

G I H

SELLING HEALTHY LIFESTYLES:

*Using Social Marketing
to Promote Change and
Prevent Disease*

ISSUE BRIEF NO.20

NOVEMBER 2004

BASED ON A

GRANTMAKERS

IN HEALTH

ISSUE DIALOGUE

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Foreword

As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, Grantmakers In Health (GIH) brought together grantmakers, researchers, and public health professionals on May 20, 2004 to discuss the application of social marketing principles to health promotion and chronic disease prevention. As a behavior change technique, social marketing has proven effective in motivating people to make the complex and difficult behavior changes that can improve health and reduce the risk of chronic diseases such as cardiovascular disease, cancer, and diabetes. The Issue Dialogue used the lens of tobacco prevention and cessation, physical activity, and healthy eating to examine how health grantmakers can use social marketing principles and techniques to encourage and support the adoption of healthier behaviors across the lifespan.

This Issue Brief incorporates the information and ideas shared at the meeting with a background paper on social marketing that was prepared for participants who attended the Issue Dialogue. It starts with an introduction of social marketing concepts and provides a framework for assessing whether social marketing is an appropriate approach to use in addressing a particular issue. Subsequent sections:

- describe both the social marketing communications process and techniques, using examples from campaigns developed by health grantmakers and others;
- describe how social marketing can be used to promote policy change;

- provide information on communication strategies that can complement social marketing; and
- present opportunities for grantmakers.

This report complements another Issue Brief on health promotion and chronic disease prevention that GIH published in February 2004, *Healthy Behaviors: Addressing Chronic Disease at Its Roots*, which is available on-line at www.gih.org.

GIH acknowledges all who participated in the Issue Dialogue, with special thanks to the presenters: Vera Bothner, Kansas Health Foundation; Judy Ford, American Legacy Foundation; Tracy Garland, Washington Dental Service Foundation; Janet Miller, Kansas Health Foundation; Charyn Sutton, The Onyx Group; Sharyn Sutton, Sutton Group; and Donna Vallone, American Legacy Foundation.

Donna Langill, program associate at GIH, planned the program, wrote the background paper, moderated the Issue Dialogue, and edited the Issue Brief. Larry Stepnick of The Severyn Group, Inc. synthesized the material presented at the Issue Dialogue with the background paper prepared for the meeting. Other GIH staff contributing to the final report include Anne Schwartz, vice president, and Angela Saunders, communications manager. Support for the Issue Dialogue and this Issue Brief was provided by the American Legacy Foundation and the Kansas Health Foundation.

About GIH

The mission of Grantmakers In Health is to help grantmakers improve the nation's health. Working with over 200 organizations, large and small, both locally focused and national in scope, GIH seeks to build the knowledge and skills of health funders, strengthen organizational effectiveness, and connect grantmakers with peers and potential partners. We help funders learn about contemporary health issues, the implications of changes in the health sector and health policy, and how grantmakers can make a difference. Meetings, publications, networking, and technical assistance are the vehicles for funders to learn from GIH and from each other.

As the professional home for health grantmakers, our work covers a great deal of territory. We look at health issues through a philanthropic lens, sorting out what works for health funders of different missions, sizes, and approaches to grantmaking. We take on the operational issues with which many funders struggle (such as governance, communications, evaluation, and relationships with grantees) in ways that are meaningful to those working in the health field.

How do we do it? We generate and disseminate information through meetings, publications, and an on-line presence; provide training and technical assistance; offer strategic advice on programmatic and operational issues; and conduct systematic studies of the field.

Expertise on Health Issues

GIH's Resource Center on Health Philanthropy is a source of expert knowledge on different subject areas within health and effective grantmaking strategies. The Resource Center maintains descriptive data about foundations and corporate giving programs funding in health and their grants and initiatives, and synthesizes lessons learned from their work.

Keeping track of the field requires expert staff and powerful tools. After all, health grantmakers work on every issue under the umbrella of health, from improving access to shoring up the public health infrastructure to building healthier communities. With strong experience in public health, health policy, and community work, GIH's staff identify trends and emerging issues, develop programs, and provide advice. The Resource Center's database is available online on a password-protected basis to GIH Funding Partners (health grantmaking organizations that provide annual financial support to the organization). The database contains information on thousands of grants and initiatives made by over 300 foundations and corporate giving programs and can be searched by organizational characteristics (such as tax-exempt status, geographic focus, or assets), health programming areas (such as access, health promotion, mental health, and quality), targeted populations, and type of funding (such as direct service delivery, research, capacity building, or advocacy).

Advice on Foundation Operations

GIH also focuses on operational issues confronting health grantmakers through the work of its Support Center for Health Foundations. The Support Center tackles both fundamental and complex operational issues, such as designing an effective grants program or assessing organizational performance, and puts these in a context that makes sense for those funding in health. We work with foundations just getting started (including dozens of foundations formed as a result of the conversion of non-profit hospitals and health systems) and with more established organizations. The Support Center's work includes:

- The Art & Science of Health Grantmaking, an annual two-day meeting offering introductory and advanced courses on board development, grantmaking, evaluation, communications, and finance and investments;
- sessions focusing on operational issues at the GIH Annual Meeting on Health Philanthropy;
- individualized technical assistance for health funders; and
- a frequently asked questions feature on the GIH Web site.

Connecting Health Funders

When health grantmakers get together, the learning and energy are palpable. GIH creates opportunities to connect colleagues to each other and with those in other fields whose work has important

implications for health. GIH meetings, including the Annual Meeting on Health Philanthropy, the Fall Forum (where we focus on policy issues), and Issue Dialogues (intensive one-day meetings on a single health topic) are designed for health funders to learn more about their colleagues' work; talk openly about shared issues; and tap into the knowledge of experts from research, policy and practice. Our audioconference series offer the chance for smaller groups of grantmakers working on issues of mutual interest, such as overweight and obesity, racial and ethnic disparities, patient safety, or public policy, to meet with colleagues regularly without having to leave their offices.

Fostering Partnerships

The many determinants of health status and the complexity of communities and health care delivery systems temper health grantmakers' expectations about going it alone. Collaboration with others is essential to lasting health improvements. Although successful collaborations can't be forced, GIH works to facilitate those relationships where we see mutual interest. We bring together national funders with those working at the state and local levels, work with other affinity groups within philanthropy, and help connect grantmakers to organizations that can help further their goals.

GIH places a high priority on bridging the worlds of health philanthropy and health policy. Our policy portfolio includes efforts to help grantmakers understand the

importance of public policy to their work and the roles they can play in informing and shaping policy. We also work to help policymakers become more aware of the contributions made by health philanthropy. And when there is synergy, we work to strengthen collaborative relationships between philanthropy and government. GIH has established cooperative relationships, for example, with a number of federal agencies, including the Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention.

Educating and Informing the Field

An aggressive publications effort helps GIH reach a large number of grantmakers and provide resources that are available when funders need them. Our products include both in-depth reports and quick reads. Issue Briefs delve into a single health topic, providing the most recent data, sketching out opportunities for funders, and offering examples of how grantmakers are putting ideas into action. The GIH Bulletin, a newsletter published 22 times each year, keeps funders up to date on new grants, studies, and people. Periodic feature articles include Grantmaker Focus (a profile of one of the many foundations and corporate giving programs working in health), Views from the Field (written by health funders about their experiences), and Issue Focus (quick insightful analyses of challenging health issues).

GIH's Web site, www.gih.org, is a one-stop information resource for health grantmakers and those interested in the field. The site includes all of GIH's publications; the Resource Center database (available only to GIH Funding Partners); and the Support Center's frequently asked questions. Key health issue pages on access, aging, children/youth, disparities, health promotion, mental health, public health, and quality provide grantmakers with quick access to new studies, relevant GIH publications, information on upcoming and past audioconferences, and the work of their peers.

Diversity Statement

GIH is committed to promoting diversity and cultural competency in its programming, personnel and employment practices, and governance. It views diversity as a fundamental element of social justice and integral to its mission of helping grantmakers improve the nation's health. Diverse voices and viewpoints deepen our understanding of differences in health outcomes and health care delivery, and strengthen our ability to

fashion just solutions. GIH uses the term, diversity, broadly to encompass differences in the attributes of both individuals (such as race, ethnicity, age, gender, sexual orientation, physical ability, religion, and socioeconomic status) and organizations (foundations and giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking).

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Introduction

An analysis from the U.S. Centers for Disease Control and Prevention (CDC) reiterates what many of us already know: our unhealthy lifestyle choices are literally killing us (CDC 2003). Despite modest improvements in the overall health of the nation, unhealthy behaviors, such as tobacco use, physical inactivity, and poor diets, are responsible for more than a third of all deaths in the U.S. each year (McGinnis and Foege 1993).

Social marketing — the application of commercial marketing techniques to social problems — is increasingly being applied to pressing health problems that have behavioral components (Andreasen 1995). Among the techniques that social marketing borrows from commercial marketing are identifying and segmenting consumer audiences, understanding consumers' wants and needs, and developing messages that motivate particular target audiences.

