



Social Marketing for Public Health

An Introduction

Hong Cheng, Philip Kotler, and Nancy R. Lee

SOCIAL MARKETING: A BRIEF OVERVIEW

Evolution and Definition

When this book was completed in 2009, it had been exactly 40 years since the publication of Kotler and Levy's (1969) pioneering article, "Broadening the Concept of Marketing." It was in this article that the idea of social marketing was first introduced and discussed. Kotler and Levy clearly proposed that as "a pervasive societal activity," marketing "goes considerably beyond the selling of toothpaste, soap, and steel," urging marketing researchers and practitioners to consider "whether traditional marketing principles are transferable to the marketing of organizations, persons, and ideas" (p. 10).

Subsequently, the term *social marketing* was formally introduced in 1971 (e.g., Basil, 2007; Kotler & Lee, 2008), when Kotler and Zaltman (1971) coined the term.

In their article, they provided a clear definition for social marketing, discussed the requisite conditions for effective social marketing, elaborated on the social marketing approach, outlined the social marketing planning process, and deliberated on the social implications of social marketing.

Kotler and Zaltman (1971) defined *social marketing* as:

the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research. (p. 5)

Over the years, modifications have been made to the definition of social marketing (e.g., Andreasen, 1995; French & Blair-Stevens, 2005; Kotler & Roberto, 1989). Although wording in the definitions of social marketing varies, the essence of social marketing remains unchanged. In this book, we adopt the following definition:

Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviors that benefit society as well as the target audience. (P. Kotler, N. R. Lee, & M. Rothschild, personal communication, September 19, 2006)

As indicated in this definition, several features are essential to social marketing:

- It is a distinct discipline within the field of marketing.
- It is for the good of society as well as the target audience.
- It relies on the principles and techniques developed by commercial marketing, especially the marketing mix strategies, conventionally called the 4Ps—product, price, place, and promotion.

Here, two points deserve more of our attention—one is the integration of the 4Ps; the other is the focus on behavior change in any social marketing campaign. As Bill Smith of the Academy for Educational Development, a Washington, DC–based nonprofit organization “working globally to improve education, health, civil society, and economic development” (AED, 2009), aptly observed:

the genius of modern marketing is not the 4Ps, or audience research, or even exchange, but rather the management paradigm that studies, selects, balances, and manipulates the 4Ps to achieve behavior change. We keep shortening “The Marketing Mix” to the 4Ps. . . . [I]t is the “mix” that matters most. This is exactly what all the message campaigns miss—they never ask about the other 3Ps and that is why so many of them fail. (Kotler & Lee, 2008, p. 3)

As Kotler and Lee (2008) emphasized, “social marketing is about influencing behaviors”; “[s]imilar to commercial sector marketers who sell goods and services, social marketers are selling behaviors” (p. 8). As they elaborated, social marketers typically try to influence their target audience toward four behavioral changes:

- (1) *accept* a new behavior (e.g., composting food waste),
- (2) *reject* a potential undesirable behavior (e.g., starting smoking),
- (3) *modify* a current behavior (e.g., increasing physical activity from 3 to 5 days of the week), or
- (4) *abandon* an old undesirable one (e.g., talking on a cell phone while driving). (p. 8)

Applications

Social marketing principles and techniques can be used to benefit society in general and the target audience in particular in several ways. There are four major arenas that social marketing efforts have focused on over the years: health promotion, injury prevention, environmental protection, and community mobilization (Kotler & Lee, 2008).

Health promotion–related behavioral issues that could benefit from social marketing include tobacco use, heavy/binge drinking, obesity, teen pregnancy, HIV/AIDS, fruit and vegetable intake, high cholesterol, breastfeeding, cancers, birth defects, immunizations, oral health, diabetes, blood pressure, and eating disorders.

Injury prevention–related behavioral issues that could benefit from social marketing include drinking and driving, seatbelts, head injuries, proper safety restraints for children in cars, suicide, drowning, domestic violence, gun storage, school violence, fires, injuries or deaths of senior citizens caused by falls, and household poisons.

Environmental protection–related behavioral issues that could benefit from social marketing include waste reduction, wildlife habitat protection, forest destruction, toxic fertilizers and pesticides, water conservation, air pollution from automobiles and other sources, composting garbage and yard waste, unintentional fires, energy conservation, litter (such as cigarette butts), and watershed protection.

Community mobilization–related behavioral issues that could benefit from social marketing include organ donation, blood donation, voting, literacy, identity theft, and animal adoption (Kotler & Lee, 2008).

For a more detailed review of these applications of social marketing, please see Kotler and Lee’s 2008 text, *Social Marketing: Influencing Behaviors for Good*, pages 18–21. In this book, we focus on the successful applications of social marketing principles and techniques on public health–related issues.

SOCIAL MARKETING AND PUBLIC HEALTH

Defining Public Health

Throughout human history, the major health problems that individuals have faced have been occurring at the levels of their communities, their countries, or even the entire world (such as the control of transmittable diseases, the improvement of the physical environment, the quality and supply of water and food, the provision of medical care, and the relief of disability and destitution). Although emphasis placed on each of these problems has varied from time to time and from country to country, “they are all closely related, and from them has come public health as we know it today” (Rosen, 1993, p. 1).

