

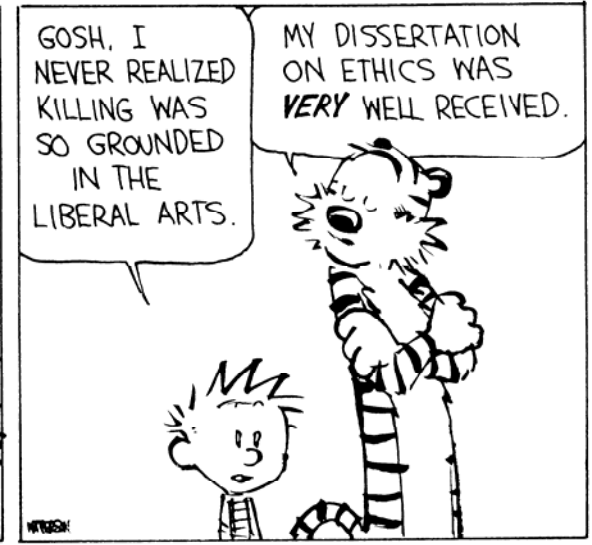
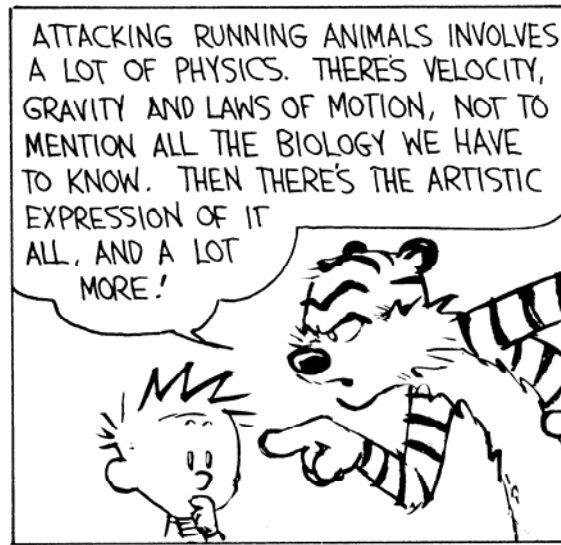
# Social Marketing in Public Health

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Lynne Doner Lotenberg  
March 2010

# Calvin & Hobbes

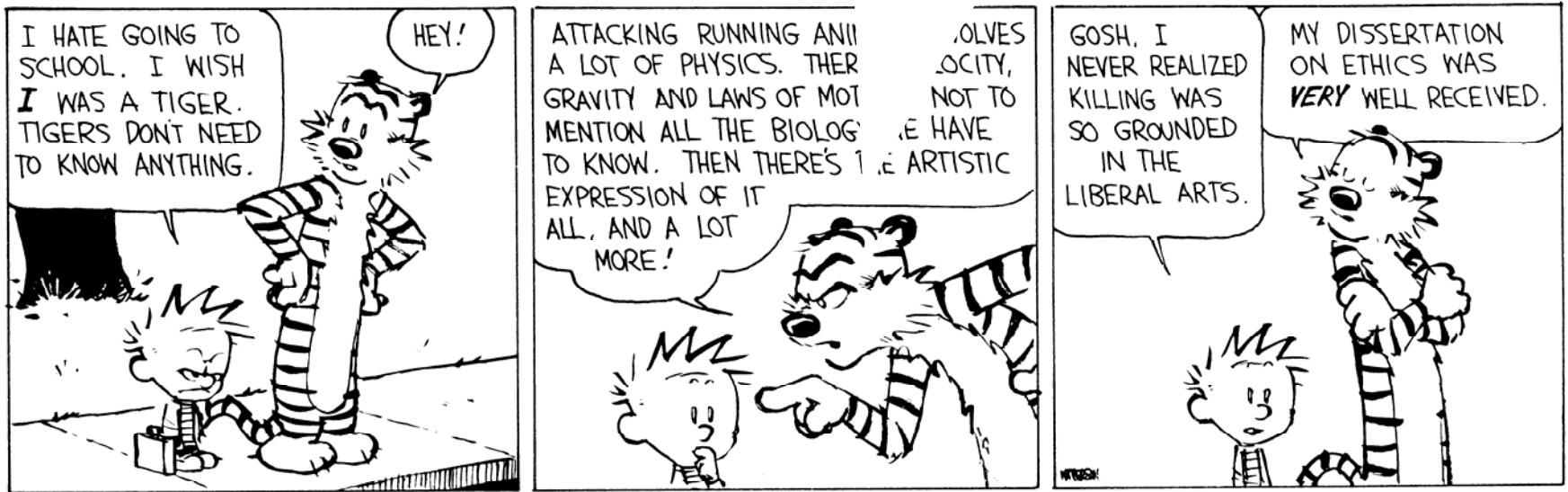
By Bill Watterson



Getting people to change their behavior involves a lot of disciplines. There's psychology, behavioral economics and marketing. Not to mention all the communication theory we have to know.

