



Issue Brief

Social Marketing Campaigns

September 2003

**Prepared for:
The Missouri Foundation for Health
Program and Grants Committee
and Program Review Committee**

**Prepared by:
M. Ryan Barker, Policy Associate
MFH Policy Group**

Issue Brief: Social Marketing Campaigns

Introduction

Applicants to the Missouri Foundation for Health (MFH) have included aspects of social marketing within their proposals as a means of providing education and promoting healthy behaviors within their target populations. At the May 7, 2003 Program and Grants and Program Review Committees meeting a conversation occurred among the Board of Directors concerning the effectiveness of social marketing within the public health field. The MFH policy group has researched the issue and offers this paper which includes:

- A brief history and definitions from the field of social marketing
- Relevant theories and models
- Elements of effective campaigns and
- Examples of successful programs.

The document concludes by reviewing the main components that can be used to successfully develop a social marketing campaign.

Overview

History of Social Marketing

The concept of social marketing resulted from a blending of principles from commercial marketing with the public health arena's desire to promote healthy behaviors. In the last century, the leading causes of death shifted from infectious diseases to chronic diseases such as cancer, heart disease and stroke. Research has confirmed a definite link between these chronic diseases and individual lifestyles and specific health behaviors.¹ As this change in causes of mortality occurred, public health professionals questioned whether health communication programs might be used to educate the public to accept greater responsibility for their individual health choices.²

Commercial marketing examines the exchange between the consumer and the producer of a product in order to understand the benefit that the consumer expects in return for the cost of that particular product. For most of marketing's history this process has been narrowly viewed as an exchange of payment (goods or money) for a physical product.³ Over time this concept has expanded, until in 1971 Philip Kotler and Gerald Zaltman, marketing professors at Northwestern University, promoted the use of commercial marketing principles to sell ideas, viewpoints and behaviors.⁴ This promotion of "ideas" was termed social marketing, and public health professionals gained a new tool in attempting to change the perception, attitudes and opinions that underlie an individual's health behaviors.

What is Social Marketing?

Kotler and Zaltman originally defined social marketing as "the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, communication, distribution and marketing research."⁵ As it has evolved, social marketing has been more recently defined as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society."⁶ These definitions articulate that social marketing consists of more than individual activities. This approach to influencing health behavior integrates communication elements into a strategic program.

Social marketing has been more recently defined as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society."

Often the terms "social marketing" and "mass media campaigns" have been used interchangeably; however, social marketing uses a wide range of communication methods, one of which is mass media campaigns. In itself, mass media work includes

such media as television, radio, newspapers, cinema, magazines and billboards. Social marketing incorporates these communication tools along with other activities such as: personal consultation, community interventions, direct marketing, advocacy, skill building, seminars and workshops.⁷ Ultimately, a social marketing campaign combines these varied modes of communication “to increase awareness—of health risks, diagnostic capabilities, available treatments, safe practices and behaviors, or improved health status—in order to elicit a desired behavior change.”⁸

The “Four-P’s of Marketing”

The basic structure of a marketing campaign consists of the following four elements: **Product, Price, Place** and **Promotion**. These components can be used within the field of social marketing as a basic framework for developing a campaign focused on a specific health behavior. The term **product** refers to what is being offered to the targeted population. This could include physical products (e.g., condoms, nicotine patches), services (screenings, dental check-ups), practices (e.g. eating five fruits and vegetables a day, hand-washing) and/or ideas (e.g. environmental protection, value of regular exercise).⁹ The **price** associated with a product may be an actual monetary cost; however, often this refers to an intangible such as the price of an individual’s time, effort, embarrassment, inconvenience, or fear.¹⁰ The key in persuading individuals or groups to “buy” a product is to make the perceived benefits worth more than the perceived cost of the product.

The third component, the **place**, describes how the product reaches the target audience. When the campaign offers a physical product, the place refers to the system of distribution for that product. This could include a warehouse, a provider’s office or clinic, retail outlets, community events, etc. For intangible products the possible range of settings include: the Internet, television, radio, at school or work, on the bus, at a doctor’s office, at a grocery store, etc.¹¹ “By determining the activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the offering.”¹²

Often when people think about social marketing they only consider the final element—**promotion**. Promotion consists of “the integrated use of advertising, public relations, media messaging and personal selling to transmit a health message.”¹³ The promotion of a product could use many different channels, such as interpersonal (e.g. physicians, family, parents and clergy), group channels (e.g. work events, classroom activities and clubs), organizational and community (e.g. newsletters, advocacy groups and community fairs), mass media channels (e.g. public service announcements (PSA), radio spots, direct mail, billboards and newspapers) and finally interactive digital media (e.g. websites, email, listservs, chat rooms and bulletin boards).¹⁴ Applying these four components of marketing affords a planner the beginning steps for creating a successful social marketing campaign.

Theories and Models of Social Marketing

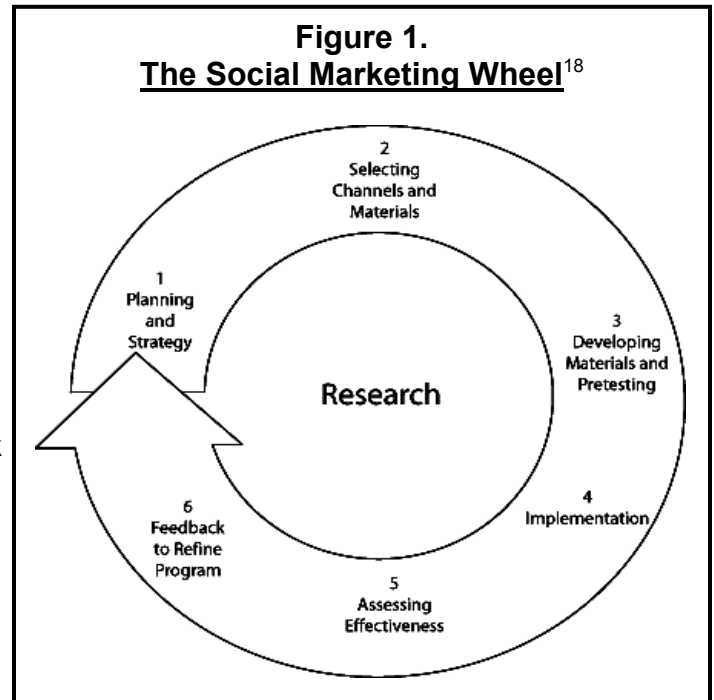
Theoretical Basis

Many different theories (based in economics, marketing and the social and behavioral sciences) contribute to the conceptual framework of social marketing. Exchange theory, from the field of economics, addresses the behavior of consumers and their decision process in purchasing a product (cost versus benefit of product).¹⁵ This philosophy guides commercial marketing by helping to describe and predict consumer’s behaviors. An extension of this concept, the social exchange theory, states that all social activity has rewards and costs associated with it.¹⁶ This concept explains that a social behavior, such as smoking, can be influenced by an individual or group perception of the rewards and costs of maintaining or changing that behavior.

