

CHAPTER

4

Social Marketing Concepts

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Author Comments

Years ago I attended a continuing education course on marketing, and my approach to health education forever changed. The use and promotion of social marketing has been an integral part of my career as a health education practitioner and college professor ever since.

Both health education and social marketing are about planning, implementing, and evaluating offerings to voluntarily change behavior. Social marketing principles and practices complement health education priorities and processes. Their interaction is synergistic.

The purpose of this chapter is to help students and practitioners begin to think like marketers. After defining social marketing and placing it in its historical context, the chapter outlines and highlights the differences and similarities between the health education and social marketing processes and then discusses key marketing concepts and their implications for practitioners. It presents predictable social marketing pitfalls, along with suggestions of how to avoid or overcome them. The chapter concludes with a discussion of realistic outcomes one can expect from social marketing efforts.

Introduction

Marketing. People in the health field seem to either like it or dislike it. People who dislike marketing claim that it wastes money, is intrusive, manipulates clients or patients, lowers the quality of care as a result of deceptive advertising or advertising by incompetent providers, forces health care facilities to compete, and creates an unnecessary demand for care. With equal passion, those

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who believe in the importance of marketing praise its ability to increase the satisfaction of the target audience, attract more marketing resources, and improve organizational efficiency. What is the difference between these two groups? Usually, it is the fact that those who like marketing understand what it *really* is. Those who dislike it tend to think “marketing” means “selling.”

Regardless of one’s views, there is a niche for marketing in health education. Marketing can be defined as the “analysis, planning, implementation, and control of carefully formulated programs based on consumer research designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizations’ goals and objectives.”¹ It can be said that when there is only a hammer, every problem is treated as if it were a nail. The wide variety of problems with which health practitioners are faced requires the use of an equally broad array of tools and techniques. Expanding the repertoire of problem-solving, intervention-designing, and program-planning strategies to include a marketing orientation, marketing concepts, and marketing tools can help health practitioners achieve their health education goals.

Marketing is a deliberately planned, orchestrated, and implemented *process* of mutually satisfying exchange facilitation. In product marketing, a company succeeds (makes money) by accurately identifying the needs and wants of target markets and offering products or services that satisfy those needs and wants more effectively and efficiently than competitors’ offerings.¹ Marketing cannot be successful if potential consumers do not attach greater value to what a company has to offer than what they, the consumers, already have or do.

Marketing first became popular in the mid-1950s among consumer packaged-goods businesses, such as General Electric, Procter & Gamble, General Motors, and Coca-Cola. Its orientation toward satisfying consumers’ needs differed from other commercial approaches that focused on getting a consumer’s business either by offering low prices (made possible by low production costs), making the best possible product, or focusing on product promotion.¹

Marketing’s appeal and success spread from packaged-goods firms to companies producing durable goods (furniture, automobiles) for individual consumers and to industrial equipment companies. Soon after, service organizations, such as airlines, banks, insurance companies, stock brokerage firms, colleges and universities, and hospitals, were adopting a marketing approach—or at least claiming to adopt it. Next, business professionals, including lawyers, accountants, and physicians, became interested in marketing their services and professions. In time, more professions began applying marketing principles to their organizational development plans and program and service strategies. Eventually, marketing experts began to see the value of using commercial principles and strategies to address social issues.²

Social marketing, which differs from, yet is based on, marketing, is the “process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit.”³ The key features of social marketing are taken directly from commercial marketing. *Social marketing* is a generic term: It is not specifically about using marketing techniques to change health behavior. For example, social marketing campaigns have been used to influence behaviors related to public transportation, solar energy, conservation, military recruitment, urban planning, voter registration, and adopting children, as well as health behaviors.⁴

Social marketing is *not* another term for media advocacy, health communication, social advertising campaigns, or social communication. *Media advocacy* is the strategic use of mass media to advance public policy by applying pressure to policy matters.⁵ *Health communication* is the crafting and delivery of messages and strategies based on consumer research in order to promote the health of individuals and communities.⁶ *Social advertising campaigns* are advertising tools that attempt to influence attitudes and behavior related to social causes without any tie-in with accessible, affordable products and services. The limitation of social advertising campaigns led to the evolution of *social communication*, which expands promotional efforts beyond the mass media approach and incorporates a network of appropriate people to assist in the “selling” of a particular cause. Thus, a social communication campaign for good nutrition could include the participation of local hospital and spiritual healers. In order for the message to take hold, however, and to actually influence behavior change, additional programmatic elements must be added—elements that add up to social marketing.

Over the past 30 years, social marketing has been used successfully to increase health care and health education program use, improve client satisfaction, and achieve social and individual health behavior change. It has been effective in increasing contraceptive use, reducing blood pressure, increasing consumption of fruits and vegetables, and increasing public awareness of the association between certain risk factors and particular health conditions.⁷⁻⁹ Three notable long-term social marketing successes based in the United States are the National High Blood Pressure Education Program, the Pawtucket Heart Health Program, and the Stanford Five-City Project Smokers’ Challenge. Another example of a social marketing program is the Washington Heights low-fat milk campaign in New York City.¹⁰

This chapter is not designed to address the social marketing process; the scope of the marketing process merits a book itself. Rather, it introduces the social marketing process, emphasizing concepts associated with a social marketing approach.

The Social Marketing Process: An Overview

The social marketing process is a program-planning process with some major similarities and differences when compared with traditional health education program-planning models. Though the jargon is different, the planning processes of health education and social marketing are similar. Both include assessing potential consumers and the intervening organization(s); setting clear goals and objectives; and planning, implementing, evaluating, and modifying offerings. Key differences are that marketers routinely segment the market of potential customers into smaller groups based on key buying characteristics; analyze market segments in terms of values, motivations, attitudes, opinions, media habits, preferred information channels, and, most especially, benefits sought; consider the competition; develop separate offerings for each market segment; develop a personality for each offering to distinguish it from the competition; design each offering with equal attention to product design, price, distribution outlets, and promotion; formally pretest each offering; and conduct a wide range of research activities, such as advertising research, business economics and corporate research, corporate responsibility research, product research, and sales and market research.