Calvin & Hobbes

By Bill Watterson



# Topics

- Core concepts
- Using the social marketing framework
- Developing communications

# Social Marketing

Systematic application of marketing concepts and techniques to achieve specific behavioral goals relevant to a social good.

*(French & Blair-Stevens, 2005)*

# Marketing

The activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large.

*(American Marketing Association, 2007)*

# Three Approaches to Managing Behavior

- Education
- Law
- Marketing

Rothschild, M.L. (1999). Carrots, sticks and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of Marketing*, 63, 24-37.

# Three Approaches to Managing Behavior

- **Education:** Messages that inform/persuade a target to behave voluntarily in a particular manner but do not provide direct or immediate reward or punishment
- **Law:** Achieving behavior in a nonvoluntary manner, or increasing/decreasing costs or availability
- **Marketing:** offering reinforcing incentives through comparative advantage, favorable cost-benefit relationships, and time and place utility enhancement

# Social Marketing Concepts

- Exchange
- Behavior change
- Competition
- Audience orientation & segmentation
- Self-interest
- Marketing mix/4 Ps

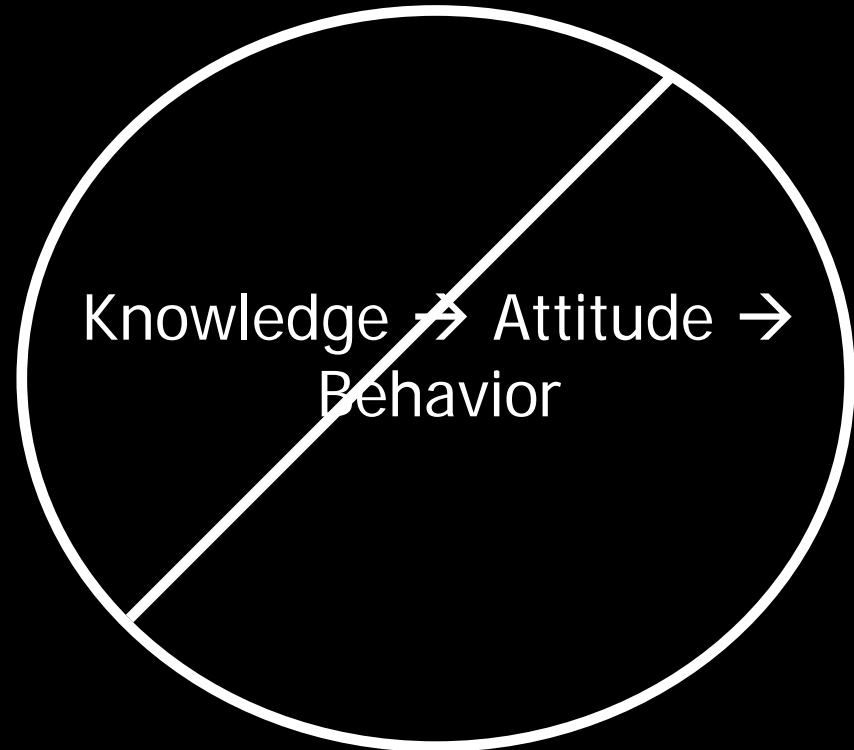
# Exchange

- Individuals engage in a transaction if perceived benefits  $\geq$  perceived costs
- Make behavior fun, easy and popular (Smith)
- Many theories/models of health behavior include costs and benefits:
  - ◆ Social cognitive theory
  - ◆ Health belief model
  - ◆ Transtheoretical model of stages of change



# Behavior Change

- Goal is ACTION, not increased knowledge or attitude change



# Competition

- What are the choices your target audience is foregoing?
- *Every* behavior has competition—including doing nothing
- Competitive advantage