The term *social marketing* was coined in 1971 with the publication of an article by Philip Kotler and Gerald Zaltman in the *Journal of Marketing* entitled “Social Marketing: An Approach to Planned Change.” In that article, the authors put forward the idea that selling behavior change could be thought of in the same way as selling commercial products, as a voluntary exchange of costs and benefits (Kotler and Zaltman 1971).

Since the 1970s, social marketing concepts and techniques have been applied to many health issues ranging from tobacco cessation to cancer screening to environmental protection. Early on, social marketing was

used in developing countries to improve reproductive health and reduce child mortality through use of oral rehydration therapy. In the U.S., the National Heart, Lung, and Blood Institute, part of the National Institutes of Health, was an early adopter of social marketing, using it to prevent cardiovascular disease.

The use of social marketing grew dramatically during the 1980s and 1990s, both in the U.S. and overseas. Among other things, it has been used to help people quit smoking or never start, use condoms to prevent sexually transmitted diseases such as HIV/AIDS, eat more fruits and vegetables, and get more exercise.

Social Marketing Concepts

Definitions and descriptions of social marketing often refer to the so-called *Four Ps* of commercial marketing: product, price, place, and promotion. These concepts provide a framework for thinking about the benefits of the behavior change being promoted by the social marketing campaign (the product), the costs of the behavior change as they are perceived by the consumer (the price), the locations where decisions about behavior are made (the place), and the various vehicles available for communicating the messages of the campaign to the consumer (promotion).

There are important distinctions between social marketing and other behavior change approaches, such as social advertising, health education, health communications, behavior analysis and modification, and social mobilization. Among these are (1) social marketing's focus on the values, motivations, experiences, and decisionmaking styles of consumers; and (2) the use of

THE FOUR P_s OF SOCIAL MARKETING

PRODUCT

The product is what the campaign is selling. In commercial marketing, the product is usually a tangible good or service, although it may also be something intangible such as corporate goodwill. In social marketing, the product is the set of benefits offered to people in exchange for making the behavior change.

PRICE

The price is what the consumer has to give up in exchange for the product. In commercial marketing, the price is the money consumers spend to acquire a product or service and perhaps the time required to acquire the product or service. In social marketing, the price may include time required to engage in a particular behavior and money to purchase services or products. It also typically includes giving up many other things such as familiar habits, family traditions, acceptance by a social group, energy, and emotional or physical comfort.

PLACE

The place is where people make decisions about the product. In commercial marketing, this is the location where products or services are made available (for example, in person, by phone, or via a computer). In social marketing, the place is where people make decisions about their behavior. Understanding where and how people make decisions can help social marketers determine the best places to expose them to campaign messages and the best way to enable them to act on the message.

PROMOTION

Promotion is the way that the campaign's messages will be delivered to consumers. In commercial marketing, this includes decisions about what types of communications to use to promote a product or service. It is the same in social marketing: social marketers use a wide range of channels, tactics, and vehicles to get messages to consumers.

Some social marketers add additional P_s to the ones drawn from commercial marketing (Alcalay and Bell 2000, Weinrich 1999, Andreasen 1995).

Positioning refers to competing communications that need to be considered when making decisions about the four P_s of product, price, place, and promotion.

Policy refers to policy changes that may be needed to create environments that help people adopt or sustain the proposed behavior.

Publics include the primary audience, as well as other audiences that need to be involved to achieve the goals of the campaign (for example, family members and friends, health professionals, policymakers, or the business community).

Partnership refers to other organizations with similar constituencies and goals that could be partners.

Politics, sometimes encountered in government-sponsored programs or those in which government is a partner, refer to ideological stances or political realities. These can affect the development and implementation of a campaign, particularly the messages that are used.

Purse strings refer to the amount of funding needed or available for the campaign.

market research to develop knowledge about these characteristics for use in developing effective strategies and messages.

Successful social marketers must develop a *consumer mindset*, meaning that they must step outside their own experience into that of the consumer, and learn to view the world through the eyes of the people they are trying to reach. While social marketers usually have a particular goal in mind at the outset (for example, preventing heart disease or reducing overweight and obesity), developing effective messages and strategies requires an in-depth understanding of how consumers view a particular health problem and the behavior change being promoted. As one expert in social marketing put it,

Just as Copernicus radically altered how people thought about the world by showing that the earth revolves around the sun, social marketing has moved clients into the center of the universe for the professionals serving them (Weinrich 1999).

Although social marketing campaigns may incorporate aspects of other approaches, a comparison of social marketing and several other widely used approaches can help illustrate the distinctions.

- While social advertising campaigns rely solely on advertisements to promote ideas and build motivation for action, effective social marketing campaigns use a comprehensive approach that supplements advertising with components that help people gain the knowledge and skills they need to initiate and sustain new behaviors. These might include working with health professionals who

can provide information and guidance to patients, enlisting partner organizations that can provide group education and skill building, and promoting environmental changes.

- While health education provides information about particular health problems and ways to prevent or reduce the risks associated with them, effective social marketing campaigns do not assume that awareness of a problem and a potential solution will, by themselves, result in a behavior change. Social marketing campaigns use market research to find out why people do not always do what they know is good for them and then use this information to craft strategies and messages that address identified barriers to behavior change.
- While social mobilization seeks to engage people in action toward a common societal goal, effective social marketing campaigns apply the same consumer focus and campaign development process to achieving policy and environmental change as they do to influencing individual behavior. They use market research to understand how policymakers view longstanding problems and then use this information to present issues in new ways that generate media attention and build support for change.

When to Use Social Marketing

Social marketing has been used to address a wide range of issues affecting individuals, families, and communities. But there are also times when the use of other approaches may be warranted. There are several criteria that health grantmakers and others

.....
“You find out from the market what is important to them. You step out of your own shoes, step into their shoes, and then use that to craft not only the messages, but also the product or the services or the norms.”

CHARYN SUTTON,
 THE ONYX GROUP

can use to determine if social marketing is the appropriate technique to use to address a particular health problem.

Social marketing can be used when the objective is individual behavior change — Social marketing is most appropriately used when the solution to a problem ultimately depends on individuals making a choice to change their behavior. If the objective is to transmit information or change attitudes toward someone or something without an accompanying change in behavior, another communication approach may be a better choice (Andreasen 1995).

Social marketing is an appropriate choice when the behavior change is a high-involvement behavior — Typically, social marketing is used to target entrenched behaviors where change requires the consumer to take significant risks or incur significant costs (Andreasen 1995). In contrast, low-involvement decisions are those that do not require a lot of thought or information, do not involve weighing many alternatives, and do not engender second guessing or regret after a choice is made. The perception of risk and cost related to high-involvement behaviors may be related to fears of failure, concerns about relationships, time or financial commitments, or other concerns.

Social marketing is an appropriate choice when a comprehensive approach is needed — Changing high-involvement behaviors typically requires a sustained and comprehensive approach that involves the use of multiple channels for communication of messages and the involvement of multiple partners. Effective social marketing campaigns tie together the many pieces that need to be in place to motivate people

to change their behavior and then support them in making and sustaining the behavior change. For example, a social marketing strategy may rely on advertising to increase awareness of a problem, one-on-one communication with health providers to help people gain knowledge and skills, and policy work aimed at creating environments that support healthier behaviors. Because most people need to hear a message multiple times before they can act on it, effective campaigns tend to use multiple communication vehicles and involve multiple partners that can transmit consistent messages to consumers (IOM 2002).

Social marketing can be used when sufficient funds and commitment are available — Done correctly, social marketing can be an expensive undertaking. Although there are ways to control costs (for example, adapting materials developed by others), developing an effective social marketing campaign often requires a significant commitment of funds. In addition, because social marketing campaigns typically target difficult-to-change behaviors, multiyear commitments are often necessary.

Social marketing can be used when certain ethical requirements are met — Any attempt to influence the behavior of another raises ethical questions related to the right of individuals to make choices, who benefits from the behavior change, whether potential harms are disclosed (or even known), and whether demands for behavior change are being distributed equitably across populations (IOM 2002). Because social marketing is a technique for influencing behavior, social marketers must be willing to discuss the ethical implications of their work, both among

themselves, as well as with the intended target population. The best way to air and resolve any ethical questions is to work closely with the intended consumers at all stages of campaign development.