Because success in marketing depends on achieving desired exchanges by satisfying the needs and wants of members of target populations, the majority of steps in the marketing process are research related. The first step is to identify the problem. When there is a difference between the ideal or desired state and the actual state of a situation or circumstance, a problem exists or is perceived to exist. There is no foundation for a marketing plan without a problem. Problems are identified through observation, interviews, and surveys of target population members, other people or organizations providing similar or competitive services or unhealthy behavior, and topical experts. Second, an overall, general goal is set. Third, a market analysis is conducted. A market analysis is the process of identifying and evaluating a potential market—people with an immediate or potential interest in seeking a solution to the problem at hand.

At this point, market segmentation occurs. Market segmentation is the process of dividing a heterogeneous market into homogeneous target groups by demographic, psychographic (e.g., attitudes, interests, values, lifestyles, and opinions), or behavioristic variables (e.g., benefits sought, user status, use rate, loyalty status, and readiness to change). Once the market is subdivided into homogeneous segments based on the most appropriate variable, the next step, a consumer analysis, is implemented. In a consumer analysis, each of the segments to be pursued is studied thoroughly in terms of knowledge, attitudes, skills, referent group relationships, media preferences, and related behaviors. The goal is to know potential audiences so well that services, products,

and programs are developed, priced, promoted, and distributed in ways specifically designed to meet their preferences.

Influence channel analysis is then done to determine the most effective way to make services, products, and programs accessible to a target population. People are influenced in many different ways (e.g., by what they read, with whom they speak regularly, by role models, by films they see). The channels themselves vary according to the particular issue, service, or physical product being offered. The challenge is to identify all the channels of influence that are relevant, analyze them to determine their relative degree of influence, and then coordinate outreach efforts that use the most appropriate channels.

The goal of all up-front research is for health educators to know and understand members of each key market segment so well that they are able, in the next phase, to develop a marketing mix for each key market segment that meets or satisfies their needs. Marketing mix development is basically a two-step process of initial design and test marketing. To make certain that the marketing mix is appropriate, a pilot test or test marketing is essential. Though time-consuming, sometimes expensive, and often perceived as impractical, pilot testing reduces the risk of product failure, corporate embarrassment, and financial loss if any of the marketing mix components are off-target. The resulting tailor-made product, program, or service should, if based on accurate information, sell itself. The final steps in the marketing process are generic to all good program planning: program (marketing mix) implementation, evaluation, and modification.

Table 4-1 is a condensed step-by-step outline of the social marketing process with an emphasis on the up-front research steps.⁹ Key marketing concepts fundamental to both a general marketing approach and the specific marketing process are discussed in the next section.

Marketing Concepts

A thorough understanding of how social marketing can be used requires an understanding of how traditional marketing concepts such as consumer orientation, exchange, market segmentation and consumer analysis, demand, competition, marketing mix, positioning, consumer satisfaction, and brand loyalty can be applied to health-related issues.

Consumer Orientation

To be a consumer-driven health educator, one must adopt a mindset of “the customer is king.” **Consumer orientation** is the basic concept that an organization’s mission is to bring about behavior change by meeting the target market’s needs and wants. It is recognizing that customers have unique perceptions, needs, and wants that the marketer must learn about and adapt to. It means conducting consumer research, because the most important activity in marketing-oriented

88 **Chapter 4: Social Marketing Concepts****Table 4-1 Social Marketing Process****I. Plan**

1. Analyze the problem and situation
 - a. Problem to be addressed
 - What aspects of the problem will be addressed?
 - What is the epidemiology of the problem at the individual, group, organizational, community, and policy levels?
 - Which of these risk factors are important and changeable?
 - Which of these can be addressed, and how can the problem be prevented from occurring or spreading?
 - What are the consequences of the problem?
 - What has been done in the past? How well has that worked?
 - b. The environment in which the program will be implemented
 - Social, economic, or demographic factors at work in the community
 - Political climate in relation to this problem
 - Current policies or pending legislation that might affect the target audience's response
 - Other organizations' activities regarding this issue
 - Competition for this audience's attention
 - Outlets or channels for services, messages, and products
 - c. Resources available
 - Budget
 - Staff and consultants: numbers and skills
 - Time
 - Equipment
 - Facilities
 - Access
2. Segment the target audience
 - a. Define segments
 - Primary audiences: The people whose behavior is to be changed
 - Secondary audiences: Groups that influence the behavior of intended audiences
 - b. Research the segments
3. Develop strategy
 - a. Set goals and objectives
 - b. Allocate resources

II. Develop a Preliminary Social Marketing Mix for a Particular Market Segment

Address all Ps: product, price, place, promotion

III. Pretest the Marketing Mix

1. Conduct the pretest

Table 4-1 Social Marketing Process (Continued)

2. Analyze results
3. Modify marketing mix based on pretest results
IV. Implement the Marketing Mix
1. Develop an implementation plan with tasks, time frames, and people responsible
2. Monitor implementation
V. Evaluate
1. Identify evaluation measures and all possible indicators: satisfaction; loyalty; demand levels; organizational or institutional resources, conditions, facilities, and policies; community changes; and policy and regulation changes
2. Plan evaluation
3. Implement evaluation



Community Connections 1

Harold, a health educator working at a local health department, was asked to design a childhood lead poisoning prevention program. An effective health educator, Harold has always been sensitive to the needs and interests of many stakeholders: his supervisors, staff, the agency, program funders, community members, local political leaders, and other actual and potential supporters. Thinking like a marketer, Harold realized he must also approach his latest challenge from

the perspective of his potential clients. He realized that in order to design a program that would help reduce lead poisoning among children in the community, he needed to know all he could about the people whose behavior he would be trying to change. He realized that before he could jump in and announce any initiatives, he needed to see his clients as consumers whose wants and needs his offerings would have to satisfy if he wanted to be successful.

health education is learning as much as possible about the people whose behavior is to be influenced. It means recognizing that consumers have their choice among competing ideas, services, and products and, for whatever reasons, are more satisfied by the current offering. It means believing that the organization most knowledgeable about and responsive to consumer needs will “win.”