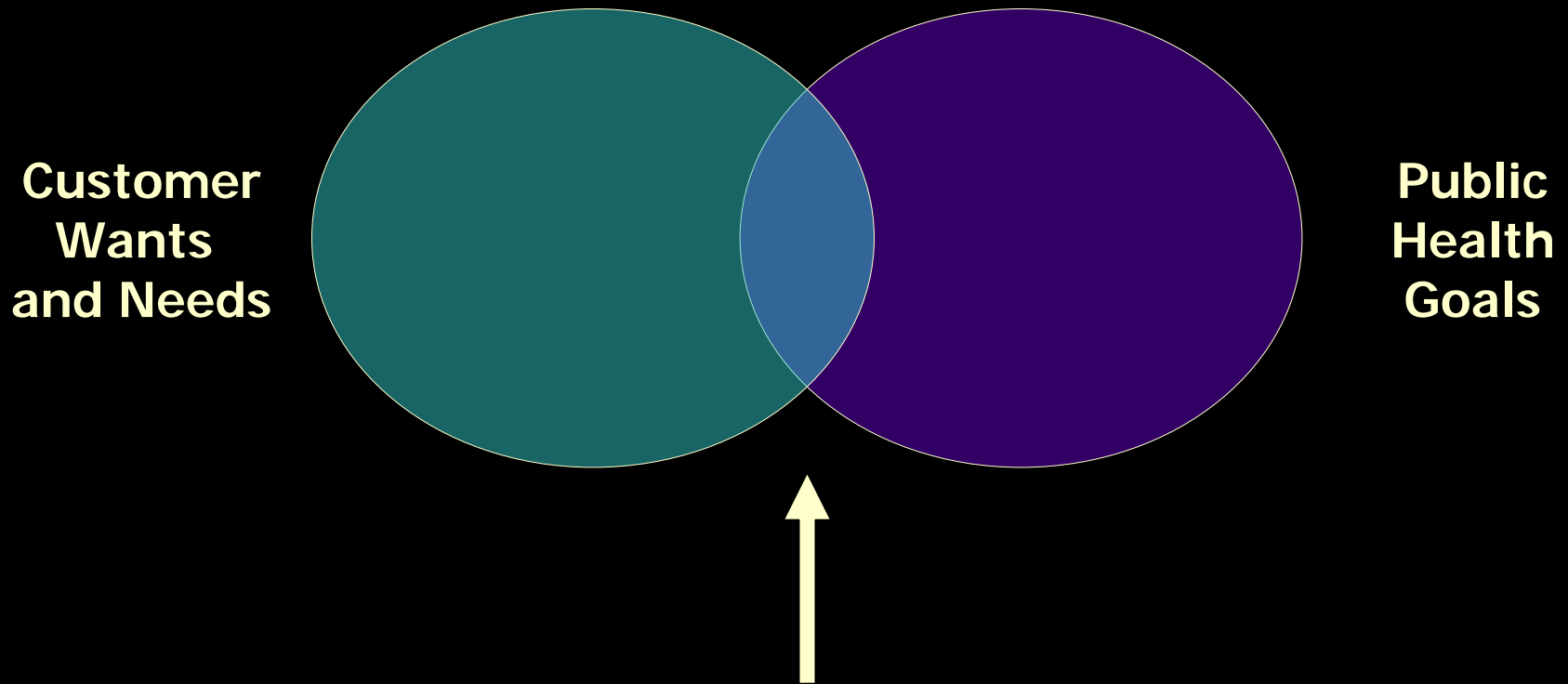
# Audience Orientation & Segmentation

- View from the perspective of the person whose behavior you want to change
- Segment and target by intent or by default; “everyone” is never reached
- Selecting audience segments
  - ◆ Size
  - ◆ Extent to which group needs/would benefit from behavior change
  - ◆ Reachability
  - ◆ Responsiveness

# Self-Interest

- What's in it for me?
- Often one of the biggest challenges we face
- Temporal proximity a factor – short-term vs. long-term self-interest

# **Intervention Point: Intersection of customer and public health desires**



# Four Ps

## Product

Bundle of benefits exchanged with audience for price

## Price

Total cost (financial, other) to customer of engaging in behavior

## Place

Channel(s) through which products are distributed—or situations where behavior can occur

## Promotion

Communications with audience about exchange being offered

# Product

- Bundle of benefits exchanged with target audience for price
- An *experience*, not just tangible good or service
- Must be compelling to target (not you)
- Immediate, hedonistic benefits usually most compelling

# Price

- Total cost (financial + other) to audience of engaging in behavior
- Other: psychological, social, time

# Promotion

- Communication with audience about exchange being offered
- Promise a benefit
- Can help manage price or place

# Place

- Situations where behavior can occur
- In commercial marketing, distribution networks
- Critical because can enable or prevent behavior
- Overlook at your peril

