chapter of Mothers Against Drunk Driving (MADD), Leighty again told the story of Form 47 and what it does for law enforcement against drunk driving. The woman then told him about the numerous habitual offenders she knew of and the people who had been killed by people with more than three DUIs. "Could you come and tell your story to the unit?" he asked. And of course she was happy to (again without him present).

A few months later, when Leighty was able to have another visit with the unit, he asked the staff about their jobs. Instead of hearing, "We process Form 47," he heard a different tune: "We're in the business of saving people's lives." And they had also taken it upon themselves to create a "10 Worst Offenders" list for each jurisdiction in the state, had begun to chart their productivity, and had started automating processes to reduce processing time for the form. They had become engaged with a mission and were no longer mindlessly filling out a form.

Linder explains how this process the deputy commissioner went through created a line of sight for his employees. The idea is that when people have a line of sight, they see the connection between their everyday work and something larger: a satisfied customer, a healthier and safer community, or a cleaner environment. "In our huge bureaucracies, it's difficult if not impossible for many employees to connect their work to the ultimate mission. They're too busy and

too far from the individual or community to see how their work actually adds value" (Linden, 2011).

Connecting our work to the people we want to serve should be a major takeaway from much of what I have been presenting in this book. People become involved in public health, environmental, or social causes with a desire to make a dent in the universe or their small corner of it. Too often they end up in a daily routine of processing their own versions of Form 47. People don't have to be pushing forms, attending endless meetings, entering data, or otherwise working on the small ends of projects to feel disengaged from the mission of the larger department or the objectives of a social marketing program. Especially after years of fielding programs to reduce obesity or domestic violence, increase physical activity levels or recycling, or get people to use alternate forms of transportation, many veteran staff members can get to the burnout that leads to a loss of vision—or line of sight.

One of the responsibilities for leaders of social change programs is to continually renew and refocus that line of sight. Linden (2011) offers a number of suggestions for introducing and reinvigorating a line of sight:

- *Put a human face on the mission*. Leighty did this when he arranged the visits from the trooper and the MADD leader to talk with unit employees. The usual practice of having experts present information may increase staff knowledge and skills, but hearing from people whose lives are affected by what we do hits the emotional notes that inspire us.
- *Offer short-term rotations*. Creating opportunities for employees to work in other units that interact with their own unit helps them connect the dots (for example, allow some of the researchers to sit in on creative and planning meetings they wouldn't otherwise go to or have people who work in specific topic areas "rotate out" for three to six months to another topic or disease area to learn where the similarities, differences, and areas of possible collaboration might be).
- *Experience the organization as a customer*. Doing so gives employees a different and critical perspective. Or use *stealth shoppers* or *stealth clients*; these individuals might even videotape their interactions with your program and services and show them to your staff.
- *Ensure that training sessions include people from multiple units*. Mixing it up early and often means that people from different program areas can become

aware that they share many of the same issues and that can be the impetus for new approaches to addressing those issues.

- *Flowchart important work processes.* When they involve all the people who work on the process, no matter how large or small their contribution, charting or auditing procedures can illuminate redundancies, bottlenecks in decision making, unnecessary delays and paperwork, and opportunities for improvement. Flowcharting also helps staff see their unit's connection to the larger picture.
- *Get up on the "balcony."* Sometimes we need to remove ourselves from the "dance floor" of daily operations and processes and step up onto the balcony to see how the pieces fit together, or don't. Balcony moments might occur during a staff retreat, meetings with senior managers to learn their perspectives, interviews with customers, or trips to other organizations to learn their processes. As I noted earlier, the PHHP held an annual two-day retreat to plan the next year's activities (and to review lessons from the past year) and a one-day, midyear check-in and audit to see whether PHHP was on target with planned programs, needed to reset some priorities, or ought to reallocate resources (for example, for additional exploratory research because strategic options were not yet clear). I am consistently surprised to hear from organizations that they cannot "afford the indulgence" of taking a day or two once a year to get up on the balcony. It is as though they are in a marathon dance contest where the last dancers who are standing win. You may recall a movie about one such dance marathon: it was called *They Shoot Horses, Don't They?*

The Total Market Approach

Shifting from an organizational scope for marketing management, this section steps up to thinking about marketing in managing markets. The *total market approach* (TMA) has emerged to counter the possible negative impact on private sector development of social marketing programs that offer subsidized products and services. TMA can also encourage programs to articulate clear exit strategies in order to achieve independence from donor subsidies (Pollard, 2006). The most frequent concern that is raised about these subsidized programs is that they may crowd out or prevent the development of solutions or approaches that might be offered by other sectors of the economy. For example, a program offered by the

government may be so inexpensive and expansive that it prevents any competition or any sharing of responsibilities and resources to solve the puzzle on an ongoing basis. An instance of this is the free or low-cost provision of condoms, which may crowd out any effort by the private sector to offer brands that could be more sustainable. This leaves taxpayers and donors supporting the condom distribution programs, at least until monies run out, budgets are squeezed, or donor fatigue sets in.