Exchange

The objective of the commercial marketing specialist is to facilitate mutually satisfying **exchanges** between consumers and companies. The consumer receives a product or service he or she values, and the company makes money.

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Exchange theory, the linchpin of the marketing approach, indicates that by using the right promotion techniques to offer the right product at the right price, through the right distribution channels, potential buyers will exchange or give up what they currently have, use, or believe for what is offered. If a more desirable alternative is not offered, there will be no exchange.

The essence of marketing-oriented health education is thinking, “For my target population, how can I facilitate a voluntary exchange of what they are currently doing for the behavior I have in mind that will leave us both satisfied?” The difference between commercial and social marketing is that in social marketing, the marketer’s objective for exchange is behavior change, whereas in commercial marketing the objective is financial profit.



Community Connections 2

While thinking about devising a home-cleaning campaign to reduce lead poisoning, Harold asked himself, “What benefits can I build into my program that my clients would value and be willing and able to pay for in terms of their time, energy, and money? If I want parents to clean their homes more thoroughly to reduce their children’s exposure to lead, what kind of a clean-up system are they actually able and willing to engage in that will reduce their children’s

exposure?” In thinking about his parental population, Harold realized these parents were young, juggling childrearing and a job. They did not have much time and money to invest in the cleaning process. Given who they were, Harold contemplated what would be the least time-consuming cleanup he could ask them to do that would reduce their children’s exposure to lead. Harold’s question became “What can I ask them to do that they can and will do?”

Market Segmentation and Consumer Analysis

Because no single offering will please everyone, offerings are designed for and promoted to subgroups of the universe of all the people to be reached (the market). These subgroups, or market segments, are composed of members of the population united by a distinctive feature—a feature that becomes the focus of the marketing plan. For example, the market for smoking cessation offerings might be segmented by (1) a demographic characteristic (age, gender, education level, occupation, ethnicity, or religion), (2) a behavior (experimenting with smoking, social smoking only, smoking one pack a day every day), (3) an attitude (“my health is my business,” “I wouldn’t do anything to hurt anyone else,” “I need to set a good example for my children”), (4) an opinion (smoking is not harmful, smoking can be harmful in some ways, smoking kills), or (5) a value (family, excitement, professional development, control, independence, looking good). In comparison, the market for weight-reduction programs might be segmented by possible perceived benefits sought by different market segments, such as sex appeal, fitness level, pleasure, image, or social connection.

A more complex, research-based attribute by which to segment a market is lifestyle. For example, the public relations firm Porter/Novelli identified seven health styles of target markets: decent dolittles (24%), active attractives (13%), hard-living hedonists (6%), tense but trying (10%), noninterested nihilists (7%), physical fanatics (24%), and passively healthy (15%).⁹ The study of the market-at-large provides a framework for categorizing potential clients into groups based on key characteristics that then become the driving force behind the development of marketing mixes.

Market research techniques include interviews with intended audience representatives and experts (e.g., one-on-one interviews, meetings, panels, brainstorming, community forums, nominal group process, and focus groups), telephone surveys, mailed surveys and questionnaires, literature reviews, report reviews, and observations.

Did You Know

Campaigns for eliciting social change, which is one of the focal points of social marketing, have been around for a long time. Some examples include campaigns in ancient Greece and Rome to free slaves; campaigns to abolish debtor prisons during the Industrial Revolution in England; and abolition, temperance, prohibition, and suffragette movements in the United States during the nineteenth and twentieth centuries.

Source: The Social Marketing Network. Available: <http://www.hc-c.gc.ca/hppb/socialmarketing>.

Community connections 3

Harold knew he did not have much money to work with but needed to find a way to divide his potential clients into categories based on some key defining characteristics. Based on his past experiences, he knew there were at least two types of families in his community—those with roots in the community and those who had recently moved in or were temporary residents. He knew that he would need to modify his initiatives based on whether they

were designed for people who were long-term members of the community with roots, connections, and ties to local community organizations, or if they were for people with less community connection. Harold planned to use what he learned about these two different groups to design different interventions for each. He knew that each group would respond best to the strategy designed specifically for it.

Demand

Though the goal of marketing is to facilitate exchanges through the satisfaction of client needs, the frequency with which these exchanges or transactions occur varies depending on the market segment. In short, **demand** for services varies; everyone in a given market does not desire a particular service, program, or product all the time and at the same level. It would be ideal to have full demand for one's products, meaning that an organization or company has precisely the amount of business it wants. However, because demands are human needs shaped by culture and personality and backed by purchasing power, they vary.


Community connections 4

In considering how to design his different interventions for the different market segments, Harold realized that for each of the market segments he identified, he was going to have to determine the level of demand for a home-cleaning program. When he discovered that parents were interested in cleaning, but more so in the winter when the children

were in the house, he used his knowledge of irregular demand to change what he asked parents to do at different times of the year. In the winter, he would stress cleaning, and in the summer he would stress other activities, like running the water before using it for drinking, cooking, or washing children's hands.

There are eight demand states, or levels, that health educators as marketers need to know about, recognize, and respond to in order to be effective.

- *Negative demand* exists when a large segment of a market dislikes a product and would even pay to avoid it. A marketer needs to find out the reasons for the resistance and plan strategies to counteract resistance.
- *No demand* occurs when customers are unmotivated by or are indifferent to a product. The marketer's job is to connect potential product benefits with the needs and interests of prospective customers.
- *Latent demand* exists when customers cannot find an existing product that meets a need they want satisfied. Marketers need to find out just how large the unsatisfied market is and decide if it is enough to warrant developing new products.
- *Falling demand* reflects a significant drop in the level of demand for a product. The job of the marketer in this case is to identify the causes for the dropoff and plan strategies to reverse the trend.
- *Irregular demand* is characterized by fluctuation in the use of a product based on the season, the day of the week, or even the time of day. The marketer can increase demand during those seasons, days, or times of day by modifying the price, distribution, promotion, and features of the product.
- *Full demand* exists when a company has all the business it needs. The marketer must then focus on the competition and possible changes in customer needs to make sure demand does not drop.
- *Overall demand* exists when the demand is higher than the organization can or wants to handle. The marketer is in the position of needing to raise prices, change product features, decrease access to the product, or cut back on promotion activities to reduce the demand level.
- *Unwholesome demand* for dangerous or harmful products distributed by competitors requires marketers in other companies to come up with

price, product, distribution, and promotion strategies to persuade people to give up those products.