# Example: Road Crew

- Goal: Reduce alcohol-related crashes by 5% in one year
- Funders: WisDOT and NHTSA
- Partners: Univ. of WI School of Business, Miller Brewing Company, Tavern League of Wisconsin, community organizations



# Target Audience

- 21-34-year-old men largest contributors to drunk driving crashes
- Many lived in rural areas with little, if any, public transportation
- Drinking and driving rooted in culture



# Current and Replacement Behaviors

- Current
  - ◆ Drive to bars
  - ◆ Drink as much as possible
  - ◆ Drive home
- Replacement
  - ◆ Don't drink or drink less
  - ◆ Designated driver
  - ◆ Leave car; get cab ride home



# Components of Solution

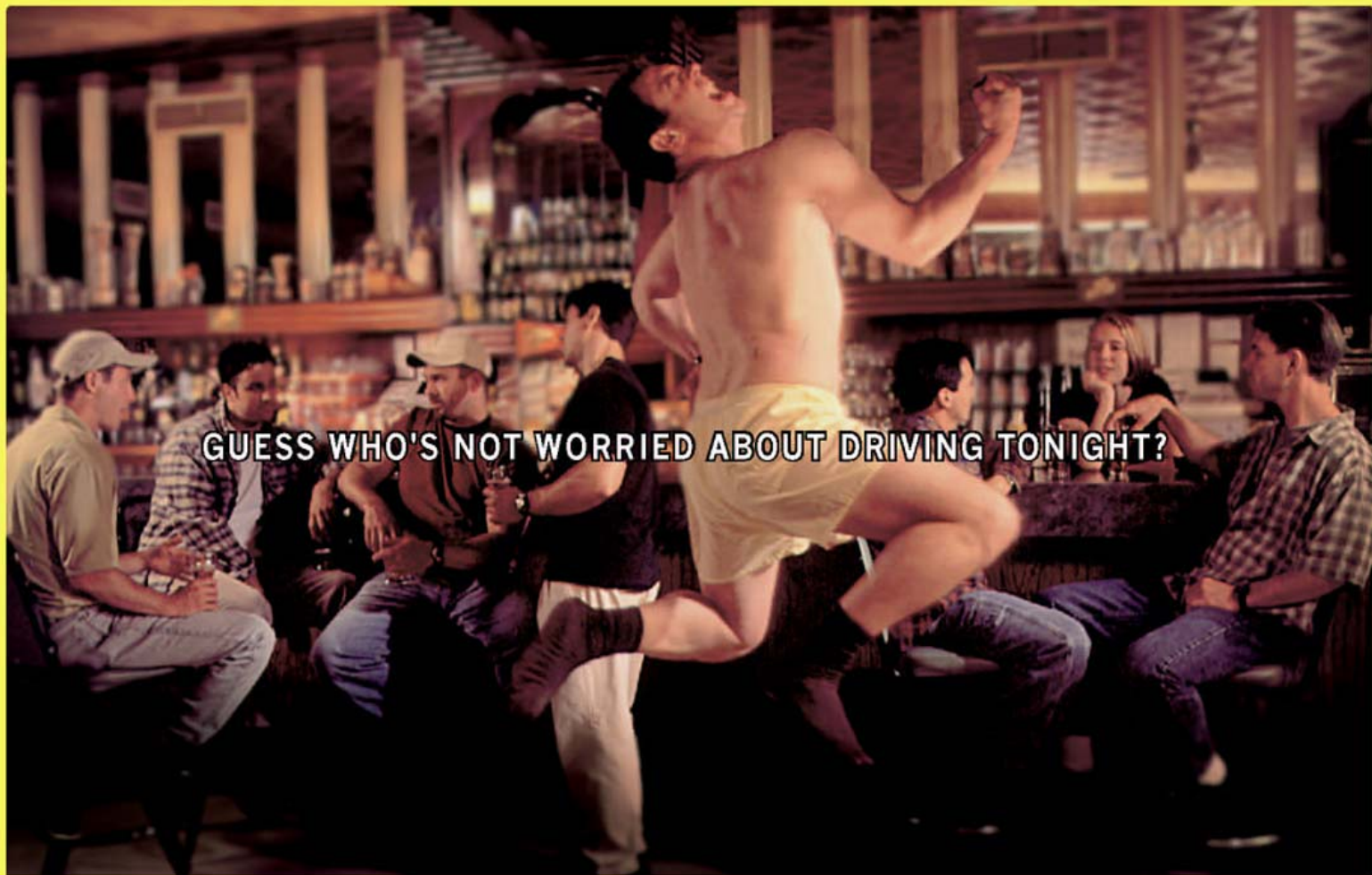
- Education: Discourage drunk driving
- Law: Traffic enforcement, tougher legislation
- Marketing: Provide appealing alternative to driving



