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Social Marketing: Its Meaning, Use, and Application for Health Communication

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Introduction

While preparing the manuscript for this chapter, the first author sat down at his computer one morning to check e-mail. In his list of messages, he discovered a response to a post that appeared earlier in the day on the *Social Marketing Listserv* sponsored by Georgetown University. A graduate student in health communication had posted a query in which she said that she was working on a project for a local high school that had asked her to develop a communication plan to reduce heavy marijuana use among students. In her posting, she said that she intended to use “strategies to execute some sort of campaign, or materials (video ad, posters, class activities) to use at the high school.” Within a few hours, she received a response from Michael Rothschild, one of the leading scholars of social marketing, in which he suggested that she read a recent publication in the *American Journal of Public Health* that reported on the results of the evaluation of the National Youth Anti-Drug Media Campaign for which the U.S. Congress appropriated nearly \$1 billion (Hornik, Jacobsohn, Orwin, Piesse, & Kolton, 2008). Professor Rothschild noted that the results showed no positive behavior change as a result of the campaign. He remarked that “If they couldn't do anything with \$1 billion, your desired communications campaign may not fare any better. May I encourage you to consider *marketing* [our emphasis] rather than *messages* [also our emphasis] as a way to change target behaviors?”¹

We certainly do not want to introduce this story to suggest that message strategies cannot be used to effect behavior change related to personal health, but the listserv exchange does help to illustrate one of the primary points that we wish to make in this chapter. That is, although health communication and social marketing have a close relationship, they are not the same thing. Health communication scholars and practitioners use the term social marketing with great frequency as articles in our journals frame initiatives under a social marketing umbrella, and many presentations have been made at academic conferences in the field of health communication in the last decade that label the effort under investigation as social marketing. We believe, however, that social marketing has reached the status of a buzz term and has lost its meaning to a certain degree because of overuse and misuse. Health

communicators often talk about planning, evaluating, and studying social marketing campaigns by equating social marketing with any activity that involves using various media to communicate to a population about health issues, but using health communication and social marketing as interchangeable synonyms is not appropriate or accurate. Although social marketing relies heavily on the incorporation of a communication strategy (or promotion strategy in the parlance of social marketing) as part of an overall approach to behavior change, social marketing as a framework goes beyond the creation and dissemination of messages. The editors of this volume asked for this chapter to be written to help clarify what exactly social marketing is. In the original *Handbook of Health Communication* that appeared in 2003, there was no mention of social marketing in the subject index at all.

In this chapter, we describe how social marketing differs from similar approaches, and we use detailed examples from the academic literature to highlight the characteristics of the framework. Because this chapter appears in a volume intended primarily for students and scholars of health communication, we also examine how behavioral and communication theory have guided social marketing initiatives in the past, and we offer suggestions for how communication theory can inform future social marketing efforts.

How Is Social Marketing Unique?

History and Definition

Overviews on the history of social marketing (see, for example, Andreasen, 2003) typically trace the genesis of the perspective to an article in *Public Opinion Quarterly* published by G. D. Wiebe in the early 1950s in which he asked the question, “Why can’t you sell brotherhood like you sell soap?” (Wiebe, 1951-52, p. 679). The approach then received its name two decades later when Kotler and Zaltman (1971) discussed how to use commercial marketing as a technology that could be applied to social issues. Although it has been linked to a wide variety of topics, social marketing’s deepest penetration has been behaviors related to personal health (Andreasen, 2002). Social marketing is not a theory in and of itself or a unique set of techniques (Edgar & Palamé, 2009), but can be described as a process for effecting change

modeled on the processes used in private sector marketing (Andreasen, 2002). Others have characterized it as a tool or framework that “relies on multiple scientific disciplines to create programs designed to influence human behavior on a large scale” (Smith, 2006, p. 138).

Primacy of Behavior Change

Regardless of whether social marketing is labeled as a process, tool, or framework, one defining characteristic about which there is almost universal agreement is that behavior change is the bottom line for social marketing. Andreasen (2002), for instance, has stated that “If you don't move the needle, you're not being a successful marketer. Simply gaining acceptance of an idea without inducing action is not success” (p. 7). Andreasen noted that health communicators in particular often concentrate on the goals of increasing knowledge, awareness and/or attitude change. Although changes in thinking are stepping stones to a behavior shift, initiatives with these types of goals should not be considered social marketing.

Although other perspectives share the intent of a behavioral shift, social marketing provides a unique approach to achieving the end goal. In a seminal essay, Rothschild (1999) sought to explicate the core characteristics of social marketing by contrasting them with other orientations to behavior change. Rothschild developed a tripartite classification system in which he compared education/communication, law, and a marketing-based approach. According to Rothschild, *education/communication* “refers to messages of any type that attempt to inform and/or persuade a target to behave voluntarily in a particular manner but do not provide, on their own, direct and/or immediate reward or punishment” (p. 25).² He acknowledged that education/communication can increase awareness and present arguments about behavior change, but it does not have the power on its own to explicitly deliver the benefits. *Law* within Rothschild's framework involves the use of coercion to prompt behavior change in a nonvoluntary manner or using the threat of punishment for noncompliance or inappropriate behavior (e.g., fines for not wearing seat belts). *Social marketing*, on the other hand, involves attempts to change behavior by offering reinforcing incentives and/or consequences in a context that provides opportunities for voluntary exchange. The social marketer finds ways to make the environment more favorable for the desired

behavior through the development of choices with comparative advantage, favorable cost-benefit relationships, and time and place utility enhancement. Positive reinforcement exists when the transaction becomes complete.