The TMA offers a model for social marketers across the globe to bridge or even close the gaps between the public, NGO, and private sectors in offering health and social programs, products, and services. The TMA approach to the delivery of commodities and services in low-income countries sets out to establish equitable, efficient, sustainable, and affordable markets for health commodities and services across all populations. Its objectives are to ensure that subsidies are targeted to those who are most in need of them, that the very poor are equitably served, and that sustainable commercial markets are created. It establishes clearly defined market segmentation strategies, and then within each segment, each player in the supply chain works to enhance demand and effectively target supply across the total market—the public sector, the NGO and community sector, and the commercial sector—and across all donors (Pollard, 2006).

Hanson, Kumaranayke, and Thomas (2001) have captured many of the tensions addressed by TMA in seeking to expand the market for contraceptives. It is likely that similar challenges will face other social entrepreneurs and organizations working at the base of the pyramid. In these authors' analysis, universal and sustained access to contraceptives and other health products is usually a national and international policy priority. However, there is a debate among proponents of the so-called public health approach and those who favor market-based solutions as to whether market-based approaches will have negative impacts on achieving the goals of universality and long-term sustainability (because they will favor those people with the resources to pay for goods and services). Conversely, there is also the concern that by continuing the provision of essential goods and services only through the public sector, the private sector is crowded out—resulting in an unsustainable marketplace as well.

The TMA model embraces the policy objectives of the public health approach, the principle that markets for socially beneficial goods and services do exist in some form in all settings, and the reality that poor and vulnerable populations must be protected from market failures. TMA supports market-based

solutions to many health and social puzzles by focusing on sources of market failures to provide social goods. Hanson et al. (2001) point to five likely sources of market failure:

1. *Externalities*—where added social benefits may favor some goods and services over others. For instance, barrier methods of family planning also protect against the transmission of sexually transmitted infections (STIs) and HIV, which, in contexts where there is a high prevalence of STIs and HIV/AIDS, may favor the use of these methods over pills and injectables.
2. *Poverty*—where the willingness and ability to pay any of the costs associated with products and services may not exist and thus where markets may not either.
3. *Merit goods*—where the products and services are ones that society believes should be available to all people. Here, for example, there may be national targets for use of family-planning products and services that are believed to be optimal for health and that are independent of externalities and level of poverty.
4. *Limited availability or asymmetry of information about the need for and benefits from products and services*—where this becomes a determinant of whether there is sufficient demand for these products and services or whether only certain groups (such as higher-income, better-educated, urban dwellers or the more socially connected people) are aware of them. Public sector approaches view this as an especially important issue for individual decision making, while the private sector organizations usually view this only in relation to the promotion of their own brands.
5. *Lack of gender equity*—where there are household disparities in access to information and resources and constraints on decision making that disproportionately affect women. Public goods and services also need to address these issues and their impact on the nature of the total market—not just the existing one.

In practice, TMA is an approach that aims to influence health and health-related behaviors equitably and efficiently by financing and coordinating interventions that may work across one or more sources of supply (public, NGO, or private sector) and using communication, regulatory, financing, or other strategies that can influence behavior directly or indirectly via changes in product and

service delivery or in opportunities to engage in healthier behaviors. It is a process that includes population and service delivery monitoring; performance evaluations of the work of public, nongovernmental, and commercial actors in delivering products and services to different market segments; and efforts to shift consumers with sufficient purchasing power away from wholly or partially subsidized supply sources based on their willingness to pay. Collecting and analyzing these data is one of the many challenges programs face in making TMA work.

A TMA Example from Madagascar

Chapman, Rabary, and Rharinjatovo (2008) have shown how a method of segmentation and performance monitoring based on TMA principles can be successfully applied to health marketing activities. Their segmentation scheme is based on measures of (1) vulnerability, (2) current consumption, (3) equity, (4) source of supply preference, (5) physical access to goods and services, and (6) psychosocial determinants of consumption, including willingness to pay. Given these segmentation criteria, these authors identified five TMA performance measures.