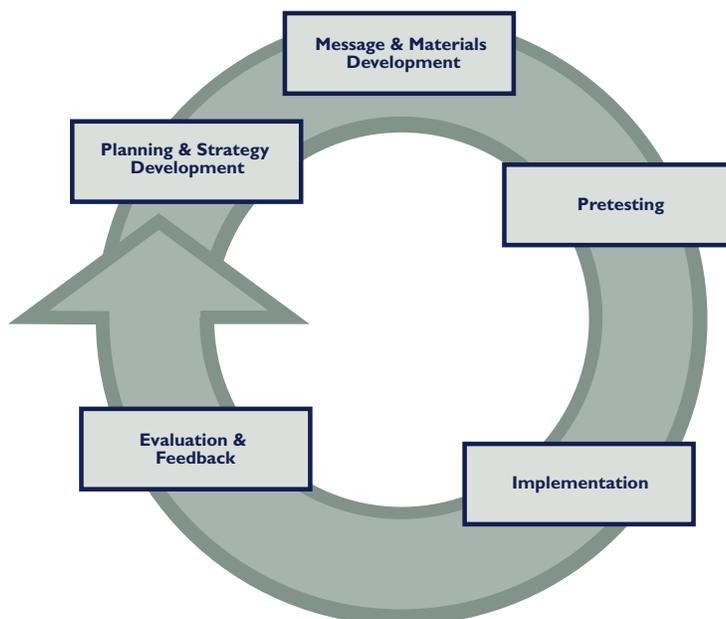
Health grantmakers may also consider whether previous grantmaking or other work has laid a strong foundation for a social marketing campaign. For many grantmakers, social marketing is a logical companion strategy or next step to work aimed at improving the health status of a particular population. Whether through strategic initiatives or responsive grantmaking, grantmakers often gain valuable knowledge about particular health issues, the experiences and characteristics of specific populations, and the barriers that keep people from living healthier lives. This knowledge can be invaluable in planning and strategy development.

The Social Marketing Communications Process

Although social marketers start with a particular goal in mind, they use a structured approach to understand the issue, identify barriers to healthy choices, select a target population, and develop effective strategies and messages. Steps in the communications process include (1) planning and strategy development, (2) message and materials development, (3) pretesting, (4) implementation, and (5) evaluation and feedback (Weinrich 1999).

To accomplish each step in the process, social marketers use particular techniques for conducting research, defining target populations, crafting messages, pretesting

Figure 1. *The Social Marketing Communications Process*



This Issue Brief uses examples drawn from real social marketing campaigns, including several funded by health grantmakers.

Citizens' Watch for Oral Health — Sponsored by Washington Dental Service Foundation, Citizens' Watch for Oral Health aims to engage individuals and organizations in support of policies that improve oral health.

California Project LEAN and Food on the Run — Funded by The Henry J. Kaiser Family Foundation and The California Endowment, among others, California Project LEAN aims to increase healthy eating and physical activity to reduce the prevalence of chronic diseases. *Food on the Run*, one of Project LEAN's programs, focuses on adolescents and school policies.

Take It Outside — Developed by the Kansas Health Foundation, the *Take It Outside* campaign was designed to promote awareness of the dangers of secondhand smoke and to encourage people to smoke outside the home in order to limit the harmful effects of secondhand smoke on children.

truth® — Supported by the American Legacy Foundation, **truth®** is an anti-tobacco campaign designed to engage teens by exposing the tobacco industry's marketing and manufacturing practices, as well as highlighting the toll of tobacco.

messages and strategies, formulating dissemination plans, and conducting surveillance and evaluation.

While each of the steps in the process is described as a distinct stage, the process is typically an iterative one. For example, the results from pretesting of messages and materials may send campaign developers back to step one for more information about the characteristics of consumers. Or information gathered during a campaign evaluation may prompt revisions in messages or materials.

As with many proven techniques and approaches, social marketing is only effective when there is a high degree of fidelity to the model. All steps in the process are important (for example, cutting corners on planning or skipping the pretesting phase could doom a campaign to failure).

STEP 1: Planning and Strategy

Development of a social marketing campaign begins with strategic planning and research to understand the problem and the people affected by it. Often referred to as formative research, the work at this step of the social marketing communications process focuses on identifying and understanding the populations most affected by a particular problem, choosing a specific target audience for the campaign using audience segmentation techniques borrowed from commercial marketing, and developing the campaign strategy.

Understanding the Target Audience

Social marketers seek an in-depth understanding of the way affected populations make decisions about health-related behaviors and use both secondary sources of data

and original research using techniques such as surveys, focus groups, interviews, and informal conversations with potential consumers. When California Project LEAN was developing *Food on the Run*, staff used a range of research methods to gather information about eating and physical activity habits among the state's adolescents, including literature and commercial market data reviews. To supplement the information gathered through secondary sources, California Project LEAN also conducted focus groups and interviews.

Development of effective messages and strategies requires understanding the values, perceptions, and motivations of the target audience, as well as understanding the barriers that keep them from engaging in healthy behaviors. Barriers may be tangible things such as lack of money, transportation, facilities, safe environments, knowledge, or time. Or they may be less tangible such as family or peer group pressures, or fear of failure or embarrassment. Motivations may include acceptance in a social group, looking or feeling good, saving time or money, and taking good care of one's family, among other motivations.

When the American Legacy Foundation was developing the **truth**[®] campaign, it based its message development on research exploring the values, beliefs, and motivations of teens ages 12 to 17. That research found that youth who are open to smoking or susceptible to pressure start smoking to express independence, risk taking, and rebelliousness (Farrelly et al. 2002). The foundation also learned that youth do not care as much about the long-term consequences of smoking as they do about

feeling manipulated by corporations. The campaign used this knowledge to develop messages that resonate with youth who value independence, risk taking, and rebellion and that play to the desire of youth to avoid manipulation by the tobacco industry.

Health grantmakers that have experience working on a particular problem or with a particular population may bring substantial knowledge about that problem or population to this first step in campaign development. While this knowledge can be helpful in structuring the formative research for the campaign, it is not a substitute. Research is still needed on effective interventions, the target population, and the way that population receives information.

Plans for conducting market research can be tailored to fit a range of budgets. Those working with small budgets can use informal conversations with members of the target audience and interviews with key informants to develop an understanding of barriers to healthy choices. Those with more resources may be able to add structured interviews, focus groups, or surveys to their formative research plans (Weinrich 1999).

Sometimes a little ingenuity can yield important information at little or no cost. When the Kansas Health Foundation was developing the *Take It Outside* campaign, a contractor found an innovative and low-cost way to gather information for the campaign — going into Internet chat rooms for smokers. The intelligence gathered by reading chat room postings helped foundation staff realize that the campaign had to portray smokers in a different light

.....
*“You begin, not with what
 you want to tell people,
 but what people want.
 You start with the market.”*

SHARYN SUTTON,
 SUTTON GROUP

if it was to connect with its intended audience. As a result, the *Take It Outside* campaign does not try to get smokers to stop smoking; rather, it portrays smokers who “take it outside” as heroes to the children around them (Goodman 2001). California Project LEAN met dual goals of fostering youth activism and controlling costs for formative research by training students to conduct research in their schools and then using the results to set goals and formulate policy solutions (California Project LEAN 2004).

Segmenting the Target Audience

Audience segmentation, a technique borrowed from commercial marketing, is used to narrow the universe of possible consumers to arrive at a specific and defined target audience for the campaign. Audience segmentation is based on a consideration of factors that provide an explanation for behavior (Andreasen 1995). These may include demographic factors such as age, gender, race or ethnicity, sexual orientation, socioeconomic status, education, religion, or place of residence. But nondemographic factors are often even more important in determining behavior. These include differences in life history and circumstances, past behavior, perceived health, lifestyle, knowledge levels, attitudes and beliefs, decision-making styles, and readiness to change (Andreasen 1995). Other important variations in the target audience may include reading level, where people get their information or entertainment, and who influences their decisions.

Once more is known about differences among segments of the population of potential consumers, decisions can be made about which segments to include in

the campaign, which ones to exclude, and how many resources should be devoted to each chosen segment. Segments may be excluded for many reasons, including being too small, low problem incidence or severity, having the ability to address problems without assistance, being hard to reach through the channels available, cost, or not likely to respond (Andreasen 1995).

When the American Legacy Foundation was planning the **truth**[®] campaign, it decided to focus primarily on youth ages 12 to 17 who are most susceptible or open to the idea of smoking, rather than all youth. The research conducted for the campaign suggested that this population, known as sensation seekers, is not only most likely to initiate smoking during their teen years, but also that they would be more open to other avenues for fulfilling needs for risk taking and excitement. The research also found that these youth differed from others in ways that had implications for message development (Farrelly et al. 2002).