In this book, a widely cited quotation by C.-E. A. Winslow, “the founder of modern public health in the United States” (Merson, Black, & Mills, 2006, p. xiii), is borrowed to define *public health* as:

the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual a standard of living adequate for the maintenance of health; organizing these benefits in such a fashion as to enable every citizen to realize his birthright of health and longevity. (Winslow, 1920, as cited in Merson et al., 2006, p. xiii)

Public health has several distinguishing features:

- *It uses prevention as a prime intervention strategy* (such as the prevention of illness, deaths, hospital admissions, days lost from school or work, or consumption of unnecessary human or fiscal resources).
- *It is grounded in a broad array of sciences* (including epidemiology, biological sciences, biostatistics, economics, psychology, anthropology, and sociology).
- *It has the philosophy of social justice as its central pillar* (so the knowledge obtained about how to ensure a healthy population must be extended equally to all groups in any society).
- *It is linked with government and public policy* (which have strong impacts on many public health activities carried out by nonprofit organizations and/or the private sector; Merson et al., 2006).

Social Marketing for Public Health

Social marketing has been widely used in solving public health problems, has fast become “part of the health domain” (Ling, Franklin, Lindsteadt, & Gearon, 1992,

p. 360), and will “play a bigger role in public health” (p. 358). For example, it has been used to:

- Reduce AIDS risk behaviors.
- Prevent teen smoking.
- Fight child abuse.
- Increase utilization of public health services.
- Combat various chronic diseases.
- Promote family planning, breastfeeding, good nutrition, physical exercise, contraceptive use, infant weaning foods, childhood immunizations, and oral rehydration therapy. (Coreil, Bryant, & Henderson, 2001)

Today, social marketing has been applied to an even broader array of public health activities and programs—from the safe drinking water campaign in Madagascar, to the promotion of mosquito nets in Nigeria, and then to the anti–drink driving program in Australia (yes, *drink* driving!), to mention but a few of the cases covered in this book.

Social marketing has offered public health professionals “an effective approach for developing programs to promote healthy behaviors” (Coreil et al., 2001, p. 231). It has also provided public health with “a new institutional mindset,” in which “solutions to problems are solicited from consumers” (p. 231), mainly through *formative research* that obtains insights into target audience’s needs and wants. An organization that has adopted the social marketing mindset “continually evaluates and remakes itself so as to increase the likelihood that it is meeting the needs of its ever-changing constituency” (p. 231).

USING SOCIAL MARKETING FOR PUBLIC HEALTH: GLOBAL TRENDS

A major purpose of this book is to identify some global trends in using social marketing for public health. Due to limited space, we could only cover cases from 15 countries, carefully selected. These cases speak volumes for what is going on in today’s world regarding how social marketing is being applied in public health. At least 10 trends are noteworthy in our view.

Trend 1: Going Global for Public Health

Social marketing can be seen as an “American invention” in the 20th century, because the concept was initially formulated in the United States (see Kotler & Levy, 1969), and the term was then coined by U.S. scholars (see Kotler & Zaltman, 1971).

Today, social marketing practice and successful social marketing campaigns can be found all over the world. Countries active in applying social marketing techniques to public health vary at the levels of economic and technological developments and differ in social, cultural, and regulatory environments.

The case studies presented in this book are just a small sample of the success stories. Here are a few “indicators” of the global scope of social marketing:

- In 1996, Alan Andreasen of Georgetown University in Washington, DC, launched the Social Marketing Listserv, listproc@listproc.georgetown.edu, a worldwide e-mail list for social marketers. Currently, the listserv has about 2,100 subscribers from more than 40 countries, who constantly share information and discuss questions about social marketing research and practice via this server. A large part of their discussions involve public health (A. R. Andreasen, personal communication, August 12, 2009).
- On September 29 and 30, 2008, a World Social Marketing Conference was held in Brighton, England. More than 700 delegates from all over the world came together “to network, learn, and share knowledge and experience” at this first global conference of its kind (World Social Marketing Conference, 2008). During this two-day conference, many success stories on social marketing for public health, among others, were told.
- In the same year, the *International Journal of Nonprofit and Voluntary Sector Marketing* ran a special issue on social marketing. Most of the articles published in this special issue were about public health (Wymer, 2008).
- Also in 2008, a survey conducted by the U.S.–based Advertising Council, in partnership with the International Advertising Association (IAA), revealed that IAA members are “dedicated to promoting social causes and advocate for increased participation across the globe” (Survey finds, 2008, p. 1). According to the survey, 66% of respondents have been actively involved in social marketing efforts. In addition, 84% of respondents say the media outlets in their countries support social marketing efforts through donated media space or time. The research also indicates that most respondents think “social marketing efforts in other countries could be useful learning tools” and believe “working together on issues of common interest could bring about positive social change” (Survey finds, 2008, p. 1). More than half of the respondents expressed interest in collaborating on social marketing campaigns internationally (Survey finds, 2008).