Expanding on Rothschild's classification scheme, Maibach (2002) offered an explanation of how the three approaches to behavior change can best be used by placing them on a continuum where “prone to behave as desired” is at one end and the other end is bounded by “resistant to behave as desired.” Maibach argued that education/communication by itself can be very effective when targeting audiences who sit at the “prone to behave” end of the continuum. He believed that individuals who fall into this category will understand why the recommended change in behavior is in their best interest and will respond readily to attempts to influence them, especially when the barriers to performance are minor or when alternative behaviors offer relatively less attractive benefits (e.g., telling parents to place their babies on their backs while sleeping to prevent Sudden Infant Death Syndrome). Maibach placed the force of law at the “resistant to behave” end of the continuum noting that legal enforcement has the potential for greatest effect when those who are promoting behavior change have little to offer the target audience that will convince them that change is in their best interest or that the health benefit might not be realized for many years (e.g., banning the sale of cigarettes to minors). For Maibach, social marketing falls in the middle of the continuum and has the greatest chance of success with people for whom behavior change might not be easy but who are “open to good offers.” Social marketers develop an approach in which they embed within their overall strategy a mechanism for increasing benefits, reducing barriers, and providing opportunities that encourage a particular behavior. Maibach identified the obesity epidemic as a health issue ripe for intervention through social marketing. Forcing people to change their eating and physical activity habits through force of law is virtually impossible, and education/communication alone has proven ineffective in combating the competition (i.e., ubiquitous messages about tempting food offerings that flood our senses and increased opportunities to spend time in

sedentary pursuits). He argued that social marketing has a greater chance for success because the approach at its core seeks to restructure the environment and offer a more attractive package of benefits.

Integrated Marketing Mix

Beyond the primacy of behavior change, the distinguishing principle of social marketing is that campaign planners incorporate an integrated strategy that foregoes a message-only approach. Andreasen (2002) argued that initiatives “that are purely communications campaigns are not social marketing. Indeed, it is when campaigns move beyond mere advertising that the power of the approach is manifested” (p. 7). At the heart of the integrated strategy is what is known as the marketing mix or the four Ps (i.e., product, price, place, and promotion). Borrowed from commercial marketing, the four Ps provide a framework for designing an intervention that complements messages with product innovation, environmental restructuring, and the deliverance of attractive rewards that result in an acceptable exchange. Because the mix forms the core of social marketing and because the four Ps are frequently misunderstood, we now devote considerable space in the following pages to detailed explanations of each of the four strategy components. We depend heavily on the academic literature that chronicles past initiatives for examples that illuminate.

Product. Development of an integrated strategy typically begins with identification of the product. According to Kotler and Lee (2008), three levels of products comprise the product strategy: actual, core, and augmented. The actual product is the specific behavior that the social marketer wants the target audience to adopt or “buy;” the core product is the benefit that the audience should expect in exchange for performing the behavior; and an augmented product includes any goods and/or tangible products or services that the social marketer might develop, distribute, sell, or promote to support behavior change.

The distinction between the first two types of products (i.e., core and actual) can be illustrated through the *Think Again* initiative conducted throughout Canada (Lombardo & Léger, 2007). The goal of the campaign was to reduce the number of new cases of HIV infections among gay men who engage in

anal intercourse. Planners identified the core product as the benefit of avoiding the personal trauma associated with HIV infection, while the actual product that they promoted was for gay men to talk to their partners about the risks of engaging in unprotected sex.

The key role of the third level of product strategy -- the augmented product -- often is overlooked in the research literature on social marketing. In the vast majority of articles that have been published describing social marketing initiatives, detailed description of a product strategy rarely goes beyond a quick reference to the desired behavioral outcome of the actual product. Because an augmented product provides tangible assistance for engaging in a new behavior, careful attention to the creation and introduction of an augmented product can greatly enhance the chances of success by taking social marketing beyond mere messaging. Inclusion of an augmented product as part of a larger strategy also provides a physical “tool” to enable action.