Developing the Campaign Strategy

Strategies for social marketing campaigns are based on theories about how and why people change their behaviors. In recent decades, numerous theories have been developed to explain how individuals make decisions about their behavior and how they react to and interact with their physical and social environments. The choice of which theory or theories to use for a particular campaign will depend on the objectives of the campaign; the characteristics of the target audience; and whether interventions are aimed at individual members of the target audience, influencers of the target audience, or the broader commu-

BEHAVIOR CHANGE THEORIES COMMONLY USED IN SOCIAL MARKETING

Campaign Aimed At:	Name of Theory	Brief Description of Theory	Key Concepts
Individuals	Stages of change model Transtheoretical model	An individual's likelihood of changing a particular behavior depends on his or her readiness to change. The stage of change has implications for messages and approaches.	Stages are: <ul style="list-style-type: none"> • Precontemplation • Contemplation • Preparation • Action • Maintenance
	Health belief model	Health-related behaviors are determined by people's perceptions of the threat, whether they think that treatment or prevention activities are effective but not too costly, and whether they think they can successfully change their behavior.	<ul style="list-style-type: none"> • Perceived susceptibility • Perceived severity of consequences • Perceived benefits of action • Perceived barriers to action • Receipt of cues to action • Confidence in ability to perform the proposed action (self-efficacy)
	Theory of reasoned action Theory of planned behavior	An individual's likelihood of performing a particular behavior is determined by (1) beliefs about the outcome and value of the behavior; and (2) beliefs about what other people, especially peers, think about the behavior.	<ul style="list-style-type: none"> • Behaviors have four components: action, target, context, and time • Normative beliefs (a person's beliefs about other people's views and his/her willingness to conform to those views) • Perceived behavioral control (added by the theory of planned behavior)
Individuals and Influencers	Social learning theory Social cognitive theory	Behavior is determined by the dynamic interaction of three variables: personal factors, environmental influences, and attributes of the behavior itself. Each may affect or be affected by the other two.	<ul style="list-style-type: none"> • Self-efficacy • Incentives (the perception of positive outcomes must outweigh the perception of negative outcomes) • Observational learning • Reinforcement
Communities	Community organization theories	Processes to help community groups identify common problems and address common goals.	<ul style="list-style-type: none"> • Empowerment • Community competence • Participation and relevance • Issue selection
	Organizational change theory	Process and strategies for increasing the chances that healthy policies and programs will be adopted and maintained by organizations	Stages of change are: <ul style="list-style-type: none"> • Problem definition, awareness stage • Initiation of action • Implementation of change • Institutionalization of change
	Diffusion of innovations theory	A framework for analyzing how new ideas, products, and social practices spread within a society or from one society to another	<ul style="list-style-type: none"> • Relative advantage of the new product over what it supersedes • Compatibility with existing values, experiences, and needs • Complexity • Trialability (the degree to which an innovation can be experimented with or used on a limited basis) • Observability of results

Sources: Glanz, Karen, and Barbara K. Rimer, *Theory at a Glance: A Guide for Health Promotion Practice* (Bethesda, MD: National Institutes of Health, 1997); and Elder, John P., Guadalupe X. Ayala, and Stewart Harris, "Theories and Intervention Approaches to Health Behavior Change in Primary Care," *American Journal of Preventive Medicine* 17(4):275-284, 1999.

nity. Regardless of the theory of behavior change, an effective campaign will ensure that members of the target audience:

- believe they are at risk,
- believe that the consequences of the problem are severe,
- believe that the proposed behavior change will prevent the problem or lower the risk of consequences,
- believe that the advantages of behavior change outweigh the disadvantages,
- possess the skills to perform the behavior,
- believe that they can perform the proposed behavior,
- believe that the behavior is consistent with their self-image,
- perceive greater social pressure to perform the behavior than not to perform it, and
- experience fewer barriers to performing a behavior than not performing it (Weinrich 1999).

California Project LEAN used the diffusion of innovations theory in developing *Food on the Run*. The application of the theory to increasing healthy eating and physical activity among adolescents led Project LEAN to select low-income, early adopter adolescents as the primary target audience. The theory predicts that these youth will have the highest degree of opinion leadership in most social systems, making them an important group in changing practices among youth (California Project LEAN 2004).

The strategy typically takes the form of a written plan that includes a statement of the behavioral outcome or change that the campaign will be proposing, a description of the target audience(s), a time frame for achieving the behavioral outcome, and a description of the approach or approaches that will be used to influence the behavior of the target audience (Andreasen 1995). Involvement of members of the target audience in the development of the strategy can help social marketers ensure that

TIPS FOR CONDUCTING INTERVIEWS AND FOCUS GROUPS

Getting the most out of interviews and focus groups requires attention to the environment and the comfort level of participants. At the Issue Dialogue, Charyn Sutton provided some tips for conducting interviews and focus groups, including:

- using interviewers and group facilitators from the same racial/ ethnic and socioeconomic background as the participants;
- avoiding the use of one-way mirrors, since participants may be uncomfortable being observed by people they cannot see;
- audiotaping, rather than videotaping, the proceedings and assuring participants that the tapes will be destroyed once analysis of the focus groups has been completed; and
- ensuring complete anonymity and confidentiality.

the strategy will accurately reflect the values and needs of the target audience, increasing the likelihood that the messages and materials developed further down the line will be meaningful to the consumer.

STEP 2: Message and Materials Development

With a well-crafted strategy in hand, the social marketer's next task is to develop effective messages and materials for the campaign. An additional task at this stage of campaign development is identifying appropriate channels for disseminating campaign messages and materials. This step also makes use of target audience research to inform these activities.

Developing Effective Messages

Those developing communication campaigns often want to reach the greatest number of people for the least amount of money. This approach offers a false economy. As the diversity of the country's population increases, reaching broad audiences becomes more and more challenging. Campaigns aiming to reach a diverse audience can be structured as:

- a single campaign that focuses on what is held in common across audiences and uses common-denominator messages, channels, and executions;
- a common campaign with respect to behavioral targets and essential messages, but with adaptation of channels and specific executions of messages for different subgroups; or
- distinct campaigns for different subgroups that vary the behavioral focus, the message strategies, the channel choices, and the message executions (IOM 2002).

The first approach is potentially less costly than the second or third. But because effective social marketing campaigns are tied so closely to the needs, perceptions, and motivations of the target audience, many social marketers would argue that a common denominator approach will not be effective. It is often difficult, if not impossible, to craft messages that will appeal to everyone; and, in most cases, there will be no single set of channels that will reach everyone.

Audience-Based Communications

As Sharyn Sutton noted at the Issue Dialogue, all communications and all campaigns are personal. Even if a campaign uses mass media to disseminate messages, campaign developers must keep in mind that they are communicating with individuals, not groups. The messages of the campaign need to be developed accordingly. She proposed six questions that grantmakers and others can use to develop audience-based communications that reflect the experiences and realities of individuals in the target audience (Figure 2).

Who is the target audience and what is their reality? Social marketers use their formative research to develop a profile of a typical individual within the target audience and to gain an understanding of the realities of that individual's life. An example of this type of consumer profiling can be found in the *5 A Day* campaign, which focuses on getting Americans to eat at least five servings of fruits and vegetables every day, as recommended by the U.S. Department of Agriculture's dietary guidelines. Through formative research with consumers, the *5 A Day* campaign's organizers found that their most receptive target audience consisted of individuals who liked fruits and

.....
*“We need to sit on the
 shoulder of our profile
 person and look and see —
 what do they do every day
 when they’re looking
 for information or need
 help or are trying to get
 something done?”*

SHARYN SUTTON,
 SUTTON GROUP

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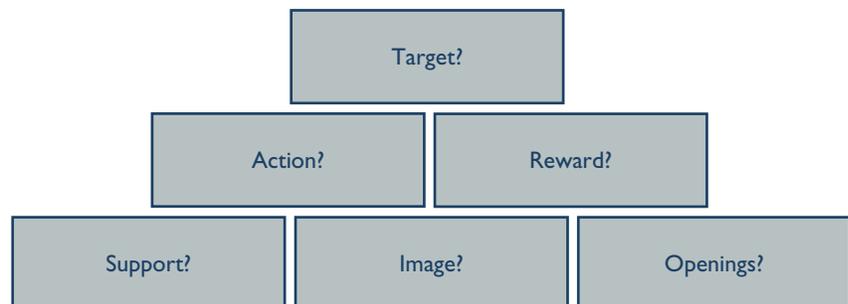
vegetables, could afford to purchase them, and felt guilty for not eating more of them. The research also showed that people in this target group had busy schedules and thought that preparing fresh fruits and vegetables would take too much time out of an already overloaded daily schedule. To respond to this concern, the campaign chose to focus initially on encouraging people to add two easily prepared servings of fruits and vegetables by, for example, purchasing prepeeled and precut carrot sticks rather than whole unpeeled carrots (Sutton, Balch, and Lefebvre 1995).

For campaigns focused on changing attitudes or achieving a public policy goal, answering the question “Who is the target audience and what is their reality?” requires research to understand what people currently believe about a particular issue and how policymakers view the various policy options. Because the Citizens’ Watch for Oral Health’s social marketing strategy is focused on moving the discussion about oral health from individual behaviors to environmental and policy changes, a communications expert was called in to evaluate public perceptions and craft new messages that connect oral

health to overall health in people’s minds and frame oral health as an issue that everyone, including policymakers, needs to care about (Citizens’ Watch for Oral Health 2004).

What action should the target person take as a direct result of the communication? The desired action must be clear so that individuals can quickly process the message and know exactly what to do. Too often, marketing campaigns are not clear on the desired action and require the audience to interpret the message. In contrast, effective message strategies describe the desired behavior as specifically as possible. An example can be seen in *Active for Life*, a campaign aimed at people 50 and older that was developed by The Robert Wood Johnson Foundation in partnership with the AARP. Developers of the initial campaign message, which asked the audience to be more active, found that the campaign was more effective when the message was changed to asking the target audience to walk 30 minutes a day — a clear action — but also included even more specific recommendations such as using a pedometer and participating in an eight-week community walking program. Messages that

Figure 2. *Questions That Form the Foundation for Audience-Based Communications*



provide clear and precise actions, such as calling a toll-free number, asking a doctor a particular question, or considering a new fact when making a decision, help the target audience move toward more complicated behavior changes.