In addition, social marketing draws on the same theories used by public health professionals to design and implement health promotion programs. For example, the Social Learning Theory explains behavior as a response to a reinforcement by another person, especially a peer.¹⁷ These concepts serve as a foundation for social marketing interventions that effectively change health behaviors. The various theories, used in tandem, form the basis on which social marketing campaigns can be planned and implemented.

Social Marketing Process Model

The Social Marketing Wheel (Figure 1.) provides a step by step process model for creating a thorough and effective social marketing campaign. This six stage process assists planners in designing a program based on an understanding of the intended audience's desires, requirements and expectations. The circularity of the model illustrates that the program remains open to adjustments as additional feedback enters into the process. In addition, both qualitative (e.g. observations, personal interviews and focus groups) and quantitative (e.g. surveys, polls and questionnaires) research remain central throughout the entirety of the model.¹⁹



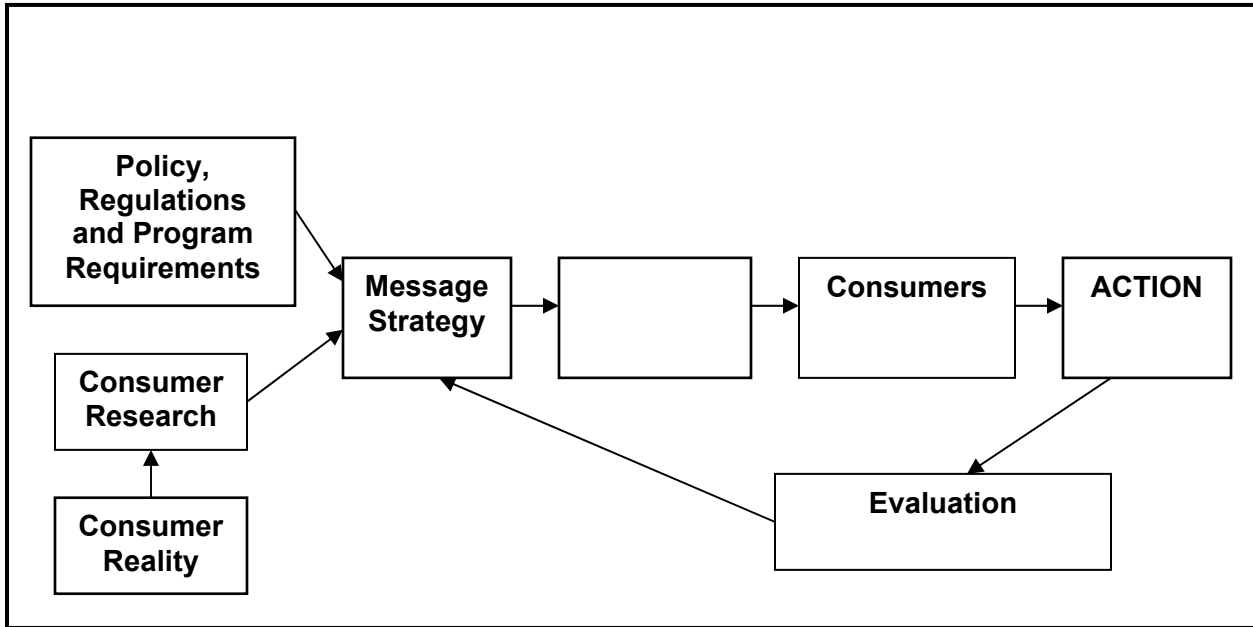
Strategic Model for Social Marketing

The Consumer-Based Health Communications (CHC) Model (See Figure 2) applies six deliberate questions to a specific health topic with the purpose of transforming “scientific recommendations for health promotion and disease prevention and treatment into message strategies that are relevant to the target audience.”²⁰ The program planner uses research techniques including focus groups, commercial databases and personal interviews to understand the realities of the consumer and answer the CHC questions. The six questions used in the CHC Model are:

- 1) Who will be the target consumers and what are they like?
- 2) What action should the target person take as a direct result of the communication?
- 3) What reward should the message promise the consumer?
- 4) How can the promise be made credible?

- 5) What communication openings and vehicles should be used?
- 6) What image should distinguish the action?²¹

The answers to these questions create a strategic approach that supports and strengthens all health communication activities within the social marketing campaign.



Adapted from Sutton, Baich and Lefebvre

Common Components of Effective Campaigns

The four categories discussed earlier (product, price, place and promotion) present the basic outline to be included in the development of a social marketing campaign. As the field of social marketing evolved and grew in experience, practitioners gained knowledge and lessons concerning the construction of an effective program. The following ten elements contribute essential recommendations to the social marketing process.

1) Choose a Specific Target Population

For a social marketing campaign to be most effective, the program must target specific populations. This permits planners to focus their research and to customize the campaign toward the unique needs, beliefs, values and culture of the defined target

groups. “For a public health message to be relevant and effective...it must be highly personal; the receiver must be viewed as a person, not as a population statistic.”²³ Segmenting the target audience based on demographics (age, sex, race, neighborhood, marital status, etc.) and psychographics (attitudes, behaviors, opinions, etc.) allows for the development of a persuasive and personalized message.²⁴

Tobacco Free Challenge Racing (TFCR)

TFCR, a tobacco prevention social marketing program, sponsored race cars and provided education about tobacco at racetracks, schools and community events. The target population for this campaign was families with incomes below \$35,000, who had not completed high school. In addition, the program focused on blue collar families, youth, African-Americans and Hispanics. The racetrack was chosen for this campaign because the typical racing fan makes less than \$40,000, is a 40-year old married male, has a blue collar job and does not have a high school diploma. In this example, the “place” and “promotion” of the message appropriately matched the target population.²⁵

2) Create an Audience-Centered Process

The message of a social marketing campaign can be a powerful tool in affecting behavior change; however, it must be created in coordination with and have strong input from the intended audience. Researchers should use both quantitative and qualitative methods to generate a more complete view of the health issue as seen through the eyes of the target audience. Input from the target population throughout all stages of the process (planning, message development, pre-testing, implementation and evaluation) allows for adjustments that increase the effectiveness of the campaign.²⁶