A prime example of an augmented product comes from the VERB campaign, which was launched by the Centers for Disease Control and Prevention (CDC) in 2002. The initiative, which was one of the largest social marketing campaigns ever implemented in the U.S., focused on the sedentary lifestyles of young adolescents. Created in response to the alarming data about the increase of obesity and type 2 diabetes among youth, the CDC targeted *tweens* (i.e., children aged 9 to 13 years old), parents, and key influencers (e.g., teachers, youth program leaders) in an attempt to increase physical activity among the kids (Wong et al., 2004). The multiethnic campaign included a very comprehensive approach to behavior change, but one of the most innovative aspects of the initiative was the introduction of the augmented product known as the Yellowball. The CDC created the Yellowball to support a variety of physical activities (i.e., the actual product) by allowing tweens to invent their own unique activities that included the use of the play object. CDC distributed over 500,000 of the yellow-colored balls throughout the U.S. (the balls were slightly smaller than a volleyball and had the VERB logo and a code number printed on the side) and encouraged tweens to discover a variety of ways to use the balls as part of their daily play activities.

Another key component of an overall product strategy is *positioning*. As described by Kotler and Lee (2008), “positioning is the act of designing the organization's actual and perceived offering in such a way that it lands on and occupies a distinctive place in the mind of the target market -- where you want it to be” (p. 185). The social marketing framework places great emphasis on understanding the perceptual maps that specific audiences have for individual behaviors. That is, the social marketer strives through audience research to see how individuals frame an actual product (i.e., the targeted behavior) in their own minds with respect to the different dimensions of the behavior as well as how perceptions map vis-à-vis competing behaviors. Using the VERB campaign again as an example, the CDC prior to the design of the initiative carefully mapped physical activity in the minds of tweens along the dimensions of social connections, fun, control, self-esteem, creativity, expertise, and inspiration (Wong, Greenwell, Gates, & Berkowitz, 2008). Their formative research told them that successful “selling” of the product required a careful integration of the different dimensions so that physical activity would be positioned in the minds of the children as a pleasurable act instead of a painful one. Reviews of previous initiatives taught them that prior attempts to increase physical activity among this age group often failed because the product became positioned in the minds of kids as something negative and reflected a loss of control. In contrast, the VERB approach to positioning emphasized the rewards of empowerment (Wong et al., 2008).

Price. The price strategy lies at the core of what Smith (2006) refers to as social marketing's principal contribution to behavior change. That is, voluntary behavior is achieved through an exchange of value wherein the social marketer and the target audience engage in a sophisticated game of “Let's make a deal.” Guided by the principles of exchange theory (more on this in the section on theory), social marketers assume people will change their behavior not just because they are well informed but because they believe that they will get something of value in return. The goal of a price strategy is to show members of the target audience that “buying” the product is advantageous because even though there might be costs associated with the adoption of a behavior the benefits of the transaction provide an attractive outcome (Lefebvre & Flora, 1988). As described in the literature, a price strategy often takes

many forms. For instance, in much of the social marketing work that has been done internationally, especially in countries with high levels of poverty, the price strategy for campaigns focuses heavily on subsidizing the monetary costs of an augmented product so that people have the ability to buy it and use it to engage in the recommended behavior. Examples of this approach can be seen in initiatives where iron-fortified soy sauce was made available at a reasonable cost for women in the Guizhou province in China (Sun, Guo, Wang, & Sun, 2007) and folic acid supplements to prevent anemia were sold to rural village women in Cambodia at a nominal price (Kanal et al., 2005). The monetary value of an augmented product can also come into play in a price strategy by framing a tangible good as a relative bargain in comparison to other everyday purchases. In a family planning campaign in Bangladesh, for example, planners highlighted consumer benchmarks such as the price of a cup of tea, a box of matches, and single cigarettes when selling condoms (Schellstede & Ciszewski, 1984).

The more typical approach seen in the literature to developing a price strategy involves the identification of non-monetary barriers to behavior and then either introducing information that reframes the perceived barrier or supplies augmented products that make it easier for the target audience to overcome the barrier. For example, Frazee, Rivera-Trudeau, and McElroy (2007) reported the results of a campaign sponsored by the CDC called *Prevention IS Care* that attempted to change the behavior of physicians so that they (a) routinely delivered HIV prevention messages to their patients who were HIV positive and (b) screened the same population of patients to find out if they were engaging in behaviors that would prevent transmission to others. To lower perceived costs for the physicians (i.e., lack of time to screen and deliver prevention messages, doubts about the efficacy of behavioral screening, and discomfort in discussing sexual behaviors), the CDC provided a host of intervention tools (e.g., influential speakers at professional meetings, a video that included patient testimonials, skill building workshops, a published scientific article that provided evidence for the effectiveness of screening behavior) that made it easier for the physicians to view the behavioral product as a reasonable “purchase.”