Trend 2: Integration of Downstream, Midstream, and Upstream Efforts

Social marketing was once called “an administrative theory” because it was perceived as “essentially source-dominated” (Baran & Davis, 2009, p. 259). The critics held that social marketing “assumes the existence of a benign information provider seeking to bring about useful, beneficial social change” (Baran & Davis, 2009, p. 259). These critics failed to see the complete picture of today’s social marketing theory and practice. In 2006, Andreasen described the expanded roles for social marketing in his book, *Social Marketing in the 21st Century*, seeing social marketing as “about making the world a better place for everyone—not just for investors or foundation executives” (p. 11). As he elaborated,

the same basic principles [of marketing] that can induce a 12-year-old in Bangkok or Leningrad to get a Big Mac and a caregiver in Indonesia to start using oral rehydration solutions for diarrhea can also be used to influence politicians, media figures, community activities, law officers and judges, foundation officials, and other individuals whose actions are needed to bring about widespread, long-lasting, positive social change. (p. 11)

“[T]o take social marketing to the ‘next level’ of influence and impact” (p. 11), Andreasen (2006) outlined a vertical perspective, in addition to the “traditional” horizontal perspective. As he put it,

[w]e need *vertical perspectives* to understand where social problems come from, how they arise on various social agendas, and how they are addressed. A *horizontal perspective* then is needed to consider the range of players who need to act and the kinds of changes that have to happen for the social change process to move forward. (p. 12)

Andreasen’s (2006) thought has actually been put into practice in many social marketing campaigns. In this book, Chapters 3 and 5 illustrate social marketing successes for public health in both horizontal and vertical perspectives. The only difference lies in the different terms used in these chapters. While the horizontal perspective is called *downstream* efforts in the chapters, the vertical perspective is described as *upstream* efforts. Between these two types of efforts, a third dimension of social marketing—midstream efforts—is also introduced in Chapter 5. *Midstream* efforts are made to reach “those with the ability to influence others in the target markets’ community,” including family members, neighbors, co-workers, and friends. Midstream efforts could be as critical as downstream and upstream efforts for the success of a social marketing campaign. Chapter 3 describes how a mass media campaign (to reach the main segment of the target audience) and an

advocacy campaign (to reach key stakeholders and decision makers) were integrated in the “Saskatchewan in motion” campaign in Canada.

Trend 3: Building Partnerships

Public health issues are often so complex that no single agency is able to “make a dent by itself.” No wonder some social marketers even deem partnership as one of the “additional social marketing Ps” (Weinreich, 2006, p. 1).

Partners for social marketers can be nonprofit organizations (at local, national, or international levels), private sectors, governments, media organizations, local communities (or online communities), and even individuals (like volunteers).

This book reviews some creative and effective short-term and long-term partnerships. In Chapter 9, social marketers for mosquito nets in Nigeria partnered with international net and insecticide manufacturers as well as Nigerian distributors. In Chapter 10, social marketers of the safe drinking water program in Madagascar had more than 12,000 government volunteer community healthcare workers as partners; they also partnered with the government and nongovernmental organizations (NGOs) in the training of those volunteers for the program. In Chapter 12, the Chinese government, public health organizations, a global pharmaceutical company, marketing professionals, media outlets, and voluntary individuals (such as popular singing and movie stars) partnered in a nationwide anti–hepatitis B campaign. In Chapter 15, the National Environment Agency (NEA) in Singapore partnered with other government agencies, private organizations (such as construction companies), schools, and town councils in an anti–dengue fever campaign.

Trend 4: Corporate Social Initiatives to Support Social Marketing Efforts

Research has documented that “[i]n response to pressures to be more socially responsible, corporations are becoming more active in global communities through direct involvement in social initiatives” (Hess & Warren, 2008, p. 163). Defined as “a commitment to improving community well-being through discretionary business practices and contributions of corporate resources” (Kotler & Lee, 2005, p. 3), *corporate social initiatives* include six major options for doing social good:

- *Corporate cause promotions* to increase awareness and concern for social causes.
- *Cause-related marketing* to make contributions to social causes based on product sales.
- *Corporate social marketing* to support behavior-changing campaigns.

- *Corporate philanthropy* to make direct contributions to social causes.
- *Community volunteering* to have employees donate their time and talents.
- *Socially responsible business practices*, which involve discretionary business practices and investments to support social causes. (Kotler & Lee, 2005)

The case reviewed in Chapter 13 illustrates a successful example of how corporate social initiatives are practiced by Terumo Corporation, a Tokyo-headquartered global medical products and equipment manufacturer. In that case, many of the aforementioned options were implemented.

Successful corporate social initiatives often create a win–win situation for both the social marketing program and the corporation. Such initiatives have “the potential to achieve sustainability” (Agha, Do, & Armand, 2006, p. 28). For example, when a donor-funded project partners with a manufacturer and/or distributor willing to market a contraceptive at a price lower than those of other commercial brands, this partnership may make it profitable for the commercial partner(s) because the brand awareness and loyalty created through the social marketing program could continue to benefit the manufacturer and/or distributor after the donor support is over (Agha et al., 2006).