Competition

No matter what the topic or who is in the market segment, competition must be expected and dealt with. **Competition** is any alternative to an offering. Sometimes it is the same program or product offered by someone else (but who, perhaps, has more credibility), such as two smoking cessation patches offered by two different companies or agencies. Sometimes it is another (somehow more appealing) version of what is being offered—a prettier patch, a shorter series of cessation classes, or a more user-friendly self-help book. Often it is a different and more appealing way of achieving the same benefits sought—a smoking cessation gum versus a patch. And sometimes, it is something more compelling the consumer wants to accomplish before engaging in an activity, such as losing 20 pounds before trying to quit smoking.



Community Connections 5

Harold's marketing knowledge triggered a key question when he realized that parents were not cleaning even in the winter months as often as or in the way he had taught them. "What," he asked himself, "are people doing instead of what I want them to do? What are they doing besides cleaning? Why are they doing that instead of cleaning? And, if they are cleaning, what is the other method, which is less effective than what I taught, that they persist in using and why?" In essence, Harold was asking himself the all-important question, "What is the competition?"

His next step was to find out what people were doing instead of cleaning and why. His staff interviewed parents, who freely shared information. He found out that some parents did

not have the right soap or the mops and buckets needed to clean as thoroughly as needed. Harold started providing that equipment as part of his program. For others who claimed they did not have the time for certain strategies, Harold devised cleaning shortcuts or offered exposure-control alternatives so that lead source areas were covered, thus reducing the need to clean. In some cases, he found that the competition was the landlord, who was threatening to evict tenants who complained about lead exposure. Harold suggested that the parents work through community organizations rather than directly with their landlords to bring pressure to bear and, in the meantime, to focus on careful cleaning and other strategies within their control.

The Marketing Mix

A **marketing mix** is a combination of factors put together, based on an understanding of the wants and needs of the target market segment, to make the target market segment want to exchange what they currently do or believe for the product, service, or idea being offered.

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A marketing mix can have anywhere from four to eight components. Traditionally, a commercial marketing mix is described as having four components, commonly known as the four Ps of marketing. The four Ps are interdependent and fundamental to a marketing approach; they are the four dimensions of the offering that influence clients' decisions about whether to make an exchange. For further input on utilizing the four Ps, see Table 4-2.

- *Product.* The product is a physical good, service, or idea that satisfies a need. *Physical goods* are tangible bundles of attributes that can be offered to a market segment for attention, acquisition, use, or consumption in order to satisfy a want or need. A *service* is a largely intangible activity or benefit one party can offer to another to meet certain needs and wants. Its production and delivery may or may not be tied to a physical product. An *idea* is a more abstract bundle of attributes that satisfies certain needs and wants or solves problems.

Ideally, every offering should have three dimensions: (1) a core product that has a value-satisfying component (e.g., getting a blood test for lead poisoning for a 2-year-old child should give parents peace of mind or equal opportunity for their child, who may now escape a major handicap), (2) tangibles (e.g., physical components of the blood-lead test that clients can see, such as a kind person drawing blood, clean equipment, and attractive bandages to place on the child's arm), and (3) added-value components, which are extras that clients receive after the exchange has been made to reinforce their adoption or purchase decisions (e.g., making certain that mothers whose children have had blood-lead tests are fast-tracked to a service they value or get a discount on another product or service).

- *Price.* The price is a financial, temporal, emotional, or energy cost the population can pay. Ideally, an offering should not take any more time, money, energy, or emotion than clients are willing to exchange. Marketers should anticipate and eliminate or reduce these cost barriers. An example is clients who are interested in obtaining prenatal care but are faced with barriers, such as the cost of transportation, babysitters, or the prenatal care service; the emotional cost of asking for a day off from work; the emotional cost of undressing before a care provider and answering personal questions; the time cost of taking an afternoon or day off from work; the energy cost involved in making the appointment, arranging to get to the provider, waiting to see the provider, and worrying about what will be learned from the provider; and the price of taking the risk of giving up the "bliss" of ignorance about pregnancy health care issues. These costs are often far more than a client is willing to pay

Table 4-2 Thinking Like a Marketer

Product

What is the *core* product?

- What benefit valued by clients should be offered (e.g., hope, more time with family, equal opportunity, peace of mind)?

What is the *tangible* product?

- How is the offering packaged?
- What are the offering's features?
- What kind of style does the offering have?
- What is the quality level of the offering?
- What is the brand name (i.e., symbol, sign, or word that identifies the offering of one seller and differentiates it from those of competitors)?

What is the *augmented* product?

- How can value be added to the offering (e.g., services, purchase options)?
- What else do clients receive after they buy the product or use the service?

Price

What does it cost someone in the market segment in terms of money, time, energy, or emotions to adopt, use, or buy the offering?

Place

Where is the offering currently available?

Is there any stigma, in the eyes of the target population, in going to that place?

Is there any reason they would be hesitant to go to that place?

Are there places the people in the target group cannot or will not go to for the offering?

Where do these people go on a regular basis that has positive connotations?

Are these places where the offering can occur, no matter how untraditional it is?

Promotion Mix

What percentage of the promotion mix is devoted to the following items?

- *Advertising*. A paid form of nonpersonal communication about an organization and its products that is transmitted to a target audience through a mass medium
- *Personal selling*. A process of informing customers and persuading them to purchase products through personal communication in an exchange situation
- *Publicity*. Nonpersonal communication regarding an organization and its products that is transmitted through a mass medium in news story form at no charge
- *Sales promotion*. An activity or material that acts as a direct inducement, offering added value or incentive for the offering to resellers, salespersons, or consumers

Next Steps

Have all four Ps been addressed?

What gaps exist?

What might be done to complete the mix?

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to do something for which, in the client's eyes, there is no tangible benefit.