# Marketing Mix

- Product: Use *Road Crew* and get a fun, affordable, hassle-free means of getting to and from the bar(s)
- Price:
  - ◆ Financially affordable
  - ◆ Offers more benefits than driving
  - ◆ Using Road Crew is seen as cool; admitting to not being able to drive home was seen as weak
- Place: Easy. Service available from any bar in market area; don't have to worry about own car
- Promotion: Emotional appeal, emphasizing fun and convenience





GUESS WHO'S NOT WORRIED ABOUT DRIVING TONIGHT?

Dave doesn't have to drive tonight. That makes him happy. Because when The Road Crew is driving, and Dave is not, he can relax and simply enjoy a nice time with his friends.



For more info on the totally brand-newest way to get around safely, ask your bartender about The Road Crew. And remember, safety first, so don't jump around in the bar. Thanks.

# Results

- Projected 17% decrease in alcohol-related crashes
- No increase in drinking behavior
- Average cost per . . .
  - ◆ Crash: \$56,000
  - ◆ Crash avoided using Road Crew: \$15,300
- Self-sustaining



# Using the Social Marketing Framework

- Systematic planning process
- Assess opportunity, motivation, ability
- Model influences on behavior

# Systematic Planning Process

1. Analyze situation
2. Segment, select target audiences
3. Set goals and objectives
4. Design offering(s)/marketing mix
5. Design monitoring & evaluation

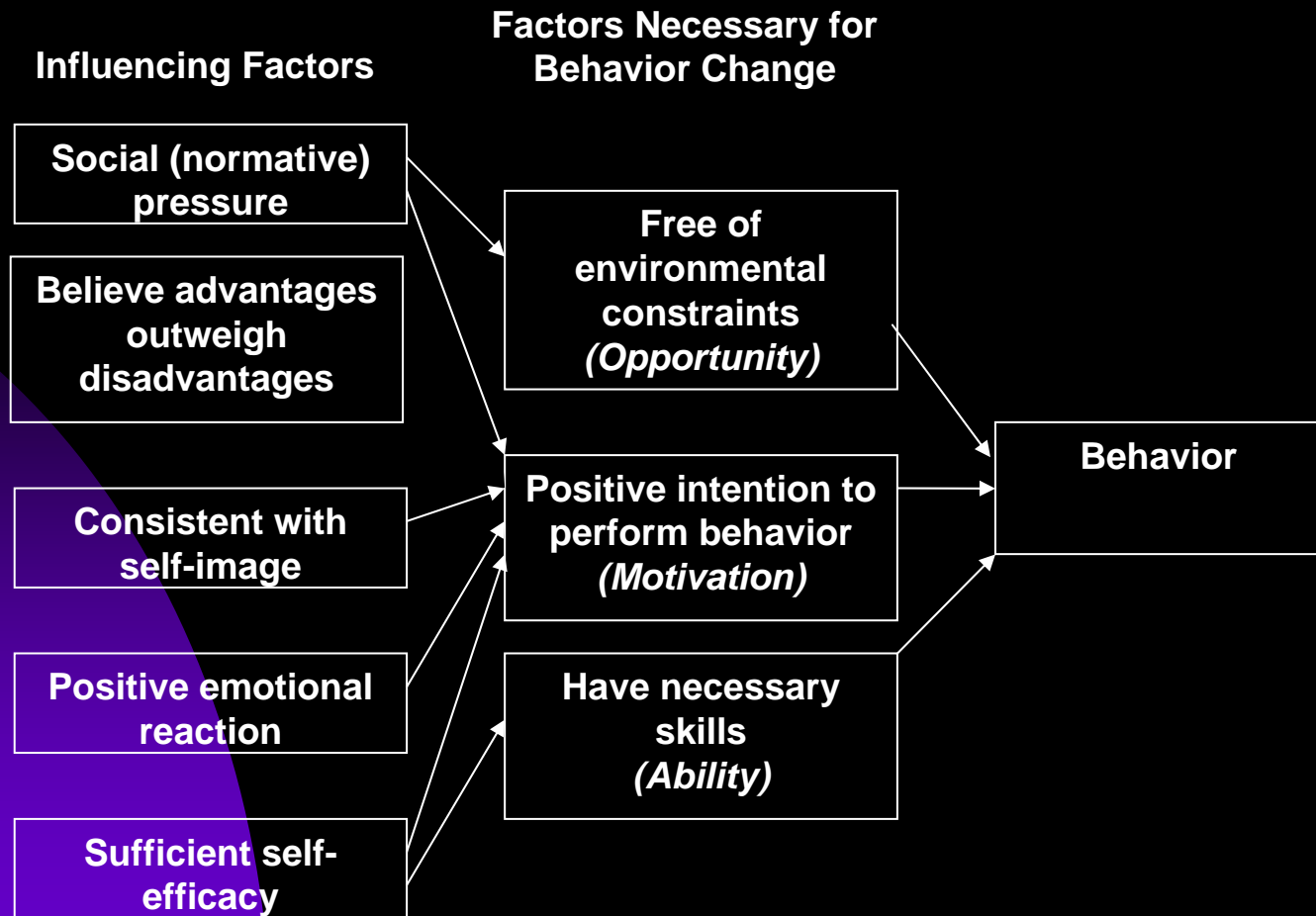
# Assess Opportunity, Motivation, Ability