The task of offering an exchange that has perceived significant value can be very challenging, especially when dealing with behaviors related to one's own health. The social marketer might only be able to offer benefits that *maybe* will be realized years down the line, are intangible, or both. When making behavioral choices, individuals default to behaviors that bring the most immediate pleasure. Data from the evaluation literature on social marketing suggests the greatest chance for behavior change occurs when campaign planners have the ability to offer attractive short-term benefits as the core of their price strategy (Rothschild, 1999). Although providing immediate benefits might require substantial resources that add to the overall budget of an initiative, there is evidence that innovative approaches can lead to meaningful change and can be funded, at least in part, through partnerships. A perfect example of innovation in offering short-term benefits through partnerships comes from the *Quit and Win* smoking cessation campaign that has been implemented in over 80 countries around the world and has helped an estimated 150,000 smokers quit (Lavack, Watson, & Markwart, 2007). Originating in Minnesota in 1975, the *Quit and Win* approach is grounded in a price strategy focused on a contest format in which participants have the opportunity to win expensive prizes if they stop smoking. At the end of a contest period, winners are randomly selected from a computer-generated list of entrants. Those whose names are selected are contacted and asked to report on their smoking status. Verification of abstinence requires a written statement signed by witnesses and often biochemical verification is required for those selected for a major prize such as cars and exotic vacations donated by businesses in exchange for publicity (Lavack et al., 2007).

Place. For the sake of consistent alliteration, social marketers use the term place as the key word to label the third piece of the marketing mix, but the word convenience might serve as a more apt descriptor. As Kotler and Lee (2008) have acknowledged, individuals “live in a convenience-oriented world in which many of us place an extremely high value on our time, trying to save some of that for our families, friends, and favorite leisure activities” (p. 247). In the development of a place strategy, the goal of the social marketer is to make the enactment of the desired behavior as convenient as possible for the

target audience. Smith (2000) explained that the concept of place “refers to the system through which the 'products' (commodities, messages, and health services) flow to users and the quality of service offered where these products are made available. Place focuses largely on overcoming important structural obstacles to easy access” (p. 15). The social marketer identifies the key barriers, both perceived and real, that prevent individuals from adopting behaviors that can benefit their health. Campaign planners then either must convince the audience that the behavior is actually more convenient than originally perceived or find ways to restructure the environment so that audience members associate the behavior with convenience and ease.

The exact characteristics of the place strategy often have been misunderstood and inaccurately identified, and campaign planners often confuse place with other strategies by simply relegating place to channel selection. That is, the place strategy inappropriately becomes equated with the decision-making process about the most effective communication channels for reaching the intended audience (e.g., should campaign planners rely on print, broadcast, computer technologies to disseminate their message?). Overall success typically is dependent (at least in part) on effective channel selection, but many social marketing experts believe that decisions about channels fall under the promotion strategy umbrella (Kotler & Lee, 2008). When place becomes relegated to channel selection, then the power of environmental restructuring can become at the very least diminished and at worst completely lost.

There are several innovative examples from the literature that illustrate the forms a place strategy can take. For instance, part of the place strategy might include making an augmented product available to a population by working cooperatively with businesses that become distribution points. Warnick et al. (2004), for example, reported on a social marketing initiative in Bolivia aimed at increasing the use of multivitamins and minerals supplements among resource-poor women. Program planners succeeded in placing the multivitamin *VitalDía* in 90 percent of pharmacies in urban areas and 58 percent of pharmacies in rural areas so that women could easily find the product after learning about it through

promotional efforts (as part of the price strategy, the team also was able to provide the multivitamin at an affordable cost).

Improving access to services can be part of the also place strategy. Williams, Dewapura, Gunawardene, and Settinayake (1998) showed how this can work through an initiative in Sri Lanka created to eliminate leprosy in that country. One of the greatest obstacles that program planners faced was an insufficient number of health care professionals in the country who knew how to properly diagnose the disease. In response, they trained 4,000 paramedical workers and over 1,000 medical officers in out-patient departments of hospitals to detect leprosy and refer people with suspicious lesions to the primary leprosy staff. Thus, individuals throughout the country had access to a convenient first-point-of-contact without having to compete initially for the time of the limited number of leprosy experts in the nation.

Through a very clever and multi-pronged use of a place strategy, Ludwig, Buchholz, and Clarke (2005) described how social marketers at a university campus in the southeastern United States sought to increase the use of helmets among bicyclists on campus by providing motivational information at the moment that the intended audience members obtained the augmented product (i.e., a free bicycle helmet) at the point of distribution. As a first step, trained peer agents on campus approached individuals they observed not wearing a helmet while riding a bicycle. The agents asked the bicyclists to participate in the program in which they would receive a coupon for a free helmet if they signed a pledge to commit to wearing a helmet in the future. When the bicyclists went to a designated store participating in what was known as *The Grateful Head* initiative, they had to redeem the coupon at the store counter. Before handing the free helmet to the bicyclists, the store clerks, who also had been trained by project staff, provided personal accounts about the benefits of helmet use (e.g., a story about a friend who had been hurt in an accident while not wearing a helmet).

Increasing behavioral convenience can even include social marketers providing a mechanism for removing some of the burden of making a key decision at a crucial moment when an individual is least

able to make sound choices. As part of a successful initiative called *Road Crew*, program planners sought to reduce the number of fatalities among 21-34 year-olds living in rural parts of Wisconsin (Rothschild, Mastin, & Miller, 2006). Because there is limited or no public transportation for people leaving bars in sparsely populated regions, the high-risk default behavior for many individuals is to drive their own cars. Through formative research, the planning team learned that bar goers did not want to leave their cars behind; they were not interested in a ride program that would prohibit continued drinking on the way home; and they wanted to be able to pay for ride options at the beginning of the evening so that they reduced the risk of running out of cash at the bar. The *Road Crew* team restructured the environment by developing a place strategy with a round-trip ride system. For an upfront cost of \$10-15, project personnel picked up patrons at their homes in older luxury vehicles, drove them to the bar of their choice, and then provided transportation back home at the end of the evening. If local ordinances allowed, riders also could continue drinking in the cars.