3) Build Partnerships with Stakeholders and Gatekeepers

Identifying and involving key stakeholders and community gatekeepers early in the process benefits the community and the lead organization. Partnerships can result in effects such as additional resources, sharing of pre-developed materials, assistance with campaign costs, increased access to the intended audience, further expertise and extended community credibility. Engaging gatekeepers also results in an increased likelihood that the local community will assume ownership of the program.²⁸

Examples of Potential Stakeholders and Gatekeepers²⁷

- Public Health Agencies
- Foundations
- Merchants
- Physicians
- Universities
- Media Conglomerates
- Faith Leaders
- Government Agencies
- Health Plans

4) The Fifth “P”—Positioning

Practitioners in the social marketing field often incorporate a fifth “p” (Positioning) into the planning process. Positioning “involves the location of the product relative to other products and activities with which it competes.”²⁹ Understanding the target audience’s views allows the program planner to position the product in order to maximize the perceived benefits and minimize the perceived costs. For example, a campaign that encourages women to breastfeed would have to position the product (an idea—the value of breastfeeding) to emphasize the positive aspects (healthier for babies, allows mother-child bonding) and provide ways to overcome the barriers (working with a busy schedule, avoiding discomfort). In addition, product positioning involves an awareness of how a contrasting product (infant formula) positions itself within the same market. Knowledge concerning that competitor allows a planner to emphasize the positive aspects of their own product (breastfeeding).³⁰ Positioning a product correctly helps the message to be heard in today’s U.S. culture that has been saturated with communications.

5) Multiple Forms, Multiple Channels

An essential component to a successful social marketing campaign involves understanding the “openings” in the target audience’s life and the vehicles that fit appropriately in those openings. A study of the intended consumers of a program supplies information as to the times, places and circumstances when that audience will be most receptive to the message. Once a practitioner has gained insight into these openings, they can utilize a variety of creative approaches to reach the specified population.³¹ “Even when the basic ideas may be the same for all audiences—e.g., exercise more, eat less fat, consume more fruits and vegetables—the messages need to be designed and positioned differently for various groups.”³²

The 5 A Day Campaign

The *5 A Day for Better Health* social marketing program, sponsored by the National Cancer Institute, worked to increase the consumption of fruits and vegetables. Examining the target population revealed that “transitions,” such as driving home from work, were openings when the consumers were likely to think about preparing meals. Research also revealed that food choices were often made directly at the store, rather than following a pre-prepared grocery list. These insights led to the following openings and vehicles for the *5 A Day* program:

- PSA’s during “drive time” radio,
- Ads on buses and at stops and
- Programs and messages at grocery stores.³³

6) Access to Additional Information

A social marketing campaign should always provide a means for the audience to take the “next step” towards adopting the intended behavior change. This process requires that all campaign materials contain some method for consumers to access additional information about the product being marketed. This could be one or a combination of such items as a hotline number, a website or a response card. Through these sources the target population would then access additional information or materials, such as booklets, pamphlets or local resources.³⁴

7) Long-term Investment

For a social marketing campaign to be successful, persistence and a long time frame are essential. “Lessons from cardiovascular risk reduction programs suggest that it may take up to ten years for the effective diffusion of new ideas and practices to produce measurable and consequential social change.”³⁵ Theories and models of behavior change indicate the necessity of a multi-stage process in order to produce valid and enduring change. A strategic social marketing plan may contain a series of objectives to reach the long range outcome of a behavior change.³⁶

Typical Objectives of Social Marketing

- establish a health issue as a priority concern;
- increase knowledge and change beliefs that impede the adoption of health-promoting attitudes and behaviors;
- motivate change by demonstrating the benefits of the desired behavior;
- teach new behavior skills;
- demonstrate how to overcome barriers to behavior change;
- teach self-management techniques for sustaining change; and
- provide supports for maintaining change by stimulating interpersonal communication; the support of opinion leaders, spouses or peers; and broad changes in perceived social norms.³⁷

8) Address Policy Issues

Ultimately, a social marketing approach must emphasize the need to create change on a policy level. Environmental adjustments such as supportive legislation, industry cooperation, improved regulations and alterations in public opinion would increase the likelihood of bringing about genuine lifestyle modifications. For example, a program aimed at reducing teen smoking would be more effective if it addresses policy issues such as:

- increasing the tobacco excise tax,
- increasing the regulation of underage smoking and
- creating smoke-free environments.

Social marketing campaigns can use media advocacy to “change individual behavior by cultivating an environment more conducive to health via changes in industrial practices and policy.”³⁸

9) Evaluation throughout the Process

Process and outcome evaluations constitute a fundamental factor in any social marketing program. Evaluation monitors the progress, demonstrates impact and measures the effectiveness of a campaign. While the complexity of social marketing makes it difficult at times to evaluate a program, methods do exist to assess efficacy. Some of the evaluation tools used in this field include: 1) tracking studies, 2) telephone surveys, 3) personal interviews, 4) time/series modeling, 5) health indicators and 6) before/after research. Each of these techniques has positive and negative aspects, including difficulty in specifying the level of change attributable to the campaign versus the numerous other factors that affect attitudes and behavior. Deciding on how extensive of an evaluation to perform depends largely on the depth and reach of the individual social marketing program.³⁹

10) Integrate Feedback

Incorporating feedback, obtained through the evaluation process, into the social marketing process produces a campaign that responds to the needs, attitudes and ideas of the target population. Evaluation data, along with information on the consumers' experience of the social marketing product and the dissemination effort, can "drive a process of systematic and regular feedback to guide interim corrections, tactical changes, and sometimes major rerouting of strategic direction."⁴⁰ Gathering consumer advice, criticism and opinions throughout the entire planning, testing, implementation and evaluation phases:

- improves the program;
- saves time, energy and money; and
- provides lessons for future or similar campaigns in other locations.⁴¹

Breast Cancer Education Program (BCEP)

The *BCEP*, developed by the National Cancer Institute, integrated feedback received from program participants into the overall campaign process. This consumer advice was used to refine the program in several ways. First, input from community groups during the pilot phase of the program allowed for revisions to occur in the *Project Awareness User's Guide* before the campaign was launched on a larger scale. Additional feedback resulted in the creation of a Spanish-based spin-off of a portion of the *BCEP* activities.⁴²

Social Marketing Campaigns

National, Regional and Local Approaches

Social marketing campaigns can be successfully implemented on a national, regional, local or at a combined level. Examining specific campaigns provides lessons and examples of how to conduct a successful program regardless of the approach.