The first measure is *effectiveness*, defined as an increase in healthier behaviors or in the consumption of health products and services as a result of social marketing or other interventions. Substitution effects are also important to monitor in the health arena, where the adoption of new behaviors or products might lead to an increase in risky behaviors, such as a greater use of condoms leading to a greater number of risky sexual encounters, based on the belief that one is now completely safe from contracting STDs and HIV.

The second performance measure, *cost effectiveness*, can be estimated from dividing the resources dedicated to the project from all sources (public, private, and NGO) by the actual or estimated impact of the project on behavior change, health status, or disease morbidity and mortality.

Equity, the third measure, is defined as the absence of a difference in health behaviors, product availability and use, or service accessibility and use across socioeconomic strata. Other areas in which equity or the lack of it can be of interest are gender, age, and education.

The fourth measure, *efficiency*, is defined in terms of trends in the market share found for commercial and for subsidized sources of supply. An increase in commercial market share as the result of social marketing or other interventions is

evidence that the commercial market is being *crowded in*. Alternatively, a decrease means the commercial sector is being *crowded out*. How a balance in sources of market supply can be achieved, and what the right mix of markets is for particular social and health issues, is a matter of local context and judgment.

The fifth performance measure, *access*, is a population's proximity to the merit good or service and the presence of psychosocial determinants of consumption and purchase. Here the use of geographical mapping systems has much to offer in spatially plotting out changes in access as a result of program initiatives, though user perceptions of whether physical location translates to easier and more convenient access should also be considered.

Chapman et al. (2008) used TMA to analyze the hormone contraceptive market in Madagascar, where social marketing of injectable and oral contraceptives was begun in 1998 by Population Services International (PSI), a nongovernmental organization. By 2004, two PSI-branded products (available through pharmacies, drugstores, private medical offices, workplaces, and community-based nongovernmental organizations) were available. Public sector injectable and oral contraceptives were distributed through government facilities at a cost of approximately US$0.66 per year. Commercially available oral contraceptives were available primarily through pharmacies at about US$30.00 for a one-year's supply.

Two cross-sectional surveys were conducted in the fall of 2004 and the fall of 2006 among a representative sample of the national population of women aged fifteen to forty-nine to assess the TMA performance measures (that is, how well the hormonal contraceptive marketplace met the criteria of effectiveness, cost effectiveness, equity, efficiency, and access). From 2004 to 2006, overall contraceptive use increased by 5 percent to nearly 24 percent, with almost all the increase stemming from increases in injectable and oral contraceptive use (as opposed to other methods available in the market). The increase in injectable contraceptive use was significant over the two years, but the increase in the social marketing (PSI) injectable brand contraceptive was not. Total oral contraceptive use did not increase significantly; just the use of the social marketing oral contraceptive did.

There was also increased inequity in rates of use across socioeconomic strata, yet inequity in use among women using social marketing brands decreased significantly over the two years. Market shares for social marketing (approximately 45 percent) and public sector brands (10 percent) did not change over the period, but nearly half of respondents could not recall the contraceptive brand they were

using. Perceived availability of contraceptives did not increase over the period, but perceptions of social support, favorable attitudes toward contraceptive use, improved beliefs about contraceptive use, and risk perceptions that led to an increase in perceived need to use contraception did. Willingness to pay for injectable and oral contraceptives declined significantly, by more than 50 percent. Exposure to family-planning campaigns was associated with significant increases in rates of contraceptive use, and exposure was greater among wealthier quintiles than poorer ones.

Chapman et al. (2008) concluded that the significant increases in hormonal contraceptive use from 2004 to 2006 and their association with exposure to social marketing family-planning campaign activities is evidence that the overall social marketing intervention was effective. The results also demonstrated the presence of a halo effect; that is, the social marketing campaign increased the use of all hormonal contraceptives significantly but there was no specific impact on the use of social marketing products. More important from a public health perspective, the social marketing interventions significantly reduced inequities in the profile of the intervention's own users.

A similar TMA analysis of condom marketing in eleven African countries noted significant gains in reported condom use among both men and women in many countries, some reductions in inequities, and greater availability of condoms in the private sector (Chapman et al., 2011). This analysis led these authors to call for greater efforts to influence markets to improve equity and sustainability.

I suggest that the TMA model should receive more attention in social marketing and among public health and social policymakers. It embraces the idea that markets for socially beneficial goods and services do exist in some form in all settings, and recognizes the reality that poor and vulnerable populations must be protected from market failures. TMA and similar ideas challenge social marketers to think more about the marketplace, rather than individuals, as they analyze puzzles, propose solutions, and implement and evaluate actions. Even in many developed countries, the tensions between what is a government responsibility (or what constitutes a merit good), what products and services should be privatized or moved to the private sector, and the role of NGOs in filling the gaps and serving as safety nets and advocates for addressing inequalities and market failures can be approached from a TMA perspective. The underlying philosophy of TMA, from my perspective, is that TMA calls for shared solutions and responsibility among these sectors.