Successful corporate social initiatives are also believed to be an effective way to break through clutter, a major challenge all commercial marketers and advertisers are facing today. No wonder some say, “if there is nothing more distinctive about your brand of cell phone, then surely there is a cause you can identify with, which will raise your brand way above those of your competitors” (Sparg, 2008, p. 1). Nowadays, in many smart companies, corporate social initiatives have been shifted “from obligation to strategy” (Kotler & Lee, 2005, p. 7).

As more and more private companies are engaged in corporate social initiatives, social marketing, as a subfield of marketing, originally “derived” from commercial marketing, will “reblend” with commercial sectors. This “reblend” is created through reaching shared objectives—to do a social good and to create a win–win situation for both social causes and private companies involved.

Trend 5: Integration of the 4Ps

The 4Ps in social marketing mix strategies cannot be developed in isolation—it is the “mix,” or “synergy,” of the 4Ps that makes a truly successful social marketing campaign possible. Social marketing for public health is more than health communication. The other 15 chapters in this book illustrate the need for social marketers to develop products, or at least include them in campaign efforts, and the benefit of integrating the 4Ps to achieve campaign success.

Trend 6: Integration of Various Communication Formats and Media

The success of a social marketing campaign utilizes various communication formats and media. The *communication formats* consist mainly of advertising (including public service advertising, simply called PSA), public relations, special events (like public meetings and national exhibitions), sponsorships, and personal communication (including word of mouth, such as clinic counseling and family visits).

Communication media include *traditional media* (such as newspapers, magazines, radio, television, cinemas, billboards, and transits), *nontraditional media* (e.g., computer desktop kits, desktop wallpaper, plastic cups, posters, T-shirts, bike lights, and point-of-purchase materials), *addressable media* (like direct mail, flyers, postcards, pamphlets, and booklets), and *digital* and/or *interactive* media (such as the Internet, video games, DVDs, and mobile phones).

What really represents a current trend in social marketing for public health is not only the increasing number of communication formats and media, it is also the *integration* of those different channels to achieve a “one-sight, one-sound” effect (Schultz & Schultz, 2004, p. 23) in all those communication efforts. The rationale and goals for integrating various communication efforts are twofold:

1. To more effectively orchestrate the delivery of messages into the marketplace.
2. To apply the strengths of each communication discipline or technique so that the whole is greater than the sum of the parts and the optimal message impact is achieved. (Schultz & Schultz, 2004, p. 23)

In some social marketing campaigns covered in this book, emerging media were actively adopted. As “the evolution of utilizing technology to share information in new and innovative ways” (EM, 2009), *emerging media* involve:

an explosion in digital media with the development and expansion of social networks, blogs, forums, instant messaging, mobile marketing, e-mail marketing, rich media and paid and organic search all the way to offline trends in discovering the power of word of mouth marketing (WOM) techniques and strategies that become a part of media and marketing campaigns. (EM, 2009, p. 1)

Due to the disparity in economic and technological development and in media access to target audiences among those countries covered in the book, the adoption of new and emerging media for social marketing has been uneven in some of those countries.

As a sea of change is surging over the traditional media landscape globally, social marketers have begun to venture into *social media* (e.g., YouTube, MySpace,

and Twitter) to connect with the target audience, especially the “digital natives,” who were “born into the digital age (after 1980), with access to networked digital technologies and strong computer skills and knowledge” (Palfrey & Gasser, 2008, p. 346).

While “social marketing is one of the fastest-growing areas of marketing and communications, it is also frequently one of the most misunderstood” (Houghton, 2008, p. 1). The most severe and widely spread misunderstanding about social marketing is that many people seem to have confused it with social media nowadays. In a brief Google search, we found the following misuses of social marketing as social media or social networking:

Misuse 1: What people are saying about a product in chat rooms, on blogs, on review sites, and in social networks is mistakenly regarded as “social marketing.”

Misuse 2: Web 2.0 technology, “a phase in Web development where users, and not just professional content creators, write Web-based, Google-searched content,” is regarded as a practice of “social marketing.”

Misuse 3: Two European countries held the “first international social advertising and marketing competition . . . to recognize online marketing and advertising ideas that incorporate the importance of social networks.”

Misuse 4: A Fortune 500 company, which wants to sell more pads and tampons to young girls, has found “social marketing” more effective than traditional advertising—not because of its initiative for any social good, but “as a result of the company’s proven ability to listen to customers and respond effectively” through social networking.

Misuse 5: A new university course in the United States on “the benefits of social networking” and the techniques on how to use “online networking sites such as Facebook, MySpace, and LinkedIn” to increase “membership or patronage, and potential improvement of revenues” for companies is called “Social Marketing in the 21st Century.”

Although definitions of social media vary in focus and format (Definitions, 2009), social media are *not* social marketing. Social media can be communication tools and channels for social marketing, but merely social networking—typical of social media—is not the social marketing that has been defined and practiced since this term was born in 1971 (Kotler & Zaltman, 1971). The confusion between *social marketing* and *social media* has given rise to a serious challenge to the identity of social marketing as a field of practice, research, and education. To clean this “muddy water” is a battle that all social marketers have to fight right now—and in the years to come.