Research and interviews were performed to provide the following illustrations of social marketing at a nationwide, state and city level. These examples demonstrate how a campaign can integrate foundational elements with the common components that build effective social marketing programs.

Sample Campaigns

National:

The Henry J. Kaiser Family Foundation Know HIV/AIDS Campaign

Background:

The *Know HIV/AIDS* initiative builds on past cooperative campaigns between the California-based, national foundation, The Henry J. Kaiser Family Foundation (KFF) and subsidiaries of the media conglomerate, Viacom. These include:

- a seven year relationship with MTV and the “*Fight for Your Rights: Protect Yourself/Be Safe Campaign*,”
- MTV International’s “*Staying Alive Program*” (1998) and
- BET’s “*Rap It Up Project*” (1998).⁴³

According to Tina Hoff, Vice President and Director of Public Health Information and Partnerships at KFF, the division heads within Viacom that worked on these campaigns encouraged executives at Viacom to work with KFF to produce an intensive and broader social marketing initiative (i.e. *Know HIV/AIDS*) which would utilize all of their potential resources.⁴⁴

Project:

KFF and Viacom formed a public health partnership in order to launch the *Know HIV/AIDS* global social marketing initiative. The United States portion of this multi-year campaign commenced in January 2003. The mission of this program is: “To use the power of media to educate and compel people to act—to protect themselves and to get tested for the [HIV] virus—and to erase the stigma for those afflicted.”⁴⁵

The main target population for the *Know HIV/AIDS* project includes youth under age 25, women, individuals of color (African-Americans and Latinos) and men who have sex with men. In addition, Tina Hoff stated that certain aspects of the initiative target a more general population including policy makers and parents of youth. She says that “sending a supportive and complimentary message to these populations builds overall support for the campaign.”⁴⁶

In order to improve and appropriately adjust the message development, the partnership regularly conducts surveys, focus groups, follow-up calls, and other communications research with the above intended audiences. These evaluation tools produce feedback which helps refine the program and create a campaign reflective of the targeted population.⁴⁷

The “promotion” component of this joint venture includes the production of 49 television, radio and outdoor advertisements which have strategic placement among Viacom’s:

- Broadcast Networks (CBS and UPN),
- Cable Networks (MTV, BET, VH1, CMT, MTV2, TV Land, Nick at Night, Nickelodeon, Showtime, TNN and Comedy Central),
- Radio Stations (Infinity-180 stations in top 50 markets),
- Home Entertainment Retailer (Blockbuster) and
- Outdoor Ad Placements (Billboards, buses and bus stops)⁴⁸

In addition to these advertisements, the campaign features additional programming (e.g. documentaries, editorial shows, etc.) throughout the year on MTV, BET, Showtime and Nickelodeon. Viacom produced television shows (e.g. Becker, The District, Enterprise, Girlfriends, Half & Half, The Parkers, Presidio Med and Queer as Folk) have agreed to incorporate HIV/AIDS themes into episodes. Finally, KFF has created a 30 page educational guide, available free of charge, from the *Know HIV/AIDS* website or by calling the toll-free phone number. All campaign materials (messages and programming) are tagged with this website and phone number, which in addition to the educational guide, also offer HIV related resources and local referral services.⁴⁹

Results:

The first six months of the *Know HIV/AIDS* project has seen impressive process evaluation results. The toll-free hotline has received more than a million calls and the campaign’s website has seen over 3.5 million unduplicated visitors since early January 2003.⁵⁰ In addition, a three month random survey conducted in April 2003 reported that 44% of those surveyed had recognized the campaign or had seen one of the ads.⁵¹ The Kaiser Family Foundation will continue to evaluate this program in order to measure the long-term effects, such as behavior change, using tools such as follow-up surveys with

hotline callers. The *Know HIV/AIDS* initiative, produced by Viacom and KFF, represents an example of a well-designed, national social marketing campaign which clearly illustrates many of the common components that produce effective programming. The numbers above indicate that the *Know HIV/AIDS* project shows promising early results in terms of affecting knowledge and attitudes.

Regional:

The Kansas Health Foundation *Take It Outside Campaign*

Background:

The Kansas Health Foundation (KHF), a statewide foundation located in Wichita, Kansas, focuses its funding efforts in three primary areas: public health, children's health and leadership. Since 1997, KHF has used strategic communication campaigns as an approach to meeting the goals of the Foundation in the area of children's health.⁵² KHF has produced four distinctive social marketing campaigns, including their first, the *Take It Outside Campaign*, which ran in 1997-1998 and was reintroduced late in the summer of 2000.⁵³ This project, featured below, provides an illustration of a completed campaign that produced the intended health behavior outcomes.

Project:

The Foundation's mission statement for the Children's Health focus area is: "To create an environment in Kansas that puts children first, so they grow up to be caring, contributing, thoughtful, tolerant and healthy adults."⁵⁴ The *Take It Outside* campaign was aimed at a target population of smokers who had, or were frequently in contact with, children or infants. The focus was on putting your children first. The campaign worked to educate adults on the risks of secondhand smoke to children's health. The program encouraged smokers to make the simple behavior change of smoking outdoors to protect the vulnerable populations of children and infants.⁵⁵

According to Tami Bradley, former Vice President for Communications at KHF, the Foundation first completed an environmental scan to determine the top 10 health issues for Kansans. KHF then determined which of these fit best with their own mission and goals. The *Take It Outside* campaign developed directly from a blending of these

community concerns and the Foundation's charge.⁵⁶ All aspects of the children's health focus area (e.g. grantmaking, convening, community collaboration and social marketing) are coordinated to work in cooperation to fulfill the goals of this program.⁵⁷

To convey its message to target audiences, the *Take It Outside* project used TV, radio and print materials, which were developed using feedback and data from focus groups and audience-specific research. The campaign was run first as a pilot program throughout three-fourths of the state and then was expanded throughout the entire state of Kansas. The project generated a high level of community response and represents a successful and innovative model within the field of social marketing.⁵⁸

Results:

The *Take It Outside* campaign resulted in a significant increase in awareness and knowledge concerning the dangers of secondhand smoke to children's health, especially among smokers in Kansas. The program also successfully influenced smokers to make the behavior change to protect children and infants by going outside to smoke. In addition, *Take It Outside* effectively modified the perceptions of people in KHF's service area about the risks of smoking when compared to other risky behaviors.⁵⁹

The *Take It Outside* initiative won three Emmy Awards and attracted the attention of public health professionals from around the country. Most notably, the Centers for Disease Control (CDC) selected the campaign as a model program for its Media Campaign Resource Center (MCRC).⁶⁰ The MCRC was given the rights to the campaign's "print, TV, radio, and outdoor creative elements for low-cost distribution to nonprofits throughout the country."⁶¹ Segments of this project have been employed in at least five additional states around the nation. The success of *Take It Outside* can be attributed to its effective use of the essential elements used to construct a social marketing campaign.