- Do they have the *opportunity* to engage in the desired behavior?
- Do they have the *motivation* to engage in the desired behavior?
- Do they have the *ability* to engage in the desired behavior?

# Opportunity, Motivation, Ability

- *Opportunity* : Provided or prohibited by environment; must be present
- *Motivation*: Willingness to engage in behavior; more likely if doing so serves self-interest
- *Ability* : Skill, proficiency, self-efficacy

# Modeling Behavior Change



# Example: Loving Support Makes Breastfeeding Work

- Sponsors: WIC, Best Start Social Marketing
- Objectives:
  - ◆ Increase the number of breastfeeding women.
  - ◆ Increase the average duration of breastfeeding among WIC program participants
  - ◆ Increase the number of referrals to WIC for breastfeeding support and technical assistance
  - ◆ Increase acceptance and support for breastfeeding among the general public



# Target Audiences

- Primary: Pregnant women enrolled in or income-eligible for WIC
- Secondary: People who influence pregnant women—mothers, husbands/boyfriends, WIC staff, prenatal care providers
- Tertiary: general public (because women's decision-making considers social norms, especially related to public breastfeeding)



# Breastfeeding vs. Formula

## Benefits

- More nutritious
- Better protection from illnesses
- Closer maternal-infant bond

## Costs

- Public nursing = many embarrassing moments
- Additional time=conflicts with work, school, social life
- Others “left out” of feeding/not bond
- Pain
- Dietary/health changes
- Anxiety about producing quality milk in quantity



# Strategy

- **Product:** Emphasize close, loving bond and special joy breastfeeding mothers share with their babies (realize family dream of establishing special relationship with children)
- **Pricing:** Counseling to identify perceptions of costs and teach strategies to lower them; promotional materials to correct misperceptions
- **Place:** Settings in which women and social network members seek info about infant feeding: hospitals, homes, workplaces
- **Promotion:** Emotional appeal with upbeat, congratulatory tone; slice-of-life/vignette; families. Multi-faceted dissemination



# EMBARRASSMENT

DON'T SHY AWAY FROM BREASTFEEDING



Remember the rewards for baby and you.

Breast milk helps your baby's brain grow and is easier to digest, causing fewer upset stomachs. Research shows babies stay healthier, with fewer allergies and tooth decay. Breastfeeding burns calories and can help you lose weight. Most important, breastfeeding is a special time, which mom, baby and everyone can share. There is nothing embarrassing about that.



For information, call WIC

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## How to feel comfortable with breastfeeding almost anywhere.

If you think breastfeeding around other people could be a little embarrassing, you are not alone. Many new mothers worry about how they will feel when they are breastfeeding in public, even around people they know. But with a little planning, they soon find they can breastfeed almost anywhere. And you will too.



Focus on the baby, not on what other people say.

When babies get hungry, they need to eat (just like the rest of us!). So it's too bad that sometimes you will run into people who try to make you feel wrong for breastfeeding in public. The point is, you know you are doing the right thing for your baby and you. If you cannot ignore them, decide what you will say ahead of time to show your confidence. Their feelings are their problem, not yours.



### Put baby under cover.

Sometimes, breastfeeding in public is as simple as throwing a blanket over your shoulder. Loose-fitting tops that pull up from the bottom are easiest. Special nursing bras also help. With a little practice (try a mirror at home), you will soon learn how to breastfeed so that no one notices.