- **Place.** Place in the marketing mix consists of convenient distribution or outlet channels for getting a physical offering, service, or idea to consumers. Offerings should be available through places that are convenient, comfortable, credible, and prepared to properly respond to clients. A setting that is dirty, in an unfamiliar neighborhood, hard to reach, staffed with untrained or culturally insensitive personnel, not set up properly for the services, or located too close to home for comfort among the people to be reached will jeopardize the exchange.
- **Promotion.** Promotion involves a product promotion campaign appropriate for the market segment. A promotion mix usually includes advertising, incentives, face-to-face selling, and public relations. The ideal is to develop a promotion mix that uses the media, spokespersons, incentives, language, and tone best suited to appeal to the market segment.

Social marketing experts have expanded the four core commercial components of the marketing mix to address the social and usually nonprofit part of social marketing. Additional components include publics, partnership, policy, and purse strings. *Publics* are the primary and secondary external and internal stakeholders in the program that must be considered throughout the planning process. *Partnership* refers to the importance of teaming up with other organizations to deal with problems so complex that no single organization could hope to solve them alone. *Policy* refers to the need to address environmental and contextual changes, such as laws and public policies, that have to be made to support behavior change. *Purse strings* are the variety of funding sources (e.g., foundations, government, private donors) needed to support social marketing efforts.⁹

Did You Know

There is a social marketing list-serv on the Internet. To subscribe, send an email message to listproc@listproc.georgetown.edu. In the body of the message, write the following: subscribe SOC-MKTG [your name].

Positioning

Positioning is about creating a personality for an offering based on its key attributes. A well-positioned offering holds a unique place, or niche, in the consumer's mind. For example, imagine a consumer considering the purchase of an over-the-counter medication. One medication is designed to be and is promoted as "strong on pain, but soft on your stomach." This product was created for people who want something that fixes the problem but does not



Community Connections 6

Harold designed a separate offering for each of the major market segments he identified (i.e., young single parents, grandparents responsible for the care of children in their home, and parents of specific ethnicities). Each offering differed in terms of product, price, place, and promotion. Harold was always careful to make sure, however, that from the client's perspective (1) the offering provided valued benefits, (2) there were few financial, temporal, emotional, and energy costs or barriers to the offering, (3) the offering was easy and convenient in terms of location, and (4) the strategies used to let

people know about the offering were appealing, easy to remember, and credible.

When one of Harold's market segments did not respond to its marketing mix, Harold knew he had to examine all four components of the marketing mix—the product, price, place, and promotion—to see what needed to be changed. Harold, as a marketer, had to assume the exchange did not happen because he did not identify, understand, or respond to that particular market segment's needs. Harold then went back to the drawing board, studied his clients more closely, and, based on what he learned, revised the marketing mix.

cause uncomfortable gastric side effects. It differs from a second medication for the same purpose that was designed for people who need to know their medication is actively working on their problem. Each medication has a different personality and was designed to meet the needs of consumers with different needs.

Another example of positioning is the long product line of different types of toothpastes. Different market segments want different benefits from their toothpaste. For example, there are toothpastes for people who want brighter, whiter smiles; toothpastes for people who want to prevent cavities; toothpastes that taste like candy and sparkle or are multicolored to entice children who otherwise would not brush; and toothpastes made without additives for people who prefer all-natural products. Each is a different product with a different personality, is sold in different ways (e.g., stores, catalogues, Web sites, warehouses or discount stores, elite boutiques) and at different prices, and has different promotion campaigns.

Did You Know

The United States hosts two annual social marketing conferences: Innovations in Social Marketing, held in Washington, DC (www.social-marketing.org); and Social Marketing in Public Health (dstewart@hsc.usf.edu or www.hsc.usf.edu/publichealth/conted/).

Consumer Satisfaction

The goal of marketing is **consumer satisfaction**—giving people what they expect, or more than they expected. Some dissatisfied customers will do nothing about being dissatisfied, but a marketer should not count on it. Research has

 Community connections 7

Harold discovered that when it came to reducing children's exposure to lead in the home, parents in one market segment wanted a strategy that would not take much time and was not unnecessarily burdensome (e.g., involving a lot of equipment and using products that had strong odors). He realized he might get more people to adopt cleaning if he dropped his earlier push for the use of

a special HEPA vacuum cleaner and focused on damp mopping. When that still did not work in a few cases, he realized he was going to have to sit down and devise an approach with those clients' input, to determine what they would be willing and able to do. He had to change the product, rather than hammer away at new promotion strategies for an unsatisfying product.

shown that a satisfied customer will tell 3 people of his or her positive experience, while a dissatisfied customer will tell 11.¹ A full range of actions and reactions by dissatisfied customers are possible: Some will seek redress directly from whoever offered the product or service, including taking legal action to obtain redress, complaining, deciding to stop buying the product or brand or to boycott the seller, and warning friends about the product or the seller.

The more tangible the offering, the easier it is to satisfy a customer. For example, clients who purchase toothbrushes are more easily satisfied than clients receiving routine dental checkups and cleanings. Those who are being educated about the importance of dental cavity prevention and early detection are even harder to satisfy. The reason for this is that physical goods are more tangible than services, and services are less vague than ideas. One can examine a bottle of mouthwash, a toothbrush, or alternative cleaning tools. They can be picked up, tried out, and, if bought (e.g., an electric toothbrush or pick), can be returned if they do not work properly or if one is dissatisfied with how they handle. Services, on the other hand, are far less tangible. A dental cleaning cannot be "handled," and dental hygienists cannot be tested out in advance. The quality of physical offerings can be counted on because they may have to meet legal standards, be inspected, and the like. If one brand of toothbrush is bought, the odds are that the next purchase of that brand will be very similar, if not identical. A dental cleaning, however, is much harder to control. It is experiential, and experiences can vary dramatically depending on factors that customers cannot control, such as their own mood; the functioning, features, and arrangements of the machinery involved; the music being piped into the room; the chair; the lighting; the mood, training, and experience of the hygienist; the receptionist's attitude; and the day of the week.