Trend 7: Edutainment

Edutainment, a term coined from educational entertainment, is a type of entertainment designed to be educational (Merriam-Webster, 2009). “Lessons” embedded in edutainment tend to be delivered to the target audience through entertainment formats familiar to the audience, such as entertainment shows, radio and TV programs, computer and video games, films, and Web sites.

“The entertainment-education approach to social change rests on this notion of fluid boundaries between learning and enjoying” (Cooper-Chen, 2005, p. 5). It is for this reason that edutainment, if used appropriately, could be an effective way to convey social marketing messages, including those focused on public health, to the target audience.

As demonstrated in this book, edutainment was successfully used in some social marketing campaigns. As shown in Chapter 12 on the anti-hepatitis B campaign in China, for example, MTV and a campaign theme song, starring singers popular among the public, helped catch the attention of target audiences, increase their awareness, and reinforce their memory of the campaign messages.

A word of caution is in place here, however: Edutainment has to be used appropriately in social marketing campaigns. It was reported in a study on the fundraising effect of situating the social marketing of organ donation against a broader backdrop of entertainment and news media coverage that the storylines for organ donations heavily featured on broadcast television in medical and legal dramas and soap operas actually did not work because they were highly sensational. As a result, “the marketing of organ donation for entertainment essentially create[d] a counter-campaign to organ donation, with greater resources and reach than social marketers [had] access to” (Harrison, Morgan, & Chewning, 2008, p. 33).

Trend 8: Paying Attention to Social, Cultural, and Regulatory Environments

Social marketing campaigns for public health are often affected by the social, cultural, and regulatory environments in the countries or regions in which they are carried out. The cases presented in this book all have one thing in common: They were designed and carried out in a way that best fit their social, cultural, and regulatory contexts in order to maximize their effectiveness.

Take the anti-hepatitis B campaign in China reviewed in Chapter 12, again, for example. For more than two decades, public service advertising (PSA) has been enthusiastically embraced by the Chinese government and Chinese media. The first PSA spot was aired by a Chinese TV station in 1986, and since 1996, the Chinese government and media have been jointly hosting annual national PSA campaigns

and presenting awards to outstanding pieces (Cheng & Chan, 2009). Given this unique social environment in China, the Chinese government played a major role in this nationwide anti-hepatitis B campaign, which was, in fact, co-sponsored by the China Foundation for Hepatitis Prevention and Control and the Information Office of the Ministry of Health, with donations of expertise from McCann Healthcare China and airtime and space from many media outlets.

Cultural influences on social marketing campaigns for public health are abundant in this book. In the anti-HIV/AIDS case study in Mexico in Chapter 4, the campaign focused on “redefin[ing] gender norms among Mexican youth,” because the traditional inequitable gender roles between young men and young women in Mexico was identified as a root cause of risky sexual behaviors among them. In Singapore’s anti-dengue fever campaign examined in Chapter 15, all communication materials were produced in four languages—English, Chinese, Malay, and Tamil—because they are all official languages in this multiethnic nation.

As Willard Shaw, author of the case study on insecticide-treated mosquito nets in Nigeria, concluded in Chapter 9, “Keeping an eye on both . . . regular monitoring and adapting to changing circumstances is the only way to achieve success.” An example he gave in the chapter in terms of campaign agility to deal with unpredictable government regulations was that tariff increases in the country could jump from 5% to 75% overnight during the campaign.

Trend 9: Valuing Marketing Research

A commonality among all the case studies in this book is that research played a pivotal role in all these success stories of social marketing for public health. As “the systematic design, collection, analysis, and reporting of data and findings relevant to a specific marketing situation facing the organization” (Kotler & Lee, 2008, p. 74), *marketing research* can be divided as formative, pretest, monitoring, and evaluation. While *formative research* helps “form strategies, especially to select and understand target audiences and develop draft marketing strategies” (Kotler & Lee, 2008, p. 75), *pretest research*, *monitoring research*, and *evaluation research* are conducted before, during, and after a marketing campaign is launched, respectively.

The success stories of social marketing for public health all resorted to some types of marketing research. One of the major lessons provided in these success stories is that “properly focused marketing research can make the difference between a brilliant plan and a mediocre one” (Kotler & Lee, 2008, p. 44).

Because the social, cultural, economic, and technological conditions in those countries are quite different, you will find that marketing researchers paid great attention to not only the *appropriateness* of a research method for a target market, but also the *feasibility* of research in a target market. That is why, while relatively

large-scale surveys (either online or offline) were conducted in some countries, observation and personal interviews were done in others.

The strong emphasis on marketing research in these success stories has also demonstrated how social marketing “focuses clearly on the audience,” how “[i]t has gone so far as to describe [itself] as ‘being obsessed with the audience,’” and how “[i]t starts and ends with the target audience” (Sparg, 2008, p. 1).