### Seek out the loving support of those around you and your baby.

Support for breastfeeding comes from many people—your family, your friends, other moms who have breastfed (or wished they had), your health care providers and neighbors. If you ever feel embarrassed about breastfeeding, know that you can talk to any one of them. If someone in your family asks about breastfeeding in public, explain why it is good for you and your baby. Show them how you can cover up.

### Get away from the crowd.

Even if you are out in public, you can usually find an out-of-the-way spot that is ideal for breastfeeding—a dressing room, restaurant booth or your parked car. Many stores now have special rooms for breastfeeding moms. And if you are at a friend's house, don't be afraid to ask if there is a room you can use for some privacy.



# Results – Iowa (1 year)

- Breastfeeding initiation ↑ (57.8% v. 65.1%)
- Support from social network increased:
  - ◆ Pregnant woman's mother (35.2% v. 53%)
  - ◆ Husband or boyfriend (47.7% v. 53%)
  - ◆ Friends/other relatives (48.8% v. 51.1%)
  - ◆ Prenatal health care provider (62.4% v. 83.8%)
  - ◆ WIC employees (81.9% v. 92.5%)



# Developing Strategies

- Dimensions of behavior
- Behavioral economics
- Fun, easy, popular

# Dimensions of Behavior

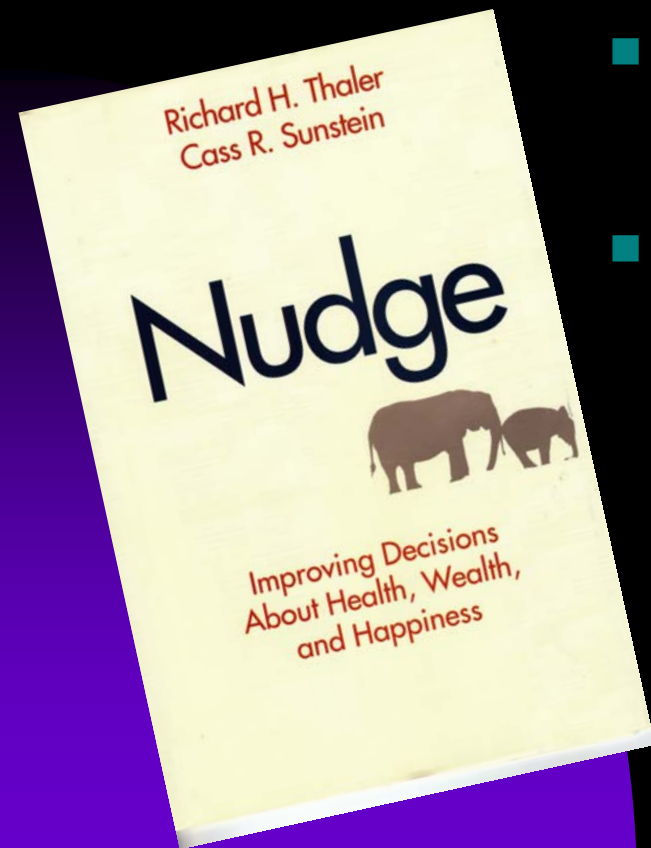
	One-Time/Episodic	Continuous/Frequent
Simple	Getting a flu shot Getting screening tests performed at routine exams	Using condoms Not smoking Not driving after drinking Fastening safety belts
Complex	Getting a colonoscopy Preparing household for natural disasters, emergencies Obtaining/installing child restraint system	Changing eating habits Engaging in physical activity Lowering communicable disease risk

# Limits of Rationalism

- Many theories/models implicitly suggest rational weighing of costs and benefits to arrive at conscious choice
- But . . .
  - ◆ We're not always rational
  - ◆ We're affected by factors of which we are unaware
  - ◆ Environment in which choice is made and how it is framed are critical

# Behavioral Economics: Insight into the “Irrational”

- Environment matters
- Costs/benefits change with temporal proximity
- Tyranny of small decisions