INNOVATIONS

Lefebvre and Flora (1988) characterized the primary uses of social marketing in the 1980s as (1) increasing the acceptability of ideas or practices among a priority group, (2) being a process for solving problems, (3) introducing and disseminating ideas and issues, and (4) translating scientific knowledge into public education programs. Throughout this book, I have demonstrated many ways in which social marketing has been a source for innovative approaches to addressing a variety of wicked problems. A few examples of social marketing innovation are expanding family-planning programs beyond the usual medical clinic model; taking risk behavior change out of the physician's office and into communities to prevent heart disease; harnessing the idea of franchising to improve access to health services, both in the United States and in developing countries; combining products and messages to achieve more significant changes in protective behaviors; and developing market-based approaches to solving social puzzles. In this section, I look more closely at social innovation and how we can incorporate this knowledge into our efforts.

What Is Social Innovation?

Innovation can be thought of as consisting of four phases. The first phase is the process of creating novel products, services, or solutions to serve people or to address market failures (that is, where social conditions or marketplaces have failed to provide value to people or have supplied it in ways that disadvantage certain population groups). Then, second, there is the production (or modeling of behaviors) and delivery of the product, service, or communication platform (for example, the use of print materials, radio, television, social media, and mobile technologies). The third phase considers how this innovation is then used or adopted for broader use. And the fourth phase is the value that is created from the innovation by people, their social networks, organizations, and society as a whole (cf. Phills, Deiglmeier & Miller, 2008). Phills et al. (2008) state that social innovation is more than novelty; it can also involve improvements that provide more effective, efficient, sustainable, or equitable outcomes among people than existing products and services do. A social innovation may take the form of a new principle, an idea, a new norm for specific behaviors, a piece of legislation, a social movement, an intervention, a product or technology, or some combination of these elements. Phills et al. list such examples of recent social innovations as

community-centered planning, emissions trading, fair trade, habitat conservation plans, microfinance, and socially responsible investing.

In the following definition of *social innovation*, note the many similarities to some definitions of social marketing presented in chapter 2: "A novel solution to a social problem that is more effective, efficient, sustainable, or just than existing solutions and for which the value created accrues primarily to society as a whole rather than private individuals" (Phills et al., 2008, p. 39). While the primacy of social value is inherent in this definition, I would also echo the sentiments of Auerswald (2009), who stated that the social value realized by social innovations derives from the value of the human lives that they preserve or enhance. In chapter 3 I discussed the micro-macro dilemma for theories; the same dilemma holds true when we discuss where the value of social innovation or of social marketing lies. Can we have the larger social value without the smaller individual value?

Indeed, the way in which Phills et al. (2008) talk about social innovation reflects subjects I have discussed throughout this book. Certainly many key inputs for innovation come from the people we intend to serve, our partners, and stakeholders. One of the strategic uses of social media is for crowd-sourcing solutions for various types of business and social problems, often in conjunction with ideas competitions (Leimeister, Huber, Bretschneider & Krcmar, 2009). Phills et al. note that the exchange of ideas and values across the nonprofit, business, and government sectors have led to new ways of thinking about creating and managing social value (that is, to the existence of social marketplaces and the TMA approach). The creation of networks through the shifting roles and relationships among these three sectors also provides opportunities for disruptive innovations, such as occur when nonprofits and businesses partner with government agencies to improve the environment or apply socially responsible investing to counter repressive political regimes or unfair labor practices, for example. Another stimulus for social innovations has been the creation of new business models that can meet the needs of underserved populations. New business models may lie at the center of the solution to the question, How do we create more sustainable social change?