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Harold knew people would be satisfied with their home-cleaning experience if it met their expectations. Therefore, Harold's job was to control client expectations by giving them information about home cleaning that would lead to realistic expectations and a reduced sense of risk and uncertainty. He then must make sure that the home-cleaning solution—the method and the people who taught it—met client expectations. Harold focused on the tangible aspects of the cleaning services he would offer, including an initial house cleaning and a demonstration of routine (twice a week) cleaning and exposure control (damp mopping and dusting). He put time and energy into allaying client anxieties by

providing testimonials about the service from past users. He prepared the client for the service by thoroughly describing it, and developed a mechanism for client feedback. He informed his staff to observe clients' reactions, and empowered them to do all they could within the guidelines of the agency to satisfy the customer. Before launching the cleaning services, Harold double-checked to make sure his services, procedures, and materials were user friendly. He knew how important it was to try to see everything his agency offered through his clients' eyes. He learned a key marketing principle: The more he anticipated and satisfied clients' needs, the more loyal they would become.

Brand Loyalty

A brand is a name, term, sign, symbol, design, or combination of these intended to differentiate products of one company from competitors' products. **Brand loyalty**, a consistent preference for and choice of one particular company's product or service, develops among customers over time as a result of consistently satisfactory experiences with a particular company and its products. Every time consumers consider a purchase, they have the opportunity to weigh the advantages and disadvantages of thousands of brands of products. Though many are willing and eager to try out new products, most appreciate being able to rely on a product that has "proven itself satisfactory" and can be readily identified. Many get psychological satisfaction from knowing they are using well-known branded products. Brand names can help stimulate demand, provide protection against substitution, give the brand a chance to identify a market segment of loyal consumers, and make it easier to introduce new products.

There are three levels of brand familiarity. *Brand recognition* occurs when a customer remembers having seen or heard of the brand. *Brand preference* is when customers choose a brand out of habit or past experience, but will accept a substitute if the preferred brand is not readily available. When customers would rather fight than switch to another brand and go out of their way to search for it, marketers have achieved the highest level of brand familiarity: *brand insistence*.



Did You Know

The term *social marketing* was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea, or behavior.

Source: Kotler, P., & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing*, 35, 3–12.

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As a marketer, Harold knew that he could foster loyalty to his agency by satisfying his customers and by reducing any sense of risk they might experience related to his agency's programs, services, or messages. If, for example, he was able to cultivate a positive feeling toward his agency as a result of his consumer-friendly approach to making clients' homes lead safe, if not actually lead free, then those same customers, when faced with a different health problem,

were likely to either come to him or his agency for help or to respond well to his agency's offer to help. Because his agency at this point had not earned the loyalty of the clients he needed to reach regarding childhood lead poisoning, Harold considered partnering with an agency that had a very loyal following of clients who would be more inclined to adopt its lead poisoning prevention program than the program offered by Harold's agency.

Overcoming Challenges to Social Marketing

Although there are many positive rewards to the social marketing process, it is not without its challenges. Possible challenges to effective social marketing include limiting its scope to program or product promotion, attempting full-scale social marketing versus a step-by-step implementation process, failing to evaluate the social marketing effort or campaign, and encountering problems associated with marketing functions.

Do Not Limit the Marketing Process

Marketing is frequently misinterpreted as the effective use of communication strategies to successfully influence or change attitudes and behavior. Much of today's talk about marketing health care programs and services, marketing patient compliance strategies, marketing physicians, or, most recently, marketing health messages reveals a misguided common tendency among health professionals to use the word *marketing* to mean "using persuasive communication strategies." For example, people often say they are "marketing programs and services" when they mean they are "trying to get people to come participate in programs and use agency services." Service marketing programs frequently only address promotional strategies to generate and maintain service participants. "Marketing health education" is often someone's well-intentioned shorthand for getting good media placements for public service announcements.

The effective use of communication strategies to successfully influence or change attitudes and behavior is only one aspect of marketing. Communication strategies, usually promotion or advertising, are substituted frequently for the word *marketing*. The fact is, advertising is one of *many* kinds of communication or promotion strategies, and communication or promotion,

in turn, constitute only one of about a dozen fundamental concepts of marketing and only one component of a marketing mix. This basic misperception of marketing may contribute to both skepticism about the value of marketing in health education and to health educator resistance to adopting a marketing approach.

Take a Step-by-Step Approach

There is no law that says everything has to be done the marketing way or not at all. The fun of adopting a new perspective like marketing is that one can begin by integrating a few of the ideas discussed here over time. Alan Andreasen suggests ten steps for integrating a marketing approach into an organization:⁷

1. *Know oneself.* Recognize that not every individual has a marketing orientation.
2. *Start at the top.* Discuss marketing with the power brokers in the organization and get their support.
3. *Start doing research.* Learn all that is possible about current and prospective clients and competitors.
4. *Rub shoulders with real marketers.* Attend marketing conferences or enter into partnerships with qualified marketing firms and spend time with their marketing staff.
5. *Hire marketing specialists.* Do not limit staff to topic specialists (e.g., experts on child health, injury prevention, heart disease, or tuberculosis). If marketing expertise is needed, hire a marketer.
6. *Reward risk-taking and experimentation.* Support staff and volunteers who are willing to try something new. Remember, one definition of insanity is “continuing to do things the same old way and expecting them to turn out differently.”
7. *Look for consumer barriers to dismantle.* Expect resistance. Address the client’s perceived product, price, place, or promotion barriers—not necessarily barriers that are anticipated.
8. *Continually reassess all four Ps.* When in doubt, check out the product, price, place, and promotion aspects of an offering.
9. *Conduct routine “marketing audits” of the agency’s philosophy and practice.* With time, one will ask, “If this is not working, what is it about the client that was not known or that was ignored and now needs to be addressed?”
10. *Go about tasks in a different way.* Take a chance. Commit to trying one or two marketing techniques and watching the results. The most important concept is being client or consumer centered, that is, designing offerings that address client values, needs, wants, and perceptions.