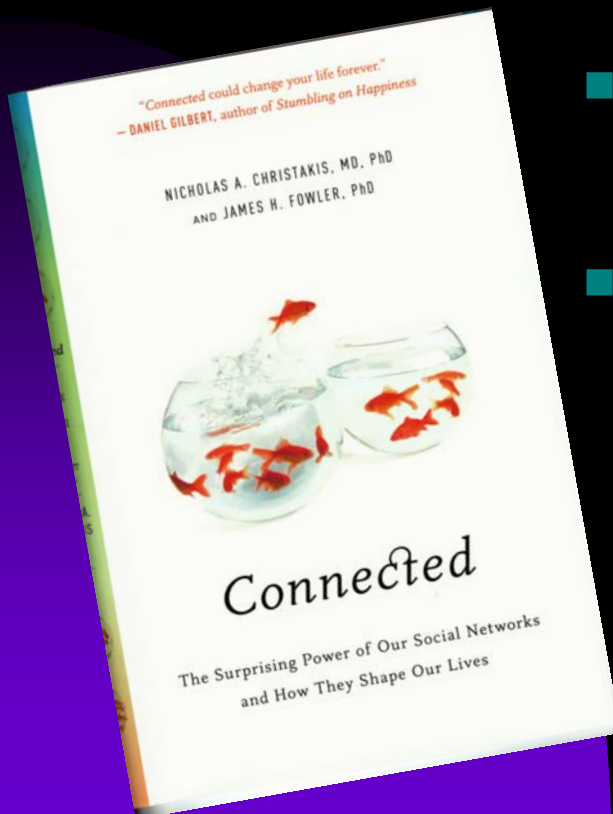


# Facilitating Behavior without Saying a Word

- A fly on the wall
- Resisting temptation
- Happy with what you have

# Fun, Easy, Popular

- Fun: Delivering a benefit the audience values
- Easy: Powerful competitive advantage
- Popular: Consistent with norms



# Communications

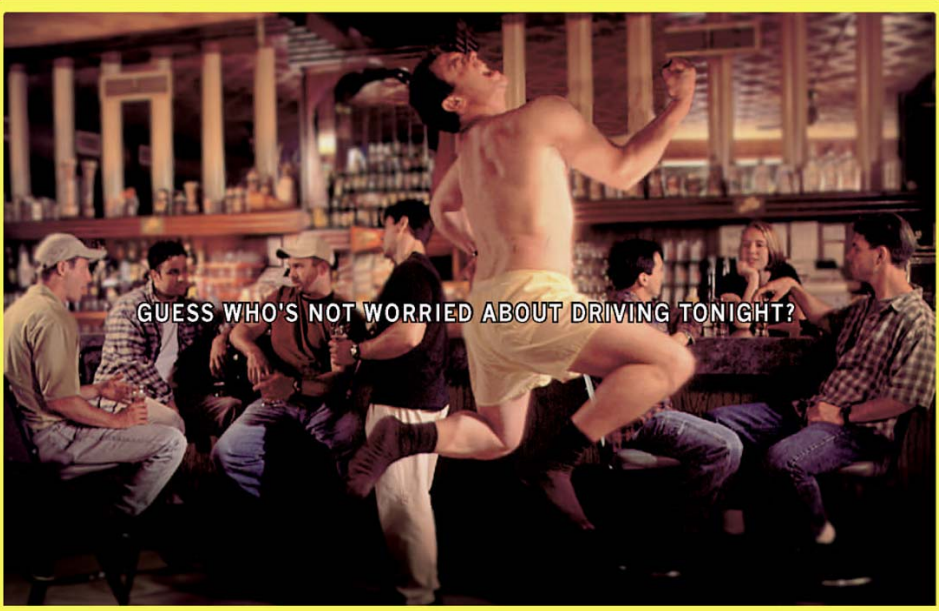
- Strategy
- Appeals
- Openings

# Communication Strategy

- Who is the *target*?
- What *action* do we want them to take?
- What is the *promise*—the benefit they will receive in exchange?
- What *support* will make the promise credible, do-able?
- What *openings* (apertures, communication tools) best reach the audience at the times, places and states of mind when they're receptive?
- What *image* should communications convey?

# Communication Appeals

- Emotional appeals generally more effective than factual
- Positive vs. negative emotional appeals
  - ◆ Positive emotional response to behavior can increase intent to engage



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## EMBARRASSMENT

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# Fear/Threat Appeals

- Extensively studied, but when they work and whether to ever use is still controversial
- High threat less effective with women
- Possibly less effective at getting people to engage in rather than refrain from behavior (high fear may direct people's attention away from behavior; people then avoid/disparage the threat)

# Summary

- Focus on *behavior*
- Consider how you might *change the environment*, not just communicate
- Identify what needs to change:
  - ◆ Do they have sufficient *opportunities* to make the change?
  - ◆ Do they *want* to make the behavior change? (*Motivation*)
  - ◆ Do they know how, and believe they can do it? (*Ability*)
- Use theory and research for guidance on making behavior *easy, fun, and popular*