What reward should the message promise the consumer? The reward for exchanging an old behavior for a new one must be one that the consumer already wants, not one that campaign developers think they should want. In the commercial sector, a shampoo manufacturer does not emphasize the hygiene aspects of washing one's hair, but instead emphasizes how its shampoo results in softer, shinier, and more beautiful hair than the product offered by its competitors. Trying to convince people that a behavior change is good for them or the right thing to do tends to be ineffective. Moreover, social marketing campaigns aimed at promoting healthier behaviors must overcome the perception that such behaviors are hard, boring, and take a long time to pay off. Behavior theory suggests that people value actions that are immediate, fun, easy, and popular. For the *5 A Day* campaign, the rewards promised were a sense of relief that a healthier diet does not have to be hard and a sense of control over time. The campaign showed the target audience that getting this reward was as easy as buying a bag of prewashed lettuce for salads or putting an apple in a child's lunch box.

How can the credibility of the promise be supported? In order for messages to be believed by individuals in the target audience, the promise of the reward must be perceived as credible. The *5 A Day* campaign's promise was made credible by using models and spokespeople that the target population

could identify with and by helping people develop confidence that they could be successful in adding two servings of fruits and vegetables to their diets. In addition, since audience research uncovered negative perceptions of people who eat five servings of fruit and vegetables (such as being compulsive and unfriendly), the communications were constructed to portray an image of someone who is responsible, warm, and balanced.

Another way to make the promise of reward credible is to appeal to the desire of individuals to be part of a desired group. The Kansas Health Foundation's *Take It Outside* campaign appeals to the desire of smokers to be good caretakers of children, while the American Legacy Foundation's **truth**[®] campaign appeals to the desire of teenagers to rebel against adult conventions and expectations. In an effort promoting the development of hospital palliative care programs, the message that such programs are the right thing for hospitals to do was ineffective. When the campaign was retooled to focus on how palliative care programs are being adopted by leading hospitals, it was much more effective since all hospital administrators want to think that their institution is a leader in the field.

What image should distinguish the action and the campaign? Effective images are those that are appealing, distinctive, original, and relevant to the target population. The American Legacy Foundation understood the importance of this in developing the **truth**[®] campaign and used information about the characteristics of risk-taking youth to develop the image and branding for the campaign. Research showed that the messages needed to be hard hitting and

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*"If you ask them,
 you have to listen to them.
 You are not going to
 change their values or what
 their lives are like."*

SYLVIA PIRANI,
 NEW YORK STATE
 DEPARTMENT OF HEALTH

.....
“In social marketing, you need to win the hearts of consumers first, and their minds second. You need to use emotions and appeal to human nature.”

VERA BOTHNER, KANSAS
 HEALTH FOUNDATION

edgy. So the **truth**[®] campaign uses stark and sometimes disturbing images to communicate messages about industry manipulation. These messages appeal to young people’s desire to shock their elders and their skepticism about corporate America. One of the campaign’s most memorable ads shows 1,200 individuals (the number who die each day from smoking) in body bags outside the headquarters of an unnamed tobacco company. Even when the campaign uses humor to communicate its messages, the messages and images are meant to be disturbing. For example, one **truth**[®] ad depicted a fictional company, Shards O’Glass, that produced popsicles with pieces of glass sticking out of them, with a tag line of, “What if all companies did business like the tobacco companies do?” This consistency in tone and approach establish the **truth**[®] brand: its ads are immediately identifiable by the target audience.

What communication openings and vehicles should be used? In addition to thinking about what channels should be used to communicate the messages of the campaign, social marketers need to figure out where and when the campaign’s messages can break through the information overload so common in today’s society. For every message, there will be particular times, places, and situations in which the consumer will be ready to hear the message of the campaign, will be looking for the benefits offered, and will be in a position to act. In marketing, these windows of opportunity are referred to as apertures or openings. A good example of the use of an aperture can be found in the *5 A Day* campaign. Through its market research, the *5 A Day* campaign found that people often think about meal preparation on

their way home from work. To take advantage of this window of opportunity, the campaign used channels that reached commuters on their way home, including transit ads, drive-time radio ads, and point-of-purchase materials in grocery stores (Alcalay and Bell 2000).

Identifying Appropriate Channels

In choosing the specific channels for disseminating messages and materials, social marketers look at the ways the target audience gets information, as well as the specific outlets that the target audience uses. The channels used by social marketers may include mass media (print, television, radio); outdoor or transit advertising; brochures, posters, and newsletters; comic books; direct mail; one-on-one communications (health professionals, counselors, telephone hotlines); music videos and songs; theater groups; community or workplace events; point-of-purchase information and materials; and listings in the yellow pages (Weinrich 1999). The marketing mix may also include sales promotions, public relations activities, and direct marketing (Balch and Sutton 1997).

The increasing use of the Internet as a communications vehicle presents new opportunities and challenges for social marketers. Web sites can provide on-demand information and assistance that help people take action. When a county public health department in Illinois adapted the *Take It Outside* messages and materials for use in its community, it developed a Web site to provide, among other things, a list of smoke-free restaurants where smokers can have a meal without being tempted to light up, and a printable pledge that smokers can use to formalize their commitment to protecting their families and friends from

secondhand smoke, providing additional motivation to smoke outside. But a Web site can be expensive to develop and may reach only those with literacy skills and ready access to computers. Like most vehicles of social marketing, Web sites can be most effective when used as one of a range of communication channels within a comprehensive strategy.

A campaign's budget may determine what channels are feasible. Budget considerations may, for example, drive decisions about whether the campaign should focus on print materials, public relations activities, and radio ads rather than on television. In addition, campaigns with modest budgets may need to rely on partner organizations to ensure that messages and materials reach the target audience.

Even for campaigns with modest budgets, however, television advertising may not be out of reach. At the Issue Dialogue, Charyn Sutton provided an example of good research and smart planning. A tobacco control campaign targeting African Americans purchased television advertising time during shows airing in the middle of the night. The research conducted by the campaign's organizers found that many African Americans who could not watch these shows when they aired recorded them for later viewing. Armed with this knowledge, the campaign was able to get its message to its target audience by purchasing relatively inexpensive advertising time.

STEP 3: Pretesting

Effective social marketers always pretest messages and materials with members of the target audience and with other individuals and organizations that will be asked to

disseminate or use them. Even when messages and materials are developed using state-of-the-art formative market research, there is always a chance that they will fail to resonate with the target audience.

One example of how pretesting was used to improve a campaign comes from the National Cancer Institute. The objective of the campaign was to change cancer screening behavior among older Americans. The campaign developers based the message development on previous research showing that older Americans have many fears, anxieties, and negative perceptions related to cancer and cancer screening. A set of draft materials was created to test three possible headlines for the campaign, all of which acknowledged seniors' fears. The headlines were: "Stop being scared and start being screened;" "Why are people afraid to find out they don't have cancer?;" and "What I don't know about cancer won't hurt me. Besides, there's nothing I can do about it." The developers then used in-depth interviews with seniors to test the headlines and accompanying text. They found that the headline, "Why are people afraid to find out they don't have cancer?" provoked the most curiosity. The first one, "Stop being scared and start being screened," appealed to seniors because it acknowledged fears, but also encouraged people to assume responsibility for their lives and empowered them by providing information about an action they could take to protect their health. The campaign developers used this feedback to create a composite ad that contained both of these messages (Sutton, Eisner, and Burklow 1994).

.....
*"Openings are not about
 how we get our messages
 out. They're about
 where our audiences are
 taking them in."*

SHARYN SUTTON,
 SUTTON GROUP

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STEP 4: Implementation of the Campaign

By this point in the process, much of the planning for a social marketing campaign will have already occurred. Materials will have been developed and produced, distribution plans will be in place, and partner organizations will be primed for the launch of the campaign.

A frequent challenge at the implementation phase is maintaining close coordination among the partners involved in the campaign and ensuring that the messages being delivered through the campaign are consistent. One of the ways that the American Legacy Foundation ensures consistency in its **truth**[®] campaign is by requiring partner organizations that wish to use campaign commercials to abide by a set of guidelines and requirements. For example, the guidelines require partners to air the ads without changes and to place the spots on shows that are aimed at the target population of 12 to 17 year olds and that appeal to young people who feel the need for rebellion, self-expression, or independence (CDC 2004).

STEP 5: Evaluation and Feedback

Evaluations of social marketing campaigns are most useful when they provide feedback that can be used to improve the campaign, as well as information about the campaign's overall effectiveness (Balch and Sutton 1997). Ideally, evaluation of a social marketing campaign begins at the same time as implementation, which means planning for the evaluation is happening at the same time as the campaign is being developed. Evaluation of a campaign should have multiple components, including surveillance

and monitoring as well as summative evaluation that measures impact.