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Devise an Evaluation Plan

Even with consumer research and market testing of appropriate marketing mixes, it is still very difficult to evaluate social marketing programs. In a classic paper written to explore reasons for the lack of evaluation activity in social marketing, Paul Bloom reviewed the problems confronting the evaluator:¹¹

The most fundamental, overriding problem facing the evaluator of a social marketing program is that evaluations tend to be expensive, bothersome, risky (i.e., budgets can be cut if results are poor), and capable of detecting only weak program effects. This makes it difficult to obtain cooperation and support for evaluations from program administrators. . . . Even if cooperation and support are available from program administrators, problems can arise in developing measures of effectiveness and choosing a research design.

As in health education, social marketing evaluations are based on program goals and objectives. In the case of social marketing program evaluation, the evaluator must be clear about whether the program was designed to effect cognitive change, action change, behavioral change, or value change—each of which is increasingly difficult to perform and to evaluate. Constructs and variables must be identified and monitored throughout program execution to see if the objectives are being met. Pencil-and-paper scales, interview questions, and record-keeping systems need to be developed that reflect operational definitions of those constructs and are valid, reliable, and relatively easy to implement. One must also, as in any good research project, be on the lookout for any secondary effects that may need to be analyzed.

Overcome Social Marketing Concerns

Besides evaluation, social marketers should expect other frustrations that are specific to particular marketing functions and that commercial marketers do not face.¹²

- *Market analysis problems.* Social marketers have less secondary data available about their customers and have more difficulty obtaining valid, reliable measures of salient variables; sorting out the relative influence of identified determinants of consumer behavior; and getting consumer research studies funded, approved, and completed in a timely fashion.
- *Market segmentation problems.* Social marketers face pressure against segmentation, in general, and especially against segmentation that leads to the ignoring of certain segments. They frequently do not have accurate behavioral data to use in identifying segments, and their target segments

must often consist of those consumers who are most negatively predisposed to their offerings.

- *Product strategy problems.* Social marketers tend to have less flexibility in shaping their products or offerings, more difficulty formulating product concepts, and more difficulty selecting and implementing long-term positioning strategies.
- *Pricing strategy problems.* Social marketers find that the development of a pricing strategy primarily involves trying to reduce the monetary, psychic, energy, and time cost incurred by consumers when engaging in a desired social behavior. They have difficulties measuring their prices, and they tend to have less control over consumer costs.
- *Channel strategy problems.* Social marketers have more difficulty utilizing and controlling desired intermediaries.
- *Communications strategy problems.* Social marketers usually find paid advertising difficult to use. They often face pressure not to use certain types of appeals in their messages, they usually must communicate relatively large amounts of information in their messages, and they have difficulty conducting meaningful pretests of messages.
- *Organizational design and planning problems.* Social marketers must function in organizations in which marketing activities are poorly understood, weakly appreciated, and inappropriately located; they must function in organizations in which plans (if any are developed) are treated as archival rather than action documents; they must function in organizations that suffer from institutional amnesia; and they must predict how both friendly and unfriendly competitors will behave.
- *Evaluation problems.* Social marketers frequently face difficulties trying to define effectiveness measures, and they often find it difficult to estimate the contribution their marketing program has made toward the achievement of certain objectives.

Expected Outcomes

The positive outcomes that can be expected from social marketing are many and encouraging. The social marketing process is very similar to health education program planning, and so health educators can expect to feel very comfortable while integrating new tools into a largely familiar process. As in the health education program planning process, health educators should expect to spend most of the time on up-front research. In addition, as the result of intensified research efforts, health educators can expect greater and

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stronger ties to and understanding of the communities and populations that become target market segments. The extensive research effort will result in fewer but more tailored interventions. One will no longer be looking for the “magic bullet” program that solves everyone’s problems with a single event or service.

Creating more tailored interventions also means creating more interventions to be tailored. As practitioners become more involved in social marketing, they can expect to see their organizations develop a veritable product line of programs, services, products, and messages (like commercial campaigns) for particular audiences. Does a clothing company sell one type of outfit at one price to one age group at one store? Of course not. In addition to their premier clothes line, they have a division that offers “teen clothes” to teens in teen-friendlier settings and through catalogues. Can the same be said of our smoking cessation efforts? A social marketing approach results in a wide variety of smoking cessation products for seniors, newly diagnosed patients who need to quit, teens, pregnant women or women expecting to become pregnant, husbands of pregnant women, health professionals, and employees in high-pressure jobs. Offerings may take the form of gums, patches, self-help books, audiotapes, videotapes, compact disc and e-learning programs, regularly scheduled classes, support or maintenance groups, quitting supplies, and kits. Yes, it will take longer to get the interventions up and going. They will be more effective, however, because products will match market segments’ personal needs, support their values, have the attributes and benefits they want, and include behavior changes they are willing and able to make.

An extended product line may well lead to extended partnerships and a more diverse and part-time staff. No one organization can provide all the products and services needed by all the possible market segments. Forming alliances among service providers is a practical step that benefits the consumers and all organizations involved. For example, lung associations, cancer societies, and heart associations work closely together to provide a full range of services that none could provide alone. One may want to evaluate staff and consider their responsibilities and how to recruit consultants or part-time workers who are similar to target markets to increase the authenticity of the research and marketing mix design.

The research that leads to more tailored interventions should also lead to more rapid behavior change. If health educators design offerings of appropriate services, products, or new behaviors at a cost the market segment can afford; make these offerings accessible through convenient, familiar channels; and create awareness of the offerings through messages and media that resonate with the market segment, clients can be expected to more quickly make the desired change.

Having tailored interventions will mean spending less money on service or program promotion activities. The up-front research will obviate the need to mobilize any massive promotion campaigns. Instead, efforts only need to be expended to make the target market segment aware of a product or service and to demonstrate how what they want has been incorporated.

Finally, because salespeople or selling strategies will not be relied upon, staff will be available to spend more time monitoring the implementation of and response to programs and services while evaluating impact. More client feedback can be expected because clients will realize it is wanted and utilized. This will ultimately lead to higher levels of consumer involvement within targeted market segments and to greater commitment to programs and services (i.e., customer satisfaction and loyalty).

Conclusion

“Marketing is a social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging products and value with others.”¹ In health terms, marketing is the process of planning and carrying out the development, pricing, promotion, and distribution of offerings. Social marketing is the application of commercial marketing principles to social issues. Social marketing offerings may be health related and can be physical goods such as nutritious lunches, services such as stress management workshops, or ideas and concepts such as encouraging safer sex or preventing heart disease.