. *Promotion.* The fourth P, which is known as promotion, is the part of the marketing mix that is best known and understood by health communication scholars and practitioners because it is the strategic component that entails message creation and channel selection. Promotion is also the P that receives the most attention in published articles within the social marketing literature. As we discussed earlier, promotion frequently is mistaken for the whole of social marketing. Although numerous social marketing scholars have commented on this trend in the past (Maibach, 2002; Sublet & Lum, 2008), the authors of this chapter were struck by this pattern further when reviewing the literature for the preparation of this manuscript. As we conducted our literature search, we frequently found published articles that used the term “social marketing” in the title and referred to the described effort with the same label throughout the article, but a close reading of a substantial number of these publications often revealed that promotion stood alone as the strategic guide for specific initiatives. In many cases, what authors called a social marketing campaign appears, at least within the pages of a publication, as no more than the creation of a message intended to increase awareness or encourage behavior change. Either the authors did not truly

use the social marketing framework or they failed to report how they incorporated the entire marketing mix.

One possible reason why so much emphasis is placed on promotion in the literature might be the inherent fascination that it attracts. Promotion undoubtedly represents the glitz and glamour of social marketing. It is not uncommon to hear professionals -- even those who have a thorough understanding of the needed integrative relationship of the total marketing mix -- refer to promotion as "the fun part." Clever slogans, cute cartoon spokespersons, well-produced television spots, and colorful posters become the face of a campaign in a way that the other components of the marketing mix typically do not. For example, explaining the details in print about the mechanisms for making a behavioral choice more accessible to an audience likely provides less allure for readers. On the other hand, as the visible, final product (not to be confused with product strategy) of an initiative, the promotion piece is the easiest to highlight and lends itself most readily to visual presentation. When writing manuscripts for publication, authors might have a tendency to devote the greatest amount of word space to promotion because they suspect that portion will garner the most attention from both reviewers and the readership. As more publications appear over time with promotion highlighted, professionals who read the literature or hear presentations at conferences might begin to equate social marketing only with messaging.

None of these concerns about an overemphasis on promotion should detract, however, from the innovative promotional work that has been conducted in the past within the context of an integrated approach. Many examples exist of high quality campaigns that have carefully developed targeted promotional strategies grounded in rigorous formative research and thorough concept and message testing.³ To illustrate approaches that strategically incorporated multiple channels to communicate the message of the campaign complemented by equitable attention to the other three Ps, we offer two diverse examples from Australia and the U.S.⁴ The Australian campaign conducted in the western part of the country was called *Freedom from Fear* and had the goal of reducing violence against women by their partners. The specific behavioral focus was to get the perpetrators and men at risk to voluntarily attend

counseling programs. The primary medium for reaching the target audience was television and radio advertising, especially during sporting events. Program planners also developed extensive public relations activities with groups such as counseling professionals, the police, and other government departments in the hope that they would function as influencers. In addition, they created publications for professionals, employers, victims, and for the men themselves. With the assistance of trade unions, these publications were combined into campaign information packets that were distributed to work sites. Other packets were distributed by mail, and posters advertising a help line were placed at work sites around the region. The strategy behind the campaign message was to avoid threats of imprisonment and other legal sanctions and instead focus on feelings of remorse related to the effects of domestic violence on children (Donavan, Patterson, & Francas, 1999).

The American example comes from the *Healthy Penis* campaign developed by the San Francisco Department of Public Health to increase testing for syphilis. The initiative primarily was promoted in neighborhoods with a large concentration of gay and bisexual men and in businesses frequented by the same population. The campaign included posters on the streets, in bars and commercial sex venues, and bus shelters; advertising on buses; palm cards; advertising in gay publications; and banner advertisements on a popular Internet site for meeting sexual partners. Through community outreach, the campaign team also used a 7-foot Healthy Penis costume, T-shirts, and a Healthy Penis stress grip. They also relied on the use of a humorous cartoon strip that featured the Healthy Penis character that provided information on syphilis transmission, symptoms, and prevention (Montoya et al., 2005).

With this understanding of social marketing, its differentiation from health communication, and the core concepts of the four Ps, we turn our attention to the theoretical frameworks and uses within social marketing. Because the primary readership for this volume will be students and scholars who are devoted to the development and application of theory, we assume that the link between social marketing and theory will be of utmost interest.