Trend 10: Focusing on Behavior Changes

The last, but by no means the least, trend you will observe in the public health campaigns reviewed in this book is their clear, strong, and consistent focus on behavior change, the hallmark of social marketing. Each campaign yielded some measurable behavior changes in the target audience, from quitting smoking to beginning to do more physical exercise and from increased adoption of mosquito nets, contraceptives, or new needles (for diabetic patients) to the reduced rate of drink driving (yes, again, *drink* driving, as in Chapter 16).

SOCIAL MARKETING FOR PUBLIC HEALTH: CHAPTER HIGHLIGHTS

This volume has several major features: broad geographic coverage, variety in public health campaigns examined, currency of campaigns reviewed, consistency in presentation format, and, most important of all, measurable outcomes in each case.

Geographically, this book covers 15 countries spread across five continents. These selected countries include highly developed nations, emerging new economic powerhouses, and countries where the economy has not yet significantly developed. Starting from the United States, where the concept of social marketing originated, the 15 countries covered in the book are presented in a roughly clockwise order on a “U.S.–made” world map (which has the United States as the central focus point).

For each country, one—occasionally, two—successful social marketing campaign(s) dealing with a public health issue especially important or unique to that country was (were) presented. These successful campaigns varied from anti-smoking campaigns to HIV/AIDS prevention, from promotions for healthy lifestyles to battles against obesity, and from public educational campaigns on hepatitis B to contraceptive social marketing.

Each success story in this book is told in two parts: The first part is a brief country overview, including some essential background information about the

country, the major public health challenges the country is facing, and its government policies and regulations on public health. The major part of each chapter goes to an in-depth case study, including campaign background and environment; campaign target audiences; campaign objectives and goals; campaign target audience barriers, motivations, and competition; and campaign strategies, implementation, and evaluation. At the end of each chapter, a concise summary is provided, with a focus on the “lessons learned,” followed by a few questions for discussion.

All case studies represent recent social marketing campaigns for public health. Some of them are even still ongoing.

As mentioned earlier in this chapter, the hallmark for a successful social marketing campaign is always behavior change. The most important criterion for selecting cases for this book has been measurable and documented changes in target audience behavior. Each chapter devotes considerable space to the report of such changes.

In Chapter 2, Nancy Lee reviews the tobacco problem in the United States and major milestones and strategies in the reduction of tobacco use in the country. She presents two case studies. The first one is about the **truth**® Campaign, “the largest national youth smoking prevention campaign” in U.S. history and “the only national prevention campaign not directed by the tobacco industry.” The next case study is about a local campaign, focusing on the Tobacco Quit Line Campaign in Washington State. Both cases document the success of the two anti-smoking social marketing campaigns.

Chapter 3, by François Lagarde, Cathie Kryzanowski, and James Mintz, describes a community-based, provincewide social marketing campaign in Canada. Called “Saskatchewan in motion,” this campaign promotes physical activity among the people of a Western province in the country. The authors give a thorough examination of the campaign, after a review of the healthcare system, major public health issues, and the current status of social marketing as used to address those issues in Canada.

In Chapter 4, Ruth Massingill reviews how social marketing is used in Mexico to achieve HIV/AIDS prevention through redefining gender norms among youth. In the early part of the chapter, Massingill takes a look at how HIV/AIDS entered the picture of public health issues in the country and how social marketing was determined to be an appropriate tool to deal with this public health issue. After an analysis of two successful companion campaigns—Programas Hombres and Mujeres, the author concludes that it is critical in HIV prevention targeting young men and women to address unequal gender norms, especially machismo attitudes.

In Chapter 5, Nancy Lee examines how social marketing is used successfully in Peru’s prevention and treatment of tuberculosis (TB). She first highlights the TB problems in the world and in Peru. In her in-depth case study, she discusses how

downstream efforts (focused on reaching high-risk TB groups), midstream efforts (aimed at those who could influence high-risk TB groups, such as family members, neighbors, co-workers, and healthcare providers), and upstream efforts (geared toward policy makers, the media, and the commercial sector) were integrated in the national anti-TB campaign in Peru.

In Chapter 6, Rowena Merritt, Aiden Truss, Lucy Reynolds, and Emma Heesom demonstrate how social marketing is used to increase school meal uptake in “a deprived region” in northeast England. Given the complex nature of school meal uptake, the campaign has adopted “a multipronged approach” that involves head teachers, parents, and schoolchildren. Details on the setup of a steering committee for the campaign are also provided in the early part of the chapter.

In Chapter 7, Giuseppe Fattori, Paola Artoni, and Marcello Tedeschi direct our attention to food vending machines in Italy. After an overview of public health issues and the application of social marketing in dealing with those issues in Italy, the authors focus on the Choose Health campaign. Designed for obesity prevention and healthy lifestyle promotion, this campaign is an experiment, as the authors call it, on how to transform vending machines into a tool to achieve these purposes. Although the creation of a healthy food portfolio, a reasonable pricing strategy, and an easily recognizable healthy product identity are pivotal to the campaign success, a good definition of good purchasing behaviors and habits at vending machines is essential, according to the authors.

Karin Ekström and Lena Hansson’s Chapter 8 focuses on Systembolaget, the alcohol retail monopoly in Sweden. The authors first review Swedish alcohol policy and give necessary background information on Systembolaget. Then they provide a detailed examination of two recent pro-alcohol monopoly campaigns, showing how the Swedish public’s understanding and positive attitude toward Systembolaget were successfully increased through store atmosphere, quality assortment, and customer service, as well as advertising.