Local:
Partnership for a Drug-Free America
Ecstasy and Methamphetamine Campaign

Background:

The Partnership for a Drug-Free America (PDFA), a coalition of communications professionals (e.g. advertising, the media industry, public relations, etc.), works to “help kids and teens reject substance abuse by influencing attitudes through persuasive information.”⁶² In June 2003, PDFA, in collaboration with the Missouri Chapter of the American Academy of Pediatrics (MOAPP) and Media United against Substance Abuse (MUSA), launched a two-year pilot social marketing campaign focused on preventing the use of Ecstasy and Methamphetamine (meth) in St. Louis, Missouri and Phoenix, Arizona.

Both national and local studies show that St. Louis may soon have to contend with an Ecstasy and meth epidemic.⁶³ A Drug Enforcement Agency report shows that Missouri had the most meth lab seizures (2788 labs) in the country in 2001.⁶⁴ In addition, local surveys indicate that one-third to one-half of both parents and youth underestimate or are uncertain of the specific health risks connected to the use of these drugs.⁶⁵ The Partnership has conducted both quantitative and qualitative research in the St. Louis area to be used as a baseline to measure the effectiveness of the current campaign.

Project:

This social marketing campaign, aimed at youth and their parents, combines TV, radio and print PSAs with a public relations effort involving local pediatricians. Studies show that both parents and teens trust and accept health information that comes from pediatricians.⁶⁶ Tom Hedrick, a founder and current Director of the PDFA, says that successful campaigns start with the perceptions of the consumer or targeted audience.⁶⁷ In this case the intended audience does not have knowledge concerning the specific health risks associated with Ecstasy and meth. Therefore, pediatricians logically provide a trusted source to convey the health consequences of using these drugs.

The local pediatricians involved in this campaign received both media and psychopharmacological training. These pediatricians will educate the public about the

health consequences of using Ecstasy and meth through a wide range of media channels (e.g. St. Louis TV, radio, newspapers, etc.). In addition, these local pediatricians will utilize channels such as faith-based groups, schools and social service agencies to expand the educational opportunities to additional members of the target population.⁶⁸

The uniqueness of this project, according to Tom Hedrick, lies in its shift in emphasis from the legal consequences of drug use to the health consequences.⁶⁹ All of the campaign materials feature the PDFA website, as well as a toll-free number, where additional information can be obtained for educational or for referral and treatment purposes. This social marketing campaign works to: 1) increase awareness of the health costs of meth and Ecstasy use in order to 2) change both youth and parent attitudes and 3) ultimately affect youth behavior by decreasing the use of these illicit drugs.⁷⁰

Results:

A Johns Hopkins University School of Medicine study, "The Impact of Anti-Drug Advertising," found "that among middle and high school students exposed to anti-drug advertising, the majority identified a positive impact of the ads on their knowledge, beliefs and attitudes pertaining to drug use."⁷¹ A 2002 study in the American Journal of Public Health also produced similar findings, revealing that "after three years of PDFA ads, approximately 9.25 percent fewer adolescents were using marijuana."⁷² The PDFA and its partners believe the current campaign has the potential to affect teens' beliefs, opinions and behaviors in the same compelling and significant way.⁷³

For this project, the PDFA has conducted quantitative and qualitative baseline research in the St. Louis area. This data will help establish the efficacy of the campaign when compared to both national and local data that will be collected at 12- and 24- month intervals. This comparative data will show changes in the knowledge, attitudes and behaviors of both youth and their parents in relation to the use of Ecstasy and meth.⁷⁴ This example illustrates how national and community funders can come together to produce a social marketing campaign that addresses the needs and conditions of a population on a local level.

Conclusion

Social marketing can be used as an effective tool to educate audiences, promote healthy attitudes and influence individuals to make real, sustained health behavior change. A study from the American Journal of Public Health reported in 1992 that social marketing campaigns using mass media techniques were successful in preventing cigarette smoking in high-risk youth.⁷⁵ The possible health topics that could be the focus of a campaign are extremely broad. In addition, social marketing allows for creative and innovative ideas to develop not only from public health practitioners and marketing professionals, but more importantly from the target audiences themselves. Social marketing has the potential to reach a large number of people on a national, regional or local level; yet contain a message that speaks directly to an individual.

An effective social marketing campaign begins with a theoretical basis and a program model. The project should have a foundation in the five “p’s”: Product, Price, Place, Promotion and Positioning. In addition, targeting a specific population, centering the process on that audience and incorporating their feedback establishes a framework for a successful campaign.

The intended audience also affects which marketing channels are chosen for the project. After confirming the target population, social marketing programs should bring accepted and engaged stakeholders and gatekeepers into the planning process. A vital part of the social marketing process includes providing consumers with access to additional information, referrals and resources concerning the intended product.

When appropriate, a social marketing campaign will also address policy issues relevant to the targeted health issue. Finally, a thorough developmental process will establish strategic objectives and will build an evaluation plan appropriate to the campaign. Social marketing campaigns that include these components have the ability to produce positive health outcomes and healthy behavior changes in individuals and populations.

B I B L I O G R A P H Y

Works Cited:

- Alcalay, Rina, and Robert A. Bell. Promoting Nutrition and Physical Activity through Social Marketing: Current Practices and Recommendations. Davis: Center for Advanced Studies in Nutrition and Social Marketing, University of California, 2000.
- Block, Lauren G., Vicki G. Morwitz, William P. Putsis Jr., and Subrata K Sen. "Assessing the Impact of Antidrug Advertising on Adolescent Drug Consumption: Results From a Behavioral Economic Model." American Journal of Public Health 92 (2002): 1346-1351.
- Bostrum, Meg. "Case Studies." Ed. Laura Schiller and Tina Hoff. Shouting to Be Heard: Public Service Advertising in a New Media Age. 2002. The Kaiser Family Foundation. 1 July 2003
<http://www.kff.org/content/2002/20020221a/casestudies.pdf>.
- Brodie, Mollyann, Ursula Foehr, Vicky Rideout, Neal Baer, Carolyn Miller, Rebecca Flournoy, and Drew Altman. "Communicating Health Information through the Entertainment Media." Health Affairs 20 (2001): 192-199.
- Bruner, Gordon C. "Homan's Theory of Social Exchange." Southern Illinois University. 1997. 25 July 2003
<http://www.siu.edu/departments/coba/mktg/courses/mktg305/lectures/refgroup/tsld004.htm>.
- "The Campaign." Know HIV/AIDS. 2003. 24 June 2003
http://www.knowhivaids.org/utility_campaign.html.
- Children's Health. 2003. Kansas Health Foundation. 5 August 2003
http://www.kansashealth.org/program_areas/childrens_health.jsp.
- DeJong, William, and Jay A. Winsten. "The Use of Mass Media in Substance Abuse Prevention." Health Affairs Summer (1990): 30-46.
- Dnistrian, Steve, Nora Roach, Howard Simon, and Josie Feliz. Partnership for a Drug-Free America: Annual Report 2001-2002. New York: PDFa, 2002.
- Flynn, Brian S., John K. Worden, Roger H. Secker-Walker, Gary J. Badger, Berta M. Geller, and Michael C. Costanza. "Prevention of Cigarette Smoking through Mass Media Intervention and School Programs." American Journal of Public Health 82 (1992): 827-834.
- Gantz, Walter, and Nancy Schwartz. "A Report on Television Content." Shouting to Be Heard: Public Service Advertising in a New Media Age. 2002. The Kaiser Family Foundation. 1 July 2003
<http://www.kff.org/content/2002/3150/ContentStudy.KaiserPSAs.pdf.pdf>.

- Glanz, K., and B. K. Rimer. Theory at a Glance: A Guide for Health Promotion Practice. NIH publication no. 95-3896. Bethesda: National Institutes of Health, National Cancer Institute, 1995.
- Health Behavior and Health Education. Ed. Karen Glanz, Frances M. Lewis, and Barbara K. Rimer. San Francisco: Jossey-Bass Inc., 1997.
- Health Communication Research Laboratory. 2003. Saint Louis University, School of Public Health. 31 July 2003 <http://hcrl.slu.edu/HCRL.html>.
- Health Media Campaigns. 2003. Kansas Health Foundation. 30 June 2003 http://www.kansashealth.org/program_areas/health_media_campaigns.jsp.
- Hoff, Tina, and Liberty Greene. "National Survey of Public Service Directors." Shouting to Be Heard: Public Service Advertising in a New Media Age. 2002. The Kaiser Family Foundation. 1 July 2003 <http://www.kff.org/content/2002/3151/SurveyReport.KaiserPSAs.pdf.pdf>.
- Mintz, James H., Kay Rawlings and Michael Steele. "Requirements for the Marketing of Health Information." Health Canada. 2001. 24 June 2003 <http://www.hc-sc.gc.ca/hppb/socialmarketing/resources/somarhpe/smhp03e.htm>.
- Partnership for a Drug-Free America. Meth and Ecstasy Health Education Campaign (Executive Summary). New York: PDFa, 2003.
- Program Areas. 2003. Kansas Health Foundation. 5 August 2003 http://www.kansashealth.org/program_areas/.
- "Public Education Partnerships." The Henry J. Kaiser Family Foundation. 2003. 30 June 2003 <http://www.kff.org/sections.cgi?section=publicedu>.
- Reis, E. C., A. K. Duggan, H. Adger, and C. DeAngelis. "The Impact of Anti-Drug Advertising: Perceptions of Middle and High School Students." Archives of Pediatric Adolescent Medicine 148 (1994): 1262-1268.
- Rideout, Victoria, and Tina Hoff. "Executive Summary." Shouting to Be Heard: Public Service Advertising in a New Media Age. 2002. The Kaiser Family Foundation. 1 July 2003 <http://www.kff.org/content/2002/3152/Exec.Summ.KaiserPSAs.pdf.pdf>.
- Robinson, Les. "On Making Social Change." Social Change Media. 2001. 23 June 2003 http://www.media.socialchange.net.au/planning_comms/MakingSocialChange.pdf.
- Robinson, Les. "A 7 Step Social Marketing Approach." Social Change Media. 1998. 24 June 2003 <http://media.socialchange.net.au/strategy/>.
- "St. Louis Launch Site of Campaign against Teen Meth, Ecstasy Use." St. Louis Business Journal. 10 June 2003. American City Business Journals. 8 July 2003 <http://stlouis.bizjournals.com/stlouis/stories/2003/06/09/daily27.html>.

- Savitz, Lucy A., and Karl E. Umble. Social Marketing: A Vehicle for Employer-Driven Health Promotion and Disease Prevention (Executive Brief). Washington, D.C.: National Health Care Purchasing Institute, 2002.
- Schiller, Laura, and Tina Hoff eds. "Background Papers." Shouting to Be Heard: Public Service Advertising in a New Media Age. 2002. The Kaiser Family Foundation. 1 July 2003
<http://www.kff.org/content/2002/3153a/BackgroundPapers.KaiserPSAs.pdf.pdf>.
- Shewchuk, John. "Social Marketing for Organizations." Ontario Ministry of Agriculture and Food. 2002. 24 June 2003
<http://www.gov.on.ca/OMAFRA/english/rural/facts/92-097.htm>.
- "Social Marketing." Social Marketing Institute. 24 June 2003
<http://www.social-marketing.org/sm.html>.
- "Social Marketing: New Weapon in an Old Struggle." Health Canada. 2001. 15 May 2003
<http://www.hc-sc.gc.ca/hppb/socialmarketing/resources/weapon.html>.
- "The Social Marketing Concept." Novartis Foundation for Sustainable Development. 2003. 24 June 2003
http://foundation.novartis.com/leprosy/social_marketing.htm.
- "Study Finds St. Louis-Area Parents, Teens Underestimate Risks of Ecstasy, Methamphetamine" (News Release). Partnership for a Drug-Free America. 10 June 2003. 24 June 2003
http://www.drugfreeamerica.org/Templates/NewsRelease_Article.asp?ws=PDF&vol=1&grp=NewsCenter&cat=News+Releases&top=2003&tit=Study+Finds+St+%2E+Louis%2DArea+Parents%2C+Teens+Underestimate+Risks+Of+Ecstasy%2C+Methamphetamine+#Study%20Finds%20St.%20Louis-Area%20Parents,%20Teens%20Underestimate%20Risks%20Of%20Ecstasy,%20Methamphetamine.
- Sutton, Sharyn M. Interview with Elizabeth Austin. Advances. The Robert Wood Johnson Foundation, New York. January 2001. 26 June 2003
<http://www.suttonsm.com/RWJF%20Advances%20Article.pdf>.
- Sutton, Sharyn M., George I. Baich, and R. Craig Lefebvre. "Strategic Questions for Consumer-Based Health Communications." Public Health Reports 110 (1995): 1-13.
- Take It Outside. 2003. Kansas Health Foundation. 30 June 2003
http://www.kansashealth.org/program_areas/take_it_outside.jsp.
- United States. Dept. of Health and Human Services. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Media Campaign Resource Center. 2003. 1 July 2003
<http://www.cdc.gov/tobacco/MCRC/index.htm>.
- . ---. National Institutes of Health. National Cancer Institute. Making Health Communication Programs Work: A Planner's Guide. Washington, D.C.: GPO, 2002.