Theoretical Considerations

Although there are a few instances in the literature where authors refer to “social marketing theory,” scholars generally agree, even if they are avid proponents of social marketing principles, that social marketing is not a theory in and of itself. As we said earlier in this chapter, it most commonly is labeled as a process, framework, or tool. Because it lacks theoretical status, social marketing often has been viewed with a skeptical eye (Edgar, 2008). One of the authors of this chapter, for instance, recalls a conversation where a colleague described social marketing as “just a practice of throwing everything against a wall and seeing what sticks for an audience without any theoretical logic or framework.”

Although not a stand-alone theory, we will show in this section that theory has been used to ground social marketing practices, and we believe that behavioral and communication theory has the potential to further inform it.

Exchange Theory

Since its inception, the driving theoretical force behind social marketing has been exchange theory (Edgar, Boyd, & Palamé, 2009), which is derived from psychological and economic principles and “assumes that we are need-directed beings with a natural inclination to try and improve our lot” (Hastings & Saren, 2003, p. 309). In order for a successful exchange to occur, both parties act primarily to fulfill their own interests. If a new behavior’s benefits outweigh its barriers, the theory predicts that change is likely to occur.

In an example of exchange theory driving social marketing strategy, Bellows, Anderson, Davies, and Kennedy (2009) described a Colorado campaign to combat rising rates of obesity in preschool children. They found that for teachers, pressure from school administrators who prioritized other academic enrichment activities was a major barrier to increasing physical activity in preschoolers. Other identified barriers were lack of adequate space and equipment. Under the guidance of exchange theory, social marketers overcame barriers by developing comprehensive lessons that required little preparation time, were designed for small classroom spaces and did not require gymnasiums and playgrounds.

Although reference to exchange theory is ubiquitous in the social marketing literature, the theory is limited and often oversimplifies the process by which individuals engage in new behaviors. Craig Lefebvre, one of the leading scholars in the area of social marketing, discussed the limitations of the theory in an interview for *Social Marketing Quarterly* in which he said, “One of the things about social marketing that does need reexamination... is having exchange theory as the central theoretical element to social marketing” (Bryant, 2004, p. 21). Social marketers who rely only on exchange theory risk missing the complexity, variability, and even irrationality of human health behavior, which exchange theory cannot elegantly predict. However, dropping exchange theory completely from the social marketing framework likely would incite significant pushback from social marketing purists. Lefebvre explained the dilemma by stating, “We are at a point where most social marketers implicitly believe that exchange theory does not have lot of robustness to help us think through behavioral determinants and change” but “there are other people who would argue that once you walk away from exchange theory that you've walked away from the central element of marketing”(p.22). Lefebvre argued that the principle of the exchange is central to the framework, but “theoretical eclecticism makes social marketing a stronger, more vibrant approach” (p. 21). In the next section, we examine these considerations.

Other Theories Guiding Previous Social Marketing Initiatives

A review of the literature shows that psychological, behavioral and communication theories and models beyond exchange theory have been used by social marketers with social cognitive theory, the transtheoretical model, diffusion of innovation, the theories of reasoned action and planned behavior, and the health belief model as the ones most frequently cited. These theories have informed strategy both throughout the integrated marketing mix as well as in individual strategic components. For example, to guide social marketers on audience segmentation, the transtheoretical model has been very useful. Gallivan, Lising, Ammary, and Greenberg (2007) employed the model to determine how likely patients with diabetes were to take control of and manage their conditions. This social marketing team developed

two different behavioral products for members depending on whether they were in the pre-contemplation stage, or not quite ready to change, or the contemplation stage, or more ready to change than not.

In other efforts, behavioral theories have informed the development of specific components of the marketing mix. For example, social cognitive theory and diffusion of innovation are theories that have been used to enhance the promotional strategies of campaigns (Bellows, Cole, & Anderson, 2006; Dearing, Maibach, & Buller, 2006). In particular, concepts from these theories that have been successfully used to promote positive health changes by helping social marketers to better understand how interpersonal influence can impact the adoption of a behavior.

The theories of reasoned action and planned behavior are two other behavioral theories that have been used in the development of all components of a social marketing plan. These theories are often employed to explain determinants of behavior that can range from pressure of social norms about a health behavior, to perceptions of severity and susceptibility about the health risk, to feelings of whether an individual will succeed in the health behavior change. As we have seen in the explanation of the marketing mix, determinants of behavior are integral to the development of all four P strategies. For instance, Kelly, Comello, and Slater (2006) took the notion of social norms from theory of reasoned action and planned behavior into account when developing an initiative to combat drug abuse in young adults. During the formative research stage, they found that a widespread perceived barrier to abstaining from substance abuse was potentially jeopardizing friendships and staying “cool” in social circles. However, members of this audience also perceived themselves to be independent and rarely admitted to following the crowd. Knowing that social norms was a obstacle to abstaining from substance abuse, social marketers developed their product, price, place and promotional strategies to reinforce the notion that one can be his or her own influence and avoid drug abuse.

These campaigns in combination with theoretical frameworks are provided much benefit toward societal gain. Given the importance of identifying the benefits and rewards among target audiences,

however, we feel more can be done in social marketing in the use of theory. This last section thus focuses on recommendations for future theoretical incorporations.