Business Models for Social Change

In recent years much attention has been focused on the four billion people across the world who are at the base of the economic pyramid (BOP)—all those with annual incomes below US$3,000 in local purchasing power. Businesses have come to

recognize that the BOP constitutes a $5 trillion global consumer market. Yet because the BOP tends to be concentrated in rural areas, especially in Asia, these markets are usually very poorly served, dominated by an informal economy, and as a result, are relatively inefficient and uncompetitive (Hammond, Kramer, Tran, Katz, & Walker, 2007). Hammond et al. (2007) make the argument that the BOP should be the focus of businesses seeking to expand into new markets. As opposed to traditional aid and development programs that are mediated or directed by governments and nongovernmental organizations, a private sector–driven, market-based approach could focus as much on people as producers as it does on them as consumers, and it can consider solutions that may make markets more efficient, competitive, and inclusive. Many approaches to the BOP are being tried, tested, and refined (cf. Rangan, Quelch, Herrero & Barton, 2007). One of the more intriguing outcomes of these studies has been the consensus that more social value is created when companies enhance the productivity of the poor or employ them to produce the goods and services being created for the BOP market. Mechai Viravaidya, Thailand's "Condom King," is known for his work in using social marketing techniques to normalize the use of condoms in family planning and to prevent HIV infections. He has stated that most social marketing and other development projects will never be sustainable *until they address poverty* (Melnick, 2007). Until the poor can afford services and products to improve their health and well-being, they will always need handouts. How, he asked, can we address the lack of business skills and of a source for credit, the basic obstacles that keep people in poverty?

Viravaidya's Positive Partnership program adds value to an existing HIV prevention program by providing business loans to HIV-positive people who find themselves an uninfected business partner. In addition to their pursuing together the business opportunity they have identified for themselves, the uninfected person also has a responsibility for reducing the stigma directed toward people living with HIV/AIDS in the community and the discrimination against them. Viravaidya views such programs as being generalizable to other situations in which discrimination against the handicapped, widows, sex workers, and the elderly, for example, is accompanied by a lack of access to capital. These people not only raise their standard of living through the creation of a successful business but also create more social value in their communities (Melnick, 2007).

What these examples point to is the shifting perspective of the people who constitute the marketplace, especially those who are poor, from only being consumers

to becoming producers. It is a change as profound as the one we see taking place in the relatively affluent world of social media, where anyone can now create content and distribute it to others. One of the great challenges for all of us, and especially social marketers, is how we can create opportunities for people to be producers, whether it is through local partnerships for microlending (Anthony, 1997; Yunus, 1999), establishing microfranchises (Christensen, Lehr & Fairbourne, 2010), or using mobile technologies (Lehr, 2008). Looking beyond the individual producer, Yunus (2007) has called for the development of social businesses that focus on a social benefit and also achieve full cost recovery for their products and services and support democratic institutions for local self-government. Indeed, the growth of social enterprises in places such as Australia (www.socialeconomy.net.au) and the United Kingdom (www.socialenterprise.org.uk), the establishment of the Social Enterprise Alliance (www.se-alliance.org) and the creation of B corporations (www.bcorporation.net) in the United States, and the development of social ventures around the world (Schwartz, 2012) reflect that Yunus's vision is not restricted only to developing countries. Social innovation may lead to new products being introduced into local markets and new practices being disseminated into far-flung communities; however, social innovations also occur in organizations, policies, and marketplaces.

RECOGNIZING INNOVATORS IN YOUR ORGANIZATION

Saul Kaplan, the founder and chief catalyst of the Business Innovation Factory, describes the behavioral characteristics he uses to recognize innovators:

1. Innovators think there is a better way.
2. Innovators know that without passion there can be no innovation.
3. Innovators embrace change to a fault.
4. Innovators have a strong point of view but know that they are missing something.
5. Innovators know innovation is a team sport.
6. Innovators embrace constraints as opportunities.
7. Innovators celebrate their vulnerability.

8. Innovators openly share their ideas and passions, expecting to be challenged.
9. Innovators know that the best ideas are in the gray areas between silos.
10. Innovators know that a good story can change the world [Kaplan, 2009].

"Identifying innovators and connecting them together in purposeful ways is the secret sauce for business model and systems-level change," states Kaplan (2009). "It is how we are going to make progress on the big social challenges of our time including education, health care and energy. Change begins with the ability to recognize an innovator when you meet one." And then, I would hope, introduce that innovator to the ideas and tools of social marketing to enable him or her to create *big* change.

Managing Innovations

Many people think of innovation in much the same way as they do of creativity; it is an unfathomable process of serendipity and "Eureka!" moments and it is the province of a special group of people and outside the bounds of management. Yet innovation is among the most studied business processes, as it is widely recognized as critical to an organization's long-term success and viability. Peter Drucker (1998) stated that innovation is all the activity that creates purposeful change in an organization's economic or social potential: "innovation is work rather than genius." In a competitive environment, innovation is also critical to the growth of business. In the context of social change, innovation is critical to redefining wicked problems in ways that allow us to understand them and find solutions that for too long have eluded us. Innovation is a process through which we learn, as individuals and organizations, how to take risks that enable us to create more value for the people we serve and the communities in which we live. And as Drucker also noted: "Because the purpose of business is to create a customer, the business enterprise has two—and only two—basic functions: marketing and innovation. Marketing and innovation produce results; all the rest are 'costs'" (Drucker, 1999, p. 57). Perhaps this should be the normative standard for public health and social change enterprises as well?