Surveillance and Monitoring

Surveillance during the early implementation of the campaign can spot problems with messages, materials, distribution plans, or partnerships. Surveillance can include such things as: monitoring when and where print, radio, and television ads are appearing; checking in with members of the target audience to determine if messages and materials are being delivered and received as expected; and communicating with partner organizations to uncover unexpected difficulties. If surveillance shows that the campaign is not as effective as hoped, the seasoned social marketer will attribute the problem to a lack of understanding of the target audience, not to shortcomings in that population such as ignorance or apathy (Andreasen 1995).

Surveillance can also provide the information needed to respond to changes in the environment. In the case of countermarketing campaigns — those that are aimed at countering commercial marketing messages that are harmful to health or safety — surveillance is needed to stay abreast of changes in tactics by the commercial marketers. The American Legacy Foundation, for example, monitors young people's exposure to tobacco advertising, its own countermarketing, and the countermarketing of other groups by sponsoring the Legacy Media Tracking Surveys, a series of nationally representative surveys of adolescents and young adults. The surveys ask about awareness of pro- and anti-tobacco advertising, as well as tobacco use, exposure to secondhand smoke, access to tobacco products, and knowledge about tobacco (Niederdeppe et al. 2003). The

foundation uses the information to guide the development of the **truth**[®] campaign's messages and strategies to respond to changes in tobacco industry tactics.

Costs for surveillance and monitoring need not be exorbitant. For example, if campaign materials feature a toll-free number, staff can track the number of calls made in response to campaign materials and collect information on the characteristics of those callers. This information can be used to identify changes that may be needed in materials or dissemination plans to reach particular subgroups. Similarly, if campaign materials provide a Web site address, statistics on the number of hits on particular pages can provide feedback on the types of information most needed by or most attractive to the target audience.

Costs can be lowered by using on-line surveys or public opinion surveys, which can provide a snapshot of opinions relatively quickly. Costs can also be controlled by recruiting partners to check in with members of the target audience to assess exposure to and effectiveness of campaign materials. Partners can also provide information about participation in programs or services relevant to the campaign, assist with media tracking, and provide intelligence on changes in the target audience's environment that can affect the campaign.

Summative Evaluation

Summative evaluation at later stages or after the campaign has ended can provide valuable information on its overall effectiveness. Summative evaluation focuses on behavior change, rather than on aspects of the process of implementing the campaign. Ideally, summative evaluation will measure changes in the behaviors targeted by the

campaign. It may also examine such things as increases in awareness or knowledge about a health problem, changes in attitudes toward the problem or the proposed behavior change, and the intentions of the target audience to change a behavior (Balch and Sutton 1997). In some cases, summative evaluation uses benchmarks or health indicators that show whether progress is being made toward the goal of the campaign.

Several social marketing campaigns have been able to prove their effectiveness through use of summative evaluation. For example, the Kansas Health Foundation used surveys to measure the impact of the *Take It Outside* campaign. A telephone survey was conducted before the campaign began to measure baseline attitudes, knowledge, and smoking behavior. Three months after the campaign began, a second survey was conducted to measure any changes. The results showed that, among other effects, the campaign changed smokers' attitudes about the danger of secondhand smoke to children (Ognianova and Thorson 2004).

Another example comes from the National Cancer Institute's *Mammography: Once a Year for a Lifetime* initiative, a broad-based social marketing campaign that included partnerships with television shows, media relations, White House summits, corporate advertising, and other components. Launched in 1989, this campaign is thought to have played a role in doubling mammography screening rates among white, black, and Hispanic women. Because the campaign was conducted at the same time as expansions in insurance coverage, the development of new screening guidelines

and standards for mammography machines, regulatory changes related to self-referral, and changes in malpractice law, the specific impact of the campaign is not clear.

Using Social Marketing to Promote Policy Change

Social marketing can also be used to promote policy changes that result in health-promoting environments. The same process and techniques used to convince mothers to give their children low-fat milk can be used to convince policymakers, opinion leaders, and others of the need to take action to change policies (Andreasen 2002). In these cases, the target audience becomes policymakers or advocates, and the messages are crafted to resonate with them.

There are several distinct differences between social marketing campaigns aimed at individual behavior change and those aimed at policy change. Campaigns focusing on individual behavior change tend to define problems at an individual level and to focus on strategies and messages that communicate with people as consumers. Campaigns that aim to influence policy tend to define problems as being a blend of individual and societal responsibility and use strategies and messages that communicate with people as citizens rather than consumers.

As with campaigns aimed at individual behavior change, policy campaigns must also begin with strategy development. At the Issue Dialogue, Tracy Garland outlined key questions to be addressed during this phase.

- What is the problem?
- What is the solution or policy for addressing the problem?
- Who has the power to make the necessary change?
- Who must be mobilized to apply the necessary pressure?
- What do the targets need to hear?

Citizens' Watch for Oral Health used this framework to develop its social marketing campaign promoting policy and environmental changes on oral health. By answering the first two questions, campaign developers were able to identify two primary objectives for the campaign: increasing the resources available for oral health prevention and treatment, and expanding the availability of fluoridated water. Answers to the remaining questions helped campaign organizers develop strategies and messages aimed at creating the public and political will necessary to achieve these objectives. For example, since messages communicated via the mass media help set the public agenda, the campaign used mass media to change the way the public viewed the issue of oral health and, thereby, increase pressure on public officials to act.

Market research findings indicated that the issue of oral health was virtually unknown and undervalued in the community. To the extent that people had any understanding of the issue, oral health was seen as being connected to personal or parental responsi-

bility (for example, eating properly and brushing teeth). People saw little or no connection between oral health and general health. They also viewed dental visits as an expendable luxury and dentists as self-interested and lacking credibility.

To shift the frame, campaign organizers decided they needed to identify, explain, and emphasize the prevalence of oral disease (for example, that tooth decay affects half of all first graders and 80 percent of 17 year olds in the state). This message was coupled with messages on the consequences of untreated oral disease (for example, that it keeps kids out of school and parents out of work) and the efficacy of preventive measures such as regular checkups, sealants, and fluoridation.

The Citizens' Watch for Oral Health campaign also worked to develop a coalition of business, labor, medical, dental, education, public health, and child advocacy organizations. The coalition used the media, political advance work, and other tools to disseminate campaign messages and materials. Since the campaign's inception in 2000, the issue of oral health has been successfully reframed in the state of Washington: it is now recognized as a significant health issue that can be prevented. This reframing has led to some specific policy successes, including defeating an anti-fluoridation attack at the state level, securing oral health references in model nutrition legislation at the state level, and convincing the Washington State Medical Association to adopt an explicit policy stating that physicians have a responsibility to identify, treat, and refer patients with oral health problems. The campaign was also instrumental in convincing state policymakers to maintain funding for children's

oral disease prevention programs in 2003, despite a budget deficit that necessitated significant cutbacks in other programs.

In some cases, campaigns that are primarily targeted at motivating individual behavior change can also have unanticipated benefits in the policy arena. For example, the *Take It Outside* campaign has helped to create an environment in Kansas where policymakers are beginning to consider steps to discourage smoking in public places. Three communities have already passed prohibitions against indoor smoking in most buildings, and others are considering similar restrictions. Some communities are even contemplating a ban on smoking in bars.

Communications Strategies that Complement Social Marketing

Although social marketing is a distinct methodology for achieving behavior change, social marketers can make use of other communications strategies, either as components of the social marketing campaign or as complements to it. Among these communications strategies are media advocacy, strategic frame analysis, and community-based prevention marketing.

Media Advocacy

Media advocacy is an approach to creating social or policy change by strategically using the news media to shape public opinion, mobilize activists, and influence decision-

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"Frame trumps fact.

*To change opinion, you
 must shift the frame."*

TRACY GARLAND,
 WASHINGTON DENTAL
 SERVICE FOUNDATION

makers (The Health Communication Unit 2000). Media advocates gain access to news media by presenting issues in ways that are newsworthy and, therefore, likely to be covered by media outlets. Planning a media advocacy campaign entails many of the same steps as planning a social marketing campaign: audience analysis and segmentation, developing strategies and messages, selecting channels and vehicles, and surveillance and evaluation.

Media advocacy requires the development of messages that include both problems and solutions, as well as the recruitment of media spokespeople who can work with journalists on stories related to the issue of concern. Because it focuses on earning access to the news media, rather than paying for advertising time, it can be a cost-effective strategy.

California Project LEAN used the results of a survey on the availability of fast food in California high schools as a springboard for its media advocacy and reframed the issue of student diets from a focus on adolescents' food purchasing behavior to a focus on the food environment in schools. The media advocacy campaign resulted in news coverage in all major media markets in California and in national media, including a mention in *U.S. News & World Report* (California Project LEAN 2004).

Strategic Frame Analysis

Strategic frame analysis is an approach to communications research and practice that pays attention to the public's deeply held world views and widely held assumptions. This approach has been recently developed by communications experts as a way to bring concepts from cognitive, social, and

behavioral sciences to bear on the development of communications campaigns (Frameworks Institute 2004).

Strategic frame analysis begins by seeking to understand the assumptions, values, and views that people already hold; how the media is contributing to these assumptions, values, and views; and how those assumptions, values, and views influence people's policy preferences. It uses this understanding to select certain aspects of an issue and then uses these aspects to craft messages that elicit a specific response.