Future Theoretical Directions for Social Marketing

In this chapter, our goal has been to provide readers with a thorough understanding of what is (and is not) social marketing. As part of this goal, we included details about social marketing's foundation in exchange theory and the limitations of this theory to equip readers with a full understanding of the intricacies involved in social marketing endeavors. However, given the importance of identifying the benefits and rewards among target audiences, we feel that theory should be used more in the development of social marketing initiatives. Although the application of the social cognitive theory, theory of reasoned action, and other traditional theories is commendable, we feel that social marketers can benefit greatly from communication theories in particular. Although we have argued repeatedly that social marketing casts a much wider net than strategizing about message construction and delivery, we recognize that communication theory is the most obvious and easy fit for the promotional portion of an initiative. In addition, we believe that communication theory also has the potential to inform all components of the marketing mix by helping predict the determinants of behavior change through insights into the cognitions, reactions and roles that are a part of the human experience. We acknowledge that the perspectives presented in this concluding section are not exhaustive, but rather a preliminary glance at what health communication scholars and practitioners might contribute to social marketing efforts.

Uncertainty and information seeking. Throughout this chapter, we have alluded to the unique evaluations, considerations and attributes that individuals assign to particular products or behaviors, and how these perceptions influence each part of the marketing mix in social marketing. A fundamental appraisal that may influence a social marketing effort revolves around the level of uncertainty individuals may experience with regard to a newly presented health situation. In particular, this experience of uncertainty can determine information-seeking behaviors. The relationship between uncertainty and information-seeking is not new. For decades, scholars have been striving to understand how individuals

manage and cope with their uncertainties regarding health and disease and have determined that mechanisms range from seeking information to alleviate uncertainty, to avoiding specific health information and maintaining chronic uncertainty (Hogan & Brashers, 2009). Consequently, one theoretical perspective for social marketers to consider is uncertainty management theory (UMT) (Brashers, 2001) as it helps elucidate why individuals seek or avoid information about a health issue. Grounded in understanding uncertainty in illness, UMT provides social marketers a window into how individuals appraise their uncertainty as either an opportunity or danger (Hogan & Brashers, 2008; Brashers, 2001). Based on the uncertainty appraisal, individuals choose to manage their uncertainty through seeking ambiguous information (opportunity to remain uncertainty) or seeking information to alleviate their uncertainty (uncertainty is a danger) (Brashers, 2001).

We believe that understanding the audience's uncertainty and information seeking behaviors regarding a health issue are pertinent in the formative research stage of a social marketing campaign. For example, when developing a price strategy, understanding individuals' appraisals of uncertainty can help determine how to best to inform the audience of the costs and benefits of a product or behavior. As information is conveyed about the costs and benefits by the price strategy, the level of uncertainty associated with an issue may indicate whether individuals will seek or avoid further information based on their uncertainty appraisal. The latter scenario certainly would present a challenge for social marketers. Thus, it is important for social marketers to know what specific issues (costs) individuals may be uncertain about, and what information they may see as a benefit to alleviate uncertainty when developing the price strategy.

Communication competence. In addition to uncertainty appraisal, other communication concepts are important social determinants to be incorporated into the development of social marketing endeavors. When selecting messengers of a promotion strategy or individuals who carry out a place strategy, social marketers should monitor the communication skills and competence of individuals or groups when they are communicating with the target audience. Health communication efforts and research continue to study

the communication competence of health care providers and caregivers within the health care system (Nussbaum & Fisher, 2009; Thompson & Parrott, 2002) and their efforts to improve overall health outcomes. Such consideration should also be evaluated by social marketers. Evaluations of the competence and skillfulness of individuals can span interpersonal sensitivity (Street, 2003) to satisfaction (Spitzberg, 2003).

For social marketers, assessing communication competence of individuals who play a role in carrying out the social marketing initiative can occur during several stages of the marketing mix. For instance, social marketers could assess which individuals the target audience perceives as competent to deliver the messages of the promotion strategy, as well as whether or not the target audience feels the location and individuals as part of the place strategy can enable skillful communication to occur. For example, if the target audience's behavior (or product) is signing an organ donation card, if individuals at the site where audience members sign the card are not perceived as polite then it may impair the effectiveness of the campaign. Similarly, if the spokesperson for the campaign is thought to be unclear, future problems may result for social marketers.

Narratives and exemplars. Another avenue that social marketers can use to incorporate communication theory is in the development of the promotion strategy of a social marketing campaign. The concept of sharing an experience or personal testimonial is often studied in health communication (Kreuter et al., 2007). Many efforts have employed personal stories (Reinard, 1988; Reynolds & Reynolds, 2002) or exemplars (Zillmann, 1999) as illustrations to audiences of how behaviors can be adopted and performed. Within social marketing efforts, the use of an example story or narrative often occurs when individuals communicate their own experiences as a motivation for target audience members to perform the desired behavior. This could occur at the place where campaign personnel ask for the desired behavior to be performed (e.g., my daughter was saved by an organ donation, so thanks for signing this card), or as part of the promotional strategy when a story is told while distributing promotional materials to encourage behavior change in audience members (e.g., spokesperson telling

their experience in a television spot). We find there are several theoretical frameworks that social marketers may utilize when developing these strategies.