In Chapter 9, Willard Shaw tells the story of how a commercial market for insecticide-treated mosquito nets has been created in Nigeria. He first reviews how severe malaria, largely carried by night-biting anopheles mosquitoes in Africa, is as a public health issue. Then he discusses how public–private partnerships helped achieve sustainable malaria prevention in Nigeria. He particularly emphasizes the importance of having a catalyst for this partnership to bring the two sectors together and help them create a win–win situation for both sides. The Nigeria case also indicates the need for a close implementer–client relationship. As Shaw elaborates in his chapter, the best scenario is when the implementer and the client function as a team, both focusing on their overall goals and constantly and frankly discussing the steps ahead in the campaign.

Also focusing on Africa, Steven Honeyman has a different focus in Chapter 10, describing how social marketing has been used in Madagascar to promote clean drinking water for reducing diarrhea-related mortality. The author first reviews how unsafe water-related diarrheal disease threatens millions of people's health and lives and some global trends in household water treatment. Through a detailed examination of the "Safe Water Saves Lives" campaign, he draws a number of valuable lessons, from project design to the production of safe water product components, from regulatory environment to marketing and communication, and from creating partnerships to pricing and cost recovery.

In Chapter 11, Donald Ruschman, Randi Thompson, and Tatiana Stafford examine how a social marketing campaign called Red Apple in the Republic of Kazakhstan was able to make contraceptives widely available commercially. They analyze how this "comprehensive, multipronged, and short-term" campaign convinced Kazakhstani women to adopt contraceptives as an alternative to abortion, and then how the commercial contraceptive market in this former Soviet republic became largely self-sufficient by transferring principal responsibility for maintaining these newly found gains to the private, commercial sector. The chapter describes a challenging social marketing problem: changing consumer beliefs and setting up a new distribution system.

In Chapter 12, Hong Cheng, Jun Qiao, and Huixin Zhang review a nationwide campaign for hepatitis B prevention and education in China. First, they describe major public health issues in the country, including hepatitis B, and the Chinese government's strategies and policies in dealing with these issues. Then they focus their attention on a recent "Love Your Liver, Improve Your Health" campaign. To evaluate the campaign effectiveness, they conducted a survey in five selected cities in China and reported the survey results in the chapter. Based on the survey, the campaign was found to have been highly effective.

In Chapter 13, Morikazu Hirose examines how a Japanese company integrated its corporate social initiatives. After reviewing emerging public health issues and the health policy in Japan, the author focuses on Terumo, a Tokyo-headquartered global manufacturer of healthcare products and equipment. He narrates how Terumo's corporate philosophy of "contributing to society through health care" has driven the company in its development of painless syringe needles for diabetic patients and its enhancement of the public's understanding of diabetes, through communication strategies, advertising campaigns, and educational TV programs.

In Chapter 14, Sameer Deshpande, Jaidev Balakrishnan, Anurudra Bhanot, and Sanjeev Dham document successful social marketing campaigns for contraceptive products in India. After a review of major public health issues and trends in using social marketing and health communication in the country, they present two cases in the chapter. The first one is an emergency contraception campaign conducted by

the Washington, DC–based Population Services International (PSI); the other is BBC World Service Trust’s anti–HIV/AIDS campaign. Among the lessons to be learned from the successful PSI campaign are the importance of interpersonal communication in the behavior-change process and the value of mass media in providing credibility to ground-level campaign activities. The edutainment approach and the appropriate media selection for campaign messages are two valuable lessons from the successful BBC campaign.

In Chapter 15, Kavita Karan discusses how the Singapore government, private companies, schools, and communities partner in disease control and healthy lifestyle promotion. These partnerships are demonstrated through an anti–dengue fever campaign and a national healthy lifestyle program. Important lessons learned from these two successful campaigns include effective strategies and tactics that the Singapore government has used in preventing the spread of dengue fever in the country, the importance of using new media techniques in health communication, and the impact of cultural factors on campaign success.

In Chapter 16, the last but by no means the least chapter, Samantha Snitow and Linda Brennan take us to Australia. They first review the drink driving (yes, *drink driving*, as Australians say; not merely *drunk driving*) problem in Australia and provide prior anti–drink driving efforts and major milestones in the country. Then they demonstrate how the integration of legislation, law enforcement, and social marketing (especially public service advertising) has significantly reduced drink driving road deaths.

Through the following 15 chapters, you will be exposed to the breadth and depth of social marketing as successfully practiced in various countries to change target audience public health–related behaviors. These campaigns differ in their specific objectives due to different public health issues, and they vary in specific campaign designs and implementations due to different campaign environments—social, cultural, economic, regulatory, and media, to mention a few. They all have one thing in common: namely, they all share the key elements of social marketing campaigns, which are highlighted in the next section of this chapter.