- . Preventive Services Task Force. Guide to Clinical Preventive Services. 2nd ed. Baltimore: Williams & Wilkins, 1996.
- “Viacom and Kaiser Family Foundation Launch Comprehensive Initiative to Fight AIDS” (Press Release). Know HIV/AIDS. 6 January 2003. 30 June 2003 <http://www.knowhivaids.org/images/release.pdf>.
- Walsh, Diana Chapman, Rima E. Rudd, Barbara A. Moeykens, and Thomas W. Moloney. “Social Marketing for Public Health.” Health Affairs Summer (1993): 104-119.
- Weinreich, Nedra Kline. “Building Social Marketing into Your Program.” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/building.html>.
- Weinreich, Nedra Kline. “The ‘Don’t Kid Yourself’ Campaign.” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/dky.html>.
- Weinreich, Nedra Kline. “Getting Your Message Out Through the Media.” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/media.html>.
- Weinreich, Nedra Kline. “Integrating Quantitative and Qualitative Methods in Social Marketing Research.” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/research.html>.
- Weinreich, Nedra Kline. “Research in the Social Marketing Process.” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/process.html>.
- Weinreich, Nedra Kline. “Social Marketers in the Driver’s Seat: Motorsport Sponsorship as a Vehicle for Tobacco Prevention.” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/sponsorship.html>.
- Weinreich, Nedra Kline. “What is Social Marketing?” Social-Marketing.Com. 2003. Weinreich Communications. 23 June 2003 <http://www.social-marketing.com/Whatis.html>.
- Which One Were You? 2003. Kansas Health Foundation. 30 June 2003 <http://www.whichnewereyou.org/campaign.jsp>.
- Young, Eric. “Social Marketing: Where It’s Come From; Where It’s Going.” Health Canada. 2001. 15 May 2003 <http://www.hc-sc.gc.ca/hppb/socialmarketing/resources/somarhpe/smhp04e.htm>.

Personal Communication:

Bradley, Tami. Vice President for Communications. Kansas Health Foundation. Telephone interview 15 July 2003.

Frank, Jan. Executive Director. Missouri Chapter of the American Academy of Pediatrics. Telephone interview. 9 July 2003.

Hedrick, Tom. Director and Founding Member, Partnership for a Drug-Free America. Telephone interview. 8 July 2003.

Hoff, Tina. Vice President and Director of Public Health Information and Partnerships. Kaiser Family Foundation. Telephone interview. 14 July 2003.

Kliwer, Cara. Communications Officer. Kansas Health Foundation. Telephone interview. 1 July 2003.

E N D N O T E S

- ¹ United States Preventive Services Task Force, Guide to Clinical Preventive Services, 2nd ed. (Baltimore: Williams & Wilkins, 1996) xxvi.
- ² Diana Chapman Walsh, Rima E. Rudd, Barbara A. Moeykens, and Thomas W. Moloney, "Social Marketing for Public Health," Health Affairs Summer (1993): 106.
- ³ Walsh 106.
- ⁴ Nedra Kline Weinreich, "What is Social Marketing?" Social-Marketing.Com 2003, Weinreich Communications, 23 June 2003 <http://www.social-marketing.com/Whatis.html>, 1.
- ⁵ Eric Young, "Social Marketing: Where It's Come From; Where It's Going," Health Canada 2001, 15 May 2003 www.hc-sc.gc.ca/hppb/socialmarketing/resources/somarhpe/smhp04e.htm.
- ⁶ Health Behavior and Health Education, Ed. Karen Glanz, Frances M. Lewis, and Barbara K. Rimer, (San Francisco: Jossey-Bass Inc., 1997) 385.
- ⁷ "The Social Marketing Concept," Novartis Foundation for Sustainable Development 2003, 24 June 2003 http://foundation.novartis.com/leprosy/social_marketing.htm, 2-3.
- ⁸ Lucy A. Savitz and Karl E. Umble, Social Marketing: A Vehicle for Employer-Driven Health Promotion and Disease Prevention (Executive Brief) (Washington, D.C.: National Health Care Purchasing Institute, 2002) 1.
- ⁹ Weinreich, "What is Social Marketing?" 1.
- ¹⁰ Rina Alcalay and Robert A. Bell, Promoting Nutrition and Physical Activity through Social Marketing: Current Practices and Recommendations (Davis: Center for Advanced Studies in Nutrition and Social Marketing, University of California, 2000) 3.
- ¹¹ James H. Mintz, Kay Rawlings and Michael Steele, "Requirements for the Marketing of Health Information," Health Canada 2001, 24 June 2003 <http://www.hc-sc.gc.ca/hppb/socialmarketing/resources/somarhpe/smhp03e.htm>, 5.
- ¹² Weinreich, "What is Social Marketing?" 2.
- ¹³ Savitz 1.
- ¹⁴ United States, Dept. of Health and Human Resources, National Institutes of Health, National Cancer Institute, Making Health Communication Programs Work: A Planner's Guide (Washington, D.C.: GPO, 2002) 28-31.
- ¹⁵ Health Behavior and Health Education 386.
- ¹⁶ Gordon C. Bruner, "Homan's Theory of Social Exchange," Southern Illinois University 1997, 25 July 2003 www.siu.edu/departments/coba/mktg/courses/mktg305/lectures/refgroup/tsld004.htm.
- ¹⁷ Health Behavior and Health Education 154-155.
- ¹⁸ K. Glanz and B. K. Rimer, Theory at a Glance: A Guide for Health Promotion Practice, NIH publication no. 95-3896 (Bethesda: National Institutes of Health, National Cancer Institute, 1995).