Innovation is an outcome of good management. Davila, Epstein, and Shelton (2006) present seven things that members of senior management do in innovative organizations, summarized in the following list.

1. They supply strong leadership with an innovation strategy that motivates, supports, and rewards activities that encourage innovators throughout the organization as well as that produce the innovations themselves.
2. They ensure that innovation is part of the organization's DNA; it is integrated into and expressed through everyday operations and processes.
3. They align the amount and type of innovation with the business strategy of the organization. Encouraging more innovation is not necessarily better if it exceeds the capacity and resources needed to execute it.
4. They balance innovation and creativity with successfully meeting organizational objectives. Innovations that cannot be translated into effective, efficient, sustainable, or equitable value offerings are not long-term benefits for the organization. Conversely, a focus on delivering only existing value offerings will work only in the short term.
5. They understand that innovation drives change and that change can be blocked or stymied by organizational processes, cultural norms, and devil's advocates, so they have ways in place to neutralize these "organizational antibodies" to innovation.
6. They know that the basic building block of innovation is a network of people from both inside and outside the organization. Innovative organizations consistently learn from outside their community and discipline and fuse this learning with their internal resources.
7. They ensure that performance is measured on innovation metrics to motivate and reward innovativeness. These measures might be qualitative or quantitative, be based on success or improvement, be applied to teams or individuals, or be subjective or objective. Whatever the case, staff need to understand them and be held to them.

Davila et al. (2006) add that "it is not just differences in the processes, organization, leadership, performance measures or incentives that separate the

innovation leaders from the others; it is the *culture*" (p. 260; emphasis in the original). Being the person who introduces an innovation agenda from the top of an organization is much easier than being the person in the middle or bottom of the organization with a novel idea. However, that is not to say innovation cannot start there, it is just more difficult to move the idea through the right channels—the ones that do not harbor the antibodies to change. Creating an innovative culture that is built into everyday operations where one has not existed before can be daunting. It requires energy, support, and vision. Yet if we remember Bill Leighty from earlier in this chapter, and the way he motivated staff by giving them a line of sight, we know that providing the inputs and space to innovate can encourage staff to re-create their jobs and mission in ways that no top-down mandates could ever have achieved.

LOOKING TO THE FUTURE OF SOCIAL MARKETING

The seeds of change for social marketing in the future are strewn throughout this book. I have not tried to present a static state-of-the-art (and the science) view of social marketing as much as I have tried to discern its trajectory. That trajectory takes us beyond individuals and their behaviors to social networks and their conversations—an area that will be fertile ground for research and practice for many years—and to marketplaces. It also contains a consistent thread, or DNA, if you will, of focusing on people who are living their lives in a community—whether that community is a village in northeast India, a township in South Africa, a *favela* in Brazil, or a working-class neighborhood in Canada, New Zealand, or any number of developed countries—not on an isolated soul pondering the economists' version of the existential question: Do I have the right amount of risks and benefits in my life? For many years much of the community orientation of social marketing was overshadowed by the mass media approaches of health communication campaigns. I hope to have reclaimed some of that spirit of community and instilled it in you. And as for the people we serve, I believe that new sensitivity enhanced by marketing theories such as service-delivery logic, research informed by both a transformative consumer perspective and new insights into human behavior, and practices made more transparent and able to be widely engaged with through social technologies will lead to the greater involvement of people in articulating and creating the value we can help them to have in their lives.

Looking to what people value in what we offer, or how they create value from our offerings, rather than presuming we can identify and "provide" benefits or value to them, is another idea that I believe will transform social marketing and social change in the years to come. Many institutions and organizations have already pledged to have their priority populations co-create programs with them, but this production orientation needs to be flipped to what people want—to have the freedom to discover and create the unique value to them of the behaviors, products, and services we offer. This means we will need to (finally) move away from a transactional, or *one-off exchange*, approach to behavior change. Relationships, maintenance, and sustainability of change will become ever more present in our thinking about what sorts of social change programs we are offering to people and stakeholders and how we offer them.