Citizen's Watch for Oral Health used strategic frame analysis to help change the discussion about oral health in Washington from one that focused on individual behavior and responsibility to one that focused on the environmental and policy changes needed to ensure access to oral health prevention and treatment services. By emphasizing the prevalence, severity, and consequences of oral health problems, along with the efficacy of prevention in solving these problems, the campaign also took an issue that had previously been largely unknown, undervalued, and thought to be unconnected to general health, and made it a mainstream issue.

Community-Based Prevention Marketing

Community-based prevention marketing is a community-directed social change process that involves community residents in all phases of development of a social marketing program, from planning through evaluation. Community members receive training on marketing theories and techniques, and a community advisory committee directs the

development of the program, including identifying the problem, setting goals, conducting research, determining strategies, implementing the campaign, and using tracking data to make mid-course corrections (Bryant et al. 2000).

California Project LEAN used community-based prevention marketing to develop regional Project LEAN social marketing projects. In nine communities, California Project LEAN regional coordinators worked with local coalitions and members of the target audience to develop and implement community-based social marketing plans that promote increased consumption of fruits and vegetables or, in one community, consumption of lowfat milk.

Opportunities for Grantmakers

Social marketing is a powerful technique for health grantmakers interested in improving the health of particular popula-

tions, influencing beliefs or attitudes about certain issues, or changing public policies that affect health and well-being. This section highlights some of the ways that grantmakers are using social marketing to achieve goals related to promoting healthy behaviors and preventing chronic disease.

Grantmakers can develop and implement social marketing campaigns that help them achieve their missions and goals

Social marketing can be one tool that grantmakers use to achieve their missions and overall goals. The Kansas Health Foundation is one example of a grantmaker that uses social marketing in this way. Among the goals of the foundation are to improve children's health and to make Kansas the best state in the nation in which to raise a child. The foundation views social marketing as an important mechanism for achieving these goals. As noted previously, *Take it Outside* was effective in changing people's attitudes toward smoking in the presence of children. The foundation credits the campaign with changing expectations — before the cam-

CORPORATE SOCIAL MARKETING

Corporate foundations have an added incentive to engage in social marketing: improving the company bottom line. Corporate social marketing aims to change behavior while simultaneously building markets for a company's products or services. When used in this way, a social marketing campaign should:

- focus on a goal that requires individual behavior change, and
- target behaviors that relate to a company's products or services (Kotler and Lee 2004).

paign, indoor smoking was acceptable by many Kansans, while now most expect smokers to go outside rather than smoke around children.

Although the foundation provided grants to universities and advertising agencies for help in developing and implementing these campaigns, the foundation took an active role in shaping the campaigns and its name appeared on campaign materials. As a result, the foundation and the campaign is closely linked in the public's mind. In addition to achieving goals related to children's health, the campaign also increased awareness of the foundation and its work. Surveys conducted by the foundation found that awareness of the foundation increased from 20 percent of the population to 70 percent, a dramatic jump.

Grantmakers can fund social marketing campaigns developed and implemented by others

Health grantmakers can provide important support for social marketing campaigns developed by others. The California Endowment and The Henry J. Kaiser Family Foundation both provided early support for California Project LEAN's social marketing programs. Similarly, The Robert Wood Johnson Foundation provided support for social marketing efforts through one of its national programs, *Turning Point*. The goal of this program is to transform public health so it achieves the goals of preventing disease and injury, protecting the public from threats to health, and promoting healthy behaviors. A *Turning Point* social marketing collaborative is promoting the application of social marketing principles and practices to public health, and providing state and local health

practitioners with the skills and tools they need to use social marketing to address public and community health issues.

Although social marketing can be expensive, relatively modest investments can help launch a social marketing effort, especially if grantmakers work with grantees to identify lower-cost options for disseminating campaign messages and materials. In Missouri, the Missouri Foundation for Health funded a small campaign aimed at preventing HIV infection in young gay men. This campaign, which used billboard and radio advertisements, public service announcements, the Internet, videos, and other media, cost approximately \$200,000 over two years.

Social marketing campaigns can be undertaken with small, moderate, or large budgets (Figure 3). Health grantmakers interested in funding grantees to develop and implement social marketing campaigns need to assess the resources available to determine what is feasible when developing initiatives, analyzing proposals, or monitoring the performance of grantees.

Grantmakers can help build the coalitions and partnerships needed to implement effective social marketing campaigns

Grantmakers can convene national, state, or local organizations that have a role to play in a particular social marketing campaign. The Washington Dental Service Foundation, for example, supported the development of the coalition formed by Citizens' Watch for Oral Health. The coordinated efforts of this coalition have been critical in the campaign's success.

Grantmakers can also bring potential partners together to strengthen the implementation and broaden the reach of social marketing campaigns. In one example, the CDC Foundation brokered partnerships between the CDC and private sector groups to increase the support for

VERB: It's What You Do. The *VERB* campaign encourages young people ages 9 to 13 (tweens) to be physically active every day. One partnership with the MetLife Foundation resulted in the development of guides for parents and school personnel and administrators outlining practical

Figure 3: *Planning a social marketing campaign with a small, moderate, or large budget*

	Small Budget (less than \$20,000) ^a	Moderate Budget (\$20,000-\$100,000) ^a	Large Budget (more than \$100,000) ^a
Planning	<ul style="list-style-type: none"> Literature review Informal information gathering about the target audience (for example, conversations with individuals or groups) 	<ul style="list-style-type: none"> Additional research using existing data sources Focus groups 	<ul style="list-style-type: none"> Original research (for example, a knowledge, attitudes, and behaviors survey)
Message and materials development	<ul style="list-style-type: none"> Public service announcements (produced by local radio or television station) Print materials 	<ul style="list-style-type: none"> Radio spots Newspaper ads 	<ul style="list-style-type: none"> Television spots Billboards
Pretesting	<ul style="list-style-type: none"> Informal information gathering Self-administered questionnaires Readability testing 	<ul style="list-style-type: none"> Focus groups Reviews by experts and the individuals who will control the flow of campaign materials to the target audience (for example, staff of partner organizations, physicians, television stations' public affairs directors) 	<ul style="list-style-type: none"> Interviews in locations frequented by the target audience Bringing members of the target audience together to view and respond to materials in a structured way Multiple rounds of pretesting, if necessary
Implementation	<ul style="list-style-type: none"> Partnering with other organizations that have similar goals Public relations activities (for example, pitching stories to reporters, writing op-ed pieces) Record keeping (for example, monitoring the number of participants in campaign activities) 	<ul style="list-style-type: none"> Kickoff media event Paid media placement Tracking changes and events that have strategic implications for the campaign 	<ul style="list-style-type: none"> Additional media buys Web site Analysis of the management of the campaign (for example, staff survey or focus groups, partner feedback)
Evaluation and feedback	<ul style="list-style-type: none"> Comparisons of relevant indicators before and after the campaign using existing data sources (for example, number of phone calls to help line, enrollment in smoking cessation or exercise classes) 	<ul style="list-style-type: none"> Systematic observations of the behaviors of the target audience Qualitative methods (for example, focus groups, in-depth interviews) 	<ul style="list-style-type: none"> Original research (for example, a knowledge, attitudes, and behaviors survey, pre- and post-tests with members of the target audience)

^a Dollar figures are approximate and in 1998 dollars.

Adapted from: Weinrich, Nedra Kline, *Hands-On Social Marketing: A Step-by-Step Guide* (Thousand Oaks, CA: Sage Publications, 1999).

strategies for encouraging young people to participate in physical activity and sports programs at home and in schools (CDC Foundation 2003).

Grantmakers can provide information and education about social marketing

Although social marketing has been around since the 1970s, many people working in philanthropy and other non-profit organizations are unfamiliar with social marketing principles and techniques. And even when the principles and techniques are known, training is often needed to help organizations develop the skills necessary for developing effective campaigns. The experience of the Connecticut Health Foundation may be a common one. The foundation included funding for social marketing campaigns in a major multiyear initiative aimed at reducing racial and ethnic health disparities. But it was disappointed by the responses, finding that organizations in Connecticut lacked an understanding of social marketing and the ways in which it can be used to make progress toward a health-related goal (Crimi 2004).

Grantmakers can fill gaps in knowledge by disseminating information about social marketing and providing opportunities for people to learn the tools and techniques of professional marketers. The Robert Wood Johnson Foundation, for example, has funded the development of written or electronic publications on social marketing to help grantees of its national programs understand and use this approach. Ranging from compilations of case studies for its *Turning Point* grantees to a list of tips called “Marketing and Communications on a

Shoestring” for grantees in its *Communities in Charge* program, these documents help grantees put this technique to work in their states and communities.

Grantmakers can also support the dissemination of the lessons learned from social marketing campaigns as a means of improving future efforts. As with many endeavors, some social marketing campaigns are very effective, while others are less so. Grantmakers can support the evaluations needed to determine why effective programs worked and why less effective ones did not. They can also support the dissemination of the lessons learned through written materials, Web sites, presentations at professional meetings, and other means. In one example, the Novartis Foundation, a corporate giving program focused on improving the quality of life for people in developing countries, makes information available on its Web site about social marketing and lessons learned in applying social marketing to change the way leprosy is addressed in developing countries.