- ¹⁹ Health Behavior and Health Education 389-390.
- ²⁰ Health Behavior and Health Education 392.
- ²¹ Sharyn M. Sutton, George I. Baich, and R. Craig Lefebvre, "Strategic Questions for Consumer-Based Health Communications," Public Health Reports 110 (1995): 4-11.
- ²² Sutton, "Strategic Questions" 3.
- ²³ Sutton, "Strategic Questions" 4.
- ²⁴ Alcalay 51-52.
- ²⁵ Nedra Kline Weinreich, "Social Marketers in the Driver's Seat: Motorsport Sponsorship as a Vehicle for Tobacco Prevention," Social-Marketing.Com 2003, Weinreich Communications, 23 June 2003 <http://www.social-marketing.com/sponsorship.html> 3-4.
- ²⁶ Nedra Kline Weinreich, "Integrating Quantitative and Qualitative Methods in Social Marketing Research," Social-Marketing.Com 2003, Weinreich Communications, 23 June 2003 <http://www.social-marketing.com/research.html> 1-3.
- ²⁷ Savitz 3.
- ²⁸ United States, Making Health Communication Programs Work 35-40.
- ²⁹ Alcalay 3.
- ³⁰ Nedra Kline Weinreich, "Building Social Marketing into Your Program," Social-Marketing.Com 2003, Weinreich Communications, 23 June 2003 <http://www.social-marketing.com/building.html>, 2.
- ³¹ Sutton, "Strategic Questions" 8-9.
- ³² Alcalay 51.
- ³³ Sutton, "Strategic Questions" 9.
- ³⁴ "Social Marketing: New Weapon in an Old Struggle," Health Canada 2001, 15 May 2003 <http://www.hc-sc.gc.ca/hppb/socialmarketing/resources/weapon.html>.
- ³⁵ Walsh 111.
- ³⁶ William DeJong and Jay A. Winsten, "The Use of Mass Media in Substance Abuse Prevention," Health Affairs Summer (1990): 31-32.
- ³⁷ DeJong 32.
- ³⁸ Alcalay 57-60.
- ³⁹ DeJong 43-44.
- ³⁹ "New Weapon in an Old Struggle," Health Canada 12-14.
- ⁴⁰ Walsh 114.
- ⁴¹ Weinreich, "Building Social Marketing into Your Program" 5.

- ⁴² Health Behavior and Health Education 393-397.
- ⁴³ "The Campaign," Know HIV/AIDS 2003, 24 June 2003
http://www.knowhivaids.org/utility_campaign.html, 1.
- ⁴⁴ Tina Hoff, Vice President and Director of Public Health Information and Partnerships, Kaiser Family Foundation, Telephone interview, 14 July 2003.
- ⁴⁵ "The Campaign" 1.
- ⁴⁶ Tina Hoff, Telephone interview.
- ⁴⁷ Public Education Partnerships," The Henry J. Kaiser Family Foundation 2003, 30 June 2003
<http://www.kff.org/sections.cgi?section=publicedu>.
- ⁴⁸ "Viacom and Kaiser Family Foundation Launch Comprehensive Initiative to Fight AIDS" (Press Release), Know HIV/AIDS 6 January 2003, 30 June 2003
<http://www.knowhivaids.org/images/release.pdf>, 1.
- ⁴⁹ "Viacom and Kaiser Family Foundation," (Press Release) 1.
- ⁵⁰ Tina Hoff, Telephone interview.
- ⁵¹ Tina Hoff, Telephone interview.
- ⁵² Cara Kliewer, Communications Officer, Kansas Health Foundation, Telephone interview, 1 July 2003.
- ⁵³ Take It Outside, 2003, Kansas Health Foundation, 30 June 2003
http://www.kansashealth.org/program_areas/take_it_outside.jsp.
- ⁵⁴ Program Areas, 2003, Kansas Health Foundation, 5 August 2003
http://www.kansashealth.org/program_areas/.
- ⁵⁵ Take It Outside.
- ⁵⁶ Tami Bradley, Vice President for Communications, Kansas Health Foundation, Telephone interview, 15 July 2003.
- ⁵⁷ Program Areas
- ⁵⁸ Tami Bradley, Telephone interview.
- ⁵⁹ Take It Outside.
- ⁶⁰ United States, Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Media Campaign Resource Center, 2003, 1 July 2003 <http://www.cdc.gov/tobacco/MCRC/index.htm>.
- ⁶¹ Take It Outside.
- ⁶² Steve Dnistrian, Nora Roach, Howard Simon, and Josie Feliz, Partnership for a Drug-Free America: Annual Report 2001-2002, New York, 2002, 1.
- ⁶³ Partnership for a Drug-Free America, Meth and Ecstasy Health Education Campaign

(Executive Summary) (New York: PDFA, 2003), 1.

⁶⁴ Meth and Ecstasy Health Education Campaign (Executive Summary), 2.

⁶⁵ “Study Finds St. Louis-Area Parents, Teens Underestimate Risks of Ecstasy, Methamphetamine” (News Release), Partnership for a Drug-Free America, 10 June 2003, 24 June 2003
http://www.drugfreeamerica.org/Templates/NewsRelease_Article.asp?ws=PDF&vol=1&grp=NewsCenter&cat=News+Releases&top=2003&tit=Study+Finds+St%2E+Louis%2DArea+Parents%2C+Teens+Underestimate+Risks+Of+Ecstasy%2C+Methamphetamine+#Study%20Finds%20St.%20Louis-Area%20Parents,%20Teens%20Underestimate%20Risks%20Of%20Ecstasy,%20Methamphetamine.

⁶⁶ Meth and Ecstasy Health Education Campaign (Executive Summary), 1.

⁶⁷ Tom Hedrick, Director and Founding Member, Partnership for a Drug-Free America, Telephone interview, 8 July 2003.

⁶⁸ Jan Frank, Executive Director, Missouri Chapter of the American Academy of Pediatrics, Telephone interview, 9 July 2003.

⁶⁹ Tom Hedrick, Telephone interview.

⁷⁰ Tom Hedrick, Telephone interview.

⁷¹ E. C. Reis, A. K. Duggan, H. Adger, and C. DeAngelis, “The Impact of Anti-Drug Advertising: Perceptions of Middle and High School Students,” Archives of Pediatric Adolescent Medicine 148 (1994): 1262-1268.

⁷² Lauren G. Block, Vicki G. Morwitz, William P. Putsis Jr., and Subrata K Sen, “Assessing the Impact of Antidrug Advertising on Adolescent Drug Consumption: Results From a Behavioral Economic Model,” American Journal of Public Health 92 (2002): 1346, 1349-1350.

⁷³ Tom Hedrick, Telephone interview.

⁷⁴ Tom Hedrick, Telephone interview.

⁷⁵ Brian S. Flynn, John K. Worden, Roger H. Secker-Walker, Gary J. Badger, Berta M. Geller, and Michael C. Costanza, “Prevention of Cigarette Smoking through Mass Media Intervention and School Programs,” American Journal of Public Health 82 (1992): 827-834.