Behavior change will always be an important part of any change effort, but we need to jump the micro-macro gap between a focus on individual behavior change and a focus on the larger and perhaps more important outcomes—and that means more than policy change. Measures of well-being and happiness are becoming a dominant policy conversation issue when the question is posed, What does a society offer its citizens? (Bann et al, 2012; Oswald & Wu, 2009; Skevington, Lofty & O'Connell, 2004). Economists have hypothesized that economic development and wealth are the true paths to happiness, but Graham (2005) and Inglehart, Foa, Peterson, and Welzel (2008) note that neither rising prosperity nor severe misfortune has been found to permanently affect human happiness or indices of social well-being. Analysis of World Values Survey and European Values Survey data on determinants of national happiness or subjective well-being (SWB) led to the conclusion that economic factors have a strong impact on SWB in low-income countries. But at higher-income levels, increasing democratization and social liberalization (or tolerance), through their common impact on people's perceived sense of freedom, are associated with continued increases in SWB. How the deliberate use of social marketing could lead to positive change in personal SWB and national happiness indicators through increasing perceived and actual freedoms and tolerance is an area ripe for exploration; it could invite the discipline into global policy discussions and debates—and one could rightfully inquire, are we back to asking, "can we sell brotherhood like soap?" (Wiebe, 1951). Perhaps. But now we have the benefit of sixty more years of experience to draw upon.

An era of greater accountability in the expending of public monies on all types of health and social programs is a great opportunity for social marketing. Not only does this approach to program planning, implementation, and evaluation help us to guide and document resource expenditures but it also lends itself to comparative effectiveness research (CER), which is also driving many policy decisions. For example, among the priorities for CER research in the United States are these comparisons:

- Compare the effectiveness and costs of alternative detection and management strategies (e.g., pharmacologic treatment, social/family support, combined pharmacologic and social/family support) for dementia in community-dwelling individuals and their caregivers.
- Compare the effectiveness of school-based interventions involving meal programs, vending machines, and physical education, at different levels of intensity, in preventing and treating overweight and obesity in children and adolescents.
- Compare the effectiveness of various strategies (e.g., clinical interventions, selected social interventions [such as improving the built environment in communities and making healthy foods more available], combined clinical and social interventions) to prevent obesity, hypertension, diabetes, and heart disease in at-risk populations such as the urban poor and American Indians.
- Compare the effectiveness of literacy-sensitive disease management programs and usual care in reducing disparities in children and adults with low literacy and chronic disease (e.g., heart disease) [Institute of Medicine, 2009, table 5.6].

Some investigators will approach these and similar types of research questions with their molecular lens on; the macro view of social marketing can help people shift these questions from either-or questions of effectiveness to "what combinations and when" questions of effectiveness, efficiency, equity, and sustainability. If social marketing is to continue to be a viable option for pursuing social goals, it must continue to expand and deepen its evidence base beyond case studies and into searching for solutions to questions other than how to change

TEN WHAT-IFS FOR SOCIAL MARKETING

Social marketing discussions have become echo chambers. The terms, ideas, and approaches reflect conformity to a practice formula or classical marketing thought. We hear students and practitioners utter such statements as these: "social marketing programs take months of preparation and research"; "you cannot do social marketing without doing a SWOT analysis"; "people must pay for products or services or it isn't social marketing"; "we need to address barriers and increase the benefits versus the costs"; "behavior change is the bottom line." This dogma might work in theory but rarely in practice. And practice, from my point of view, is the crucible for testing theory and research—not the other way around. I suggested in my blog, *On Social Marketing and Social Change*, a series of questions to help us design our future as social change makers.

What if we . . .

1. didn't have target audiences—but co-creators?
2. didn't have distribution systems—but places where people could play?
3. didn't use focus groups—but designed research to fit the puzzle and people?
4. didn't assess knowledge and attitudes—but sought insight into people's motivation and values?
5. didn't start with analyzing people—but first assumed that the issue was something in their environment?
6. didn't create messages and stories—but focused on crafting exchanges?
7. didn't track program output—but what, how often, and from where people saw and heard from us?
8. didn't aim at target audiences—but served people?
9. didn't focus on changing behaviors—but offered people new ways to solve problems, meet their needs, and reach for their dreams?
10. didn't focus on evaluation as the end of the process—but on sustainability as the start of the next one?

individual behaviors. In this book I have attempted to capture much of that work so far; there is more to be done.

Finally, there is a role for every scholar, student, practitioner, and change agent to play in co-creating the future of social marketing (Lefebvre, 2012). One part of that role is to become involved in and lead classes, online forums and discussion groups, conferences, and meetings on social marketing. A second part is to become engaged with formal groups and associations that are being created around the social marketing discipline. And perhaps most important, to become mindful and deliberate about what you are doing as a social marketer and change maker every day, ask yourself the what-if questions in the accompanying box.