Grantmakers can support and promote needed environmental and policy changes that support individual behavior change

Solving many of the pressing health problems facing the country will require changes to create environments where people can be successful in their efforts to live healthy lives. By being aware of upcoming or existing social marketing campaigns promoting healthy behaviors, grantmakers can think strategically about their other grantmaking and fund projects that are complementary. In one of many possible examples, grantmakers can support the

goals of the national *VERB: It's What You Do* campaign by supporting community sports leagues for young people or providing funding for local nonprofit organizations that provide recreational opportunities for youth. The range of options for grantmakers interested in complementing social marketing campaigns targeting nutrition, physical activity, and tobacco control is virtually unlimited: grantmakers can fund the development of walking trails or neighborhood walking groups to encourage physical activity, fund cooking classes for parents of young children or community gardens where young and old alike can learn about growing healthy foods, or support tobacco cessation services for people who want to quit smoking but cannot afford to pay for such services themselves.

Grantmakers can apply social marketing principles and techniques to many of their activities and programs

Even when grantmakers are not directly involved in developing, implementing, or funding social marketing campaigns, they can use some of the principles and techniques to improve their grantmaking. The consumer mindset, in particular, can help grantmakers develop more successful initiatives, choose grantees more likely to implement effective programs, and craft more meaningful evaluation strategies. By consulting members of a target population during the early planning for initiatives, grantmakers can ensure that funding goes to grantees that will be trusted by the target population and to the types of programs and services that the target population truly wants. To ensure that the consumer viewpoint is central to the orga-

nization's operations, grantmakers can also include consumers on boards, board committees, advisory groups, and proposal review panels.

Grantmakers that solicit contributions from the community can also use social marketing principles and techniques to improve their fundraising. The effectiveness of fundraising activities can be enhanced by focusing on what potential donors get out of giving money. Some individual donors contribute money to social causes because they care about the issue, while others donate because it makes them feel good. By applying the principle of audience segmentation to fundraising, grantmakers can craft fundraising messages and strategies that appeal to different types of donors. For example, donors who contribute to conform with the norms of their social class may feel more of a need to be publicly recognized for their giving than a donor motivated by a passion for a social issue.

Conclusion

Social marketing has attracted attention from a wide range of government agencies, funders, and nonprofit organizations. Its potential for influencing individual behaviors related to health risks — as well as influencing the behavior of policymakers and advocates — makes it a powerful tool in any organization's toolbox.

Social marketing campaigns hold great promise as a way to help people live healthier lives and avoid preventable ill-

ness and disability. The challenge is to ensure that the development and implementation of social marketing campaigns are faithful to the model and truly place the consumer of the message at the center of campaign activities. Otherwise, campaigns are likely to fail, wasting precious time, money, and energy.

Health grantmakers have a critical role to play in ensuring that social marketing campaigns live up to their potential. In addition to supporting the development of high-quality campaigns, either directly or through grantees, health grantmakers can carry the message about the power of social marketing to address the country's pressing health problems. Grantmakers can also disseminate the knowledge gained from past campaigns and work to ensure that the lessons learned by others inform the development of future campaigns. ■

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“You’re not doing focus groups to find out the best way to get across your message. You’re doing focus groups to find out what the message should be.”

SHARYN SUTTON,
SUTTON GROUP

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Appendix I: Using Interviews and Focus Groups

Social marketers frequently use interviews and focus groups to understand the lives of individuals who are members of the target audience, as well as their perceptions of and beliefs about particular issues. Such research can often lead to valuable insights about what motivates the decisionmaking of the target population and what kinds of messages may be effective in influencing those decisions.

The most important questions in the development of a social marketing campaign are “What is important to consumers?” and “What do consumers already know about this behavior change and how do they feel about it?” Interviews and focus groups can help grantmakers find the answers to these questions. The answers are then used to inform the development of strategies and messages that address fears, provide reassurance and motivation, and build skills.

Sometimes, interviews and focus groups yield very important information that might have otherwise been easily missed or overlooked. At the Issue Dialogue, Charyn Sutton provided examples that illustrate the

types of information often uncovered by carefully planned and skillfully conducted interviews and focus groups.

- The developers of *Pathways to Freedom*, a campaign designed to reduce smoking among African Americans, used focus groups to elicit responses to the initial edition of a campaign booklet. The booklet used pictures and narrative about a fictitious family to promote smoking cessation. In several focus groups, participants mentioned being uncomfortable with the positioning of a character named Noreen in one of the booklet’s illustrations. Noreen, who was the mother’s best friend in the story, was drawn standing next to the father of the family. This positioning led some to believe that Noreen was having an affair with the father, a married man. While these concerns were unrelated to the campaign’s goal of smoking cessation, organizers recognized that the participants’ concerns were a distraction from the message of the booklet. They decided to redesign the pictures and the characters for the second edition of the book, recasting Noreen as the mother’s sister and moving her from her position beside the father to the other side of the illustration.

At the Issue Dialogue, Charyn Sutton reminded grantmakers that a key to successful market research is an ability to leave one’s own beliefs and perceptions at the door. Although grantmakers have made great strides in recent years in increasing the diversity of their staffs, it is generally still true that program officers and other staff of foundations and corporate giving programs are not representative of the target audience for many social marketing campaigns. As a result, their beliefs and attitudes about a particular behavior or problem are not a suitable guide for the development of a social marketing campaign.

- Developers of an anti-violence campaign in Philadelphia came up with the campaign slogan *ICE Violence*, which stands for “I Can End Violence.” Initial testing of the message showed that people appeared to like it. But the focus group leaders failed to probe deeply enough with the target audience — teenagers and young adults in poor neighborhoods of Philadelphia. For this population, the term “ice” means to encrust something with diamonds, making the slogan *ICE Violence* quite confusing to them. Once the campaign developers realized this, the slogan was dropped.
- Formative research for a campaign to promote prenatal care among Hispanic women uncovered a perception among the women and their mothers that visits to doctors are only necessary for people who are sick. Since pregnancy is not an illness, prenatal care visits were viewed as just a hassle that took the women away from their children, their jobs, and their household chores. Interestingly, focus groups revealed that husbands and boyfriends were more likely to encourage the women to see the doctor, perhaps because they were more likely to view some symptoms of pregnancy as illness (for example, morning sickness). These insights were used to craft messages for the campaign that targeted men, as well as messages that countered the perception that prenatal visits were unnecessary.

Appendix II: Health Communications and Social Marketing Resources Available on the World Wide Web

Campaign Planning and Development

Making Health Communication Programs Work: A Planner's Guide is a publication of the National Cancer Institute that describes a practical approach for planning and implementing health communication programs. It provides tips and guidelines for each step in the process of developing and implementing a communication program, and includes planning forms and samples. It is available on-line at www.nci.nih.gov/pinkbook.

Theory at a Glance: A Guide for Health Promotion Practice is also a National Cancer Institute publication. It describes theories of health-related behaviors, the processes involved in changing behaviors, and the community and environmental factors that influence behavior. It is available on-line at www.nci.nih.gov/cancerinformation/theory-at-a-glance.

Promoting Nutrition and Physical Activity Through Social Marketing: Current Practices and Recommendations is a publication prepared by researchers at the Center for Advanced Studies in Nutrition and Social Marketing at the University of California, Davis. It provides a comprehensive review of social marketing campaigns focused on nutrition and physical activity, and includes recommendations for strengthening future efforts. It is available on-line at

<http://socialmarketing-nutrition.ucdavis.edu/Research/lit.htm#review1>.

Media Advocacy Workbook is a publication of The Health Communication Unit at the Centre for Health Promotion at the University of Toronto. It provides an overview of media advocacy, as well as guidance on planning and implementing a media advocacy campaign. It is available on-line at www.thcu.ca/infoandresources/publications/ma%20workbook%20v104.pdf.

Evaluation

Evaluating Social Marketing in Nutrition: A Resource Manual is a publication developed by Health Systems Research, Inc. for the U.S. Department of Agriculture. It addresses formative, process, and impact evaluations and provides practical information and guidance on planning and conducting evaluation of social marketing campaigns. Although focused on nutrition, much of the information presented is also relevant for social marketing campaigns addressing other issues. It is available on-line at www.fns.usda.gov/oane/MENU/Published/nutritioneducation/Files/evalman-2.PDF.

Evaluating Nutrition and Physical Activity Social Marketing Campaigns: A Review of the Literature for Use in Community Campaigns is a publication prepared by Samuels and Associates and researchers at the Center for Advanced Studies in Nutrition and Social Marketing at the University of California, Davis. It examines published evaluations of 27 social marketing campaigns focused on nutrition and physical activity and describes the most commonly used evaluation designs, using practical examples drawn from past campaigns. The report also includes recommendations for improving the evaluation of future social marketing campaigns. It is available on-line at <http://socialmarketingnutrition.ucdavis.edu/Research/lit.htm#review2>.



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