One perspective to consider is exemplification theory (Zillmann, 1999). Social marketers can use this theory to employ individuals who serve as positive role models with primary and secondary characteristics that comprise what's known as an "exemplar" (Zillmann, 1999). Social marketers should assess what primary features the exemplar has with which the audience might identify, as well as what secondary characteristics highlight differences that members of the target audience lack and can subsequently model (Zillmann, 1999). As a result, social marketers should be able to reinforce the audience's intentions to partake in the recommended behavior with the use of exemplars. Furthermore, when considering the examples to be shared, social marketers should reflect on how these examples are conveyed. For example, a personal testimonial or secondhand experience can be communicated as examples to support and motivate for the target audience.

To guide social marketers, Schank and Berman (2002) offer several different types of narratives (e.g., firsthand, secondhand, official) to be used as evidence in support of messages surrounding the behavior within the promotion strategy, and each has unique properties that may elicit more or less levels of identification and interest by the target audience. Furthermore, social marketers should assess the level of consistency and fidelity of the narrative, as argued by Fisher's (1987) narrative theory to ensure the narrative is reliable and truthful. In addition, social marketers should follow Ochs and Capps (1996) assertion that narratives need elements of temporality and point of view. Remaining true to the structure of the narrative and selecting the appropriate narrative to use as evidence for the target audience can only increase the likelihood of behaviors.

In sum, this section offers different theoretical perspectives that could be pursued by social marketers to enhance their efforts. The authors feel that each part of the marketing mix of social marketing could be enhanced with the application of different theoretical frameworks. Again, these are

not only theoretical applications that can be used, but hopefully provides a starting point for future social marketing endeavors.

Conclusion

In the beginning of this chapter, we stated that we believe that social marketing has become inappropriately equated with health communication. We sought to provide clarification on what social marketing was intended to be in order to guide more accurate application in the future. Borrowing from commercial marketing strategies and a focus on voluntary behavior change, social marketing provides health communication scholars and practitioners another perspective to consider when looking for guidance on changing behaviors related to personal health. Social marketing has been theoretically grounded in the fundamentals of exchange theory and use of various behavioral theory frameworks for specific efforts, but health communication experts have ample opportunity to expand social marketing with the use of communication theories. Consequently, much more remains to be achieved with social marketing and its use for improving the health of multiple populations. We hope readers take this challenge and see the use of social marketing increase in both scholarship and practice.

Footnotes

¹The National Youth Anti-Drug Media Campaign, which was supervised by the White House Office of National Drug Control Policy, has at times been referred to as a social marketing effort (for example, Hornik et al., 2008, used that term), but most of the campaign activity was devoted to advertising on television, radio, websites, magazines, movie theaters, and other outlets. The evaluation revealed that the campaign was successful in exposing a large percentage of the target audience (i.e., youths aged 9 to 18 years, their parents, and other influential adults) to the advertising, but there was no evidence to support the claim that exposure affected the marijuana use of the youths as desired.

²In the interest of accuracy, Rothschild (1999) used the term *education* in his original essay as a stand-alone umbrella term for the first category in his classification system for approaches to behavior change. In the next paragraph in which we discuss how Maibach (2002) expanded on Rothschild's ideas, Maibach also used education by itself as the descriptor. Rothschild did, however, follow his initial definition of education with an acknowledgement that his intended meaning for the term is very similar to how others have used the terms *persuasion* and *health communication*. Because this chapter appears in a volume devoted to health communication, we are taking the liberty of using the term *education/communication* as the label for this particular approach when presenting the ideas of both Rothschild and Maibach.

³In an effort to provide the reader with a wide variety of examples (both in terms of health topic and geographic location of implementation) to illustrate the various components of the social marketing framework, we wish to minimize the use of repeated examples from campaigns. However, we believe that more information has been published in the academic literature about the VERB campaign than almost any other social marketing initiative ever conducted. At least 15 different articles have been published about VERB in academic journals, including those appearing in 2008 in a special issue of the *American Journal of Preventive Medicine* devoted to the campaign. We refer the reader to the article by Berkowitz et al. (2008) in which program personnel devoted great detail to explaining how they used

formative research to develop their promotion strategy. The CDC also provides access to their unpublished internal reports on their approach to concept and message testing during campaign development. Rather than try to provide an overview of testing principles within this chapter, we refer the reader to the complete CDC reports that can be found at <http://www.cdc.gov/youthcampaign/research/report.htm>. Understanding the role of formative research in social marketing is crucial, because as Andreasen (2002) noted, one of the defining characteristics of social marketing is that it is “fanatically customer-driven” (p. 7).

⁴Both the *Healthy Penis* and *Freedom from Fear* campaigns developed their promotional strategies within the context of a total marketing mix. For the sake of economy of space in this chapter, we refer the reader to the original publications for the details.

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