And remember to pass it along. . . .

SUMMARY

I began this chapter with a focus on creating a marketing orientation in organizations and the value this offers in increasing not only an organization's ability to meet objectives but also its positive impact on employee job satisfaction. Introducing this orientation into organizations faces significant barriers, and a three-step process to address them was described. I then described a functional approach, developed in a community setting, to developing and managing marketing capacities; the marketing management approach of a transnational business organization that can be applied to social change programs; and an approach to linking daily operations with mission (having a line of sight).

The next section went further into the idea of markets and how a total market approach might be used to manage markets for products and services. The core idea, illustrated with an example of an effort in Madagascar, is that TMA can provide a way for many different types of organizations to approach health and social issues by focusing on how different actors in the marketplace can participate to improve effectiveness, cost effectiveness, equity, efficiency, and access.

Social marketing is an approach to social innovation and should be a core part of the process for success of any social change organization. The history of social marketing has been one of discovering more effective, efficient, sustainable, and equitable approaches to improving health and social conditions around the world. As businesses grapple with serving the BOP and various hybrid models are explored—such as social businesses, social enterprises, B corporations, and other

types of social entrepreneurial activities—we can hope that the idea of marketing, and its application to social issues and causes, will be picked up by them as well. I also want to encourage innovation in public agencies and NGOs through using a marketing approach. Indeed, innovation is an outcome of good management. The topic of innovation can fill books, but I want to emphasize that marketing is a discovery and innovation process, not just the rote application of a few principles to implement the tried and true.

As we consider social innovations, we can look back on the nearly fifty years of social marketing and come to the conclusion that it has been a series of innovations to respond to wicked problems in the world. Beginning in India with the question of how to scale up family-planning programs and moving on to the need to develop population-based programs to reduce the burden of chronic diseases in developed countries and to provide quality health care programs that reach and serve people in need through social franchising, to efforts to change the marketplace through the total market approach and to use policy adoption to reduce childhood obesity, the marketing ideas and techniques for social change we have used have proven their worth. And this is just the beginning. As social marketing extends from its roots in public health to education, the environment, financial planning, injury prevention, and transportation (to name just a few of its interests), it will not be unusual for ideas that we take for granted to be viewed by others as radical, and even disruptive, in these and other fields (for example, the notions of focusing on priority audiences, segmenting populations, conducting research with the ultimate beneficiaries of the program, and thinking beyond information and communication campaigns). Yet we also face the danger of complacency; for example, thinking of social marketing as a routinized process for creating programs to change individual behavior, being satisfied with a few focus groups, and using mass media or social media to attempt to persuade people to listen to us and change. If nothing else, I hope that this book may have changed a few minds and perhaps stimulated you to apply social marketing in your own work—and wherever your passions take you. And after our long journey through this text, I leave you with my formal definition of the field of social marketing:

> Social Marketing develops and applies marketing concepts and techniques to create value for individuals and society. This is done through the integration of research, evidence-based practice and social-behavioral theory together with the insights from individuals, influencers and

stakeholders. These inputs and perspectives are used to design more effective, efficient, sustainable and equitable approaches to enhance social wellbeing. The approach is one that encompasses all of the processes and outcomes that influence and are associated with change among: individuals, organizations, social networks and social norms, communities, businesses, markets, and public policy [Lefebvre, 2012].

Yes, it is a lot to remember. But the wicked problems and puzzles we face today defy simplistic solutions.

KEY TERMS

base of the pyramid (BOP)
innovation management
line of sight
marketing culture
social innovation
social value
total market approach

DISCUSSION QUESTIONS

1. What are the major challenges that confront a manager who wants to instill social marketing into her or his organization? Select one of these challenges, and discuss how a marketing plan can be developed to guide actions toward achieving a concrete behavioral outcome.
2. The micro-macro dilemma (chapter 3) holds true for the question of where the value of social innovation or social marketing lies. Can we have the larger social value without the smaller individual value? Use the micro-macro argument, and apply it to the question of changing the health or well-being of individuals versus changing the health or well-being of society. Can one focus on just one side of the micro-macro picture and achieve social change? How?
3. Review in detail a recent social innovation (either by reading some of the references given in this book or by using an innovation from your recent practice or other experiences). Conduct a marketing audit on the innovation

to determine where its strengths and weaknesses may lie from a marketing point of view. How could this innovation be strengthened by the application of one or more marketing ideas or techniques?

4. Pick any of the what-if questions in the last box. How might you turn the what-if into an innovation in an existing program or service offering? How would a social marketing program change as a result of applying all the principles expressed in these what-ifs?

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