Marketing is much more than promotion. Marketing is a process that involves planning, implementing, and managing the design, price, place, and promotion of offerings to satisfy the needs of clients and meet organizational goals. It is also a program-planning tool that can enhance offerings and increase the likelihood of their success. It can be used with other planning models.

Marketing is not a panacea. No one method is a magic bullet. Marketing’s principles and practices, however, offer new ways to look at new and old problems—they trigger creativity. Social marketing efforts will be more successful if one partners with the marketing departments of colleges and universities and with real marketing firms (not just advertising agencies). When possible, hire professional marketers as staff or consultants, or recruit marketers to the board.

Lastly, when in doubt about what to do about a health challenge, or when wondering why what one is doing is not working, look at the offering from the client’s perspective. The answer is usually in one or more of the four Ps: product, price, place, and promotion.

KEY TERMS

brand loyalty: A consistent preference for and choice of one particular company's product or service.

competition: Alternatives to an offering.

consumer orientation: Focusing on the needs and wants of consumers.

consumer satisfaction: The extent to which consumers' expectations of a product, service, or idea are met.

demand: The degree to which a transaction is wanted.

exchange: The process of consumers giving up what they currently have, use, or believe for what is being offered.

marketing mix: A combination of factors (product, price, promotion, place), based on an understanding of the wants and needs of the target market segment, to offer to the target market in exchange for what they currently do or believe.

positioning: Creating a personality for an offering based on its key attributes.

social marketing: The application of commercial marketing principles to social issues.

REFERENCES

1. Kotler, P., & Armstrong, G. (1998). *Principles of marketing* (8th ed.). Englewood Cliffs, NJ: Prentice-Hall.
2. Fine, S. (1981). *The marketing of ideas and social issues*. New York: Praeger.
3. Smith, W. A. (2000). Social marketing: An evolving definition. *American Journal of Health Behavior*, 24, 11–17.
4. Fine, S. H. (1992). *Marketing the public sector: Promoting the causes of public and nonprofit agencies*. New Brunswick, NJ: Transaction.
5. Wallack, L. (1990). Media advocacy: Promoting health through mass communication. In K. Glanz, F. M. Lewis, & B. K. Rimer (Eds.), *Health behavior and health education: Theory, research, and practice*. San Francisco: Jossey-Bass.
6. Roper, W. L. (1993). Health communication takes on new dimensions at CDC. *Public Health Reports*, 108(2), 179–183.
7. Andreasen, A. A. (1995). *Marketing social change: Changing behavior to promote health, social development, and the environment*. San Francisco: Jossey-Bass.
8. Goldberg, M. E., Fishbein, M., & Middlestadt, S. E. (Eds.). (1997). *Social marketing: Theoretical and practical perspectives*. Mahwah, NJ: Lawrence Erlbaum Associates.
9. Weinreich, N. K. (1999). *Hands-on social marketing: A step-by-step guide*. Thousand Oaks, CA: Sage Publications.

10. Wechsler, H., & Wernick, S. M. (1992). A social marketing campaign to promote low-fat milk consumption in an inner-city Latino community. *Public Health Reports*, 107(2), 202–207.
11. Bloom, P. N. (1980). Evaluating social marketing programs: Problems and prospects. In R. Bagozzi, K. L. Bernhardt, P. D. Busch, D. W. Cravens, J. F. Hair, Jr., & C. A. Scott (Eds.), *Marketing in the 1980's: Changes and challenges* (pp. 460–463). Chicago: American Marketing Association.
12. Bloom, P., & Novelli, W. D. (1981). Problems and challenges in social marketing. *Journal of Marketing*, 45, 79–88.

ADDITIONAL RESOURCES

Print

- Backer, T., Rogers, E., & Sopory, P. (1992). *Designing health communication campaigns: What works?* Newbury Park, CA: Sage.
- Center for Substance Abuse Prevention. (1994). *Technical assistance bulletins: Guides for planning and developing your ATOD prevention materials*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration. (Free from the National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686.)
- Frederiksen, L., Solomon, L., & Brehony, K. (Eds.). (1984). *Marketing health behavior: principles, techniques, and applications*. New York: Plenum.
- Kotler, P., & Roberto, E. (1989). *Social marketing: Strategies for changing public behavior*. New York: Free Press.
- National Cancer Institute. (1992). *Making health communication programs that work: A planner's guide*. Washington, DC: U.S. Department of Health and Human Services. (Free from the Cancer Information Service, 1-800-4-CANCER, or online at http://rex.nci.nih.gov/nci_pub_interface/hcpw/home.html.)
- National Center on Child Abuse and Neglect. (1996). *Marketing matters: Building an effective communications program*. Washington, DC: U.S. Department of Health and Human Services. (Free from the National Clearinghouse on Child Abuse and Neglect Information, 1-800-394-3366.)
- Ogden, L., Shepherd, M., & Smith, W. A. (1996). *Applying prevention marketing*. Atlanta, GA: Centers for Disease Control and Prevention, Public Health Service. (Free from the National AIDS Clearinghouse, 1-800-458-5231.)

Internet

- Academy for Educational Development. *The ABCs of human behavior for disease prevention*. Available: http://www.aed.org/publications/news/fall95/disease_prev.html.
- Centers for Disease Control and Prevention. *Marketing strategies for physical activity*. Available: <http://www.cdc.gov/nccdphp/dnpa/readysset/market.htm>.

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Health Canada. *The social marketing network*. Available: <http://www.hc-sc.gc.ca/hppb/socialmarketing>.

Indiana Prevention Resource Center. *Prevention newsline*. Available: <http://www.drugs.indiana.edu/publications/iprc/newsline/winter92.html>.

Johns Hopkins University. *Center for Communication Programs website*. Available: <http://www.jhuccp.org>.

Population Health Social Marketing. Available: <http://www.health.gov.au/pubhlth/strateg/educat/index.htm>.

Social Marketing Institute. Available: <http://www.social-marketing.org>.