DEVELOPING A SOCIAL MARKETING CAMPAIGN: STEP BY STEP¹

In *Social Marketing: Influencing Behaviors for Good*, Kotler and Lee (2008) divided the development of a typical social marketing campaign into 10 steps and illustrated

¹This section is adapted from Kotler & Lee (2008) with permission from SAGE Publications.

each in great detail. Here, we adopt these steps and present them concisely. In the next 15 chapters of this book, you will notice that all the cases examined by our contributors contain many, if not all, of these steps.

Step 1: Define the Problem, Purpose, and Focus

Any social marketing campaign for public health needs a clearly determined public health *problem*, which might be a severe epidemic (like SARS), an evolving issue (like the increases in teen smoking), or a justifiable need (like public education on the prevention of hepatitis B). The problem could be precipitated by an unusual happening such as tsunamis or may be simply triggered by an organization's mandate or mission such as "contributing to society through health care." Adequate background information is provided at this step to put the public health problem in perspective. When defining the public health problem, it is critical to identify the campaign's sponsor(s) and summarize the factors that led to the rationale and decision for developing such a campaign. The rationale and decision are based on sufficient research data, epidemiological or scientific, in order to substantiate and quantify the problem defined.

Once the public health problem is defined, a *purpose statement* is needed to make it clear what impact and benefits that the social marketing campaign, when successful, would generate.

A *focus* is determined to narrow down the scope of the social marketing campaign to best use the resources available, maximize the campaign impact, and ensure the campaign feasibility. The campaign focus is selected from a number of options that have some potential to help achieve the campaign purpose.

Step 2: Conduct a Situation Analysis

Typically, a SWOT (strengths, weaknesses, opportunities, and threats) analysis is conducted at this step to provide a quick audit of *organizational* strengths and weaknesses and *environmental* opportunities and threats. Strengths to maximize and weaknesses to minimize include internal factors such as levels of funding, management support, current partners, delivery system capabilities, and the sponsor's reputation. Opportunities to take advantage of and threats to prepare for include major trends and events outside your influence—those often associated with demographic, psychographic, geographic, economic, cultural, political, legal, and technological forces. At this step, you will also conduct a literature review and environmental scan of current and prior campaigns, especially those with similar efforts, and summarize their major activities conducted, major effects achieved, and major lessons learned.

Step 3: Select Target Audiences

A *target audience* is quite like the bull’s-eye; it is selected through *segmentation*, a process to divide a broad audience (population) into homogeneous subaudiences (groups), called *audience segments*. An audience segment is identified and aggregated by the shared characteristics and needs of the people in a broad audience, including similar demographics, psychographics, geographics, behaviors, social networks, community assets, and stage of change.

It is ideal that a social marketing campaign focuses on one primary target audience, but secondary audiences are often identified, based on the marketing problem, purpose, and focus of the campaign defined earlier. An estimated size and informative description of the target audience(s) is needed at this step. An ideal description of the target audience will make you believe that if a member of the audience walked into the room, you would “recognize” her or him.

Step 4: Set Marketing Objectives and Goals

A social marketing campaign needs clear marketing objectives and goals. Specifying desired behaviors and changes in knowledge, attitudes, and/or beliefs, *marketing objectives* always includes a *behavior objective*—something you want the target audience to do as a result of the campaign (e.g., to choose healthy foods and/or beverages available at vending machines). Marketing objectives also often include a *knowledge objective*, which makes clear the information or facts that the target audience needs to be aware of through the campaign (e.g., to know what a healthy lifestyle is and what advantages it has), and a *belief objective*, which relates to the things the target audience needs to believe in order to “change its mind” (e.g., to believe that a healthy lifestyle can be achieved through simple everyday actions).

A social marketing campaign also needs to establish quantifiable measures, called *marketing goals*, relevant to the marketing objectives. Marketing goals, responding to behavior objectives, knowledge objectives, and belief objectives should be ideally SMART—specific, measurable, achievable, relevant, and time-bound (Haughey, n.d.) in terms of knowledge, attitudes, and behavior changes. What is determined here will have strong implications for budgets, will guide marketing mix strategies, and will direct evaluation measures in the later planning process in a social marketing campaign.

Step 5: Identify Factors Influencing Behavior Adoption

Before positioning your social marketing campaign and establishing the marketing mix strategies for the campaign, the social marketer needs to take the

time, effort, and resources needed to understand what the target audience is doing or prefers to do and what is affecting its behaviors and preferences. Specifically, barriers, benefits, competitors, and the influencers need to be identified at this step.

Barriers refer to reasons, real or perceived, the target audience may not want the behavior to be promoted, or may not think it can be adopted. *Benefits* are the “gains” that the target audience could see through adopting the targeted behavior, or that the social marketing program may promise the target market. *Competitors* refer to any related behaviors (or organizations promoting them) that the target audience is currently engaged in, or prefers to have, rather than the ones to be promoted. *Influencers* include any “important others” who could have some bearing on the target audience, such as family members, social networks, the entertainment industry, and religious leaders.

Step 6: Craft a Positioning Statement

A *positioning statement* describes what the target audience is supposed to feel and think about the targeted behavior and its related benefits. A positioning statement, together with brand identity, is inspired by the description of the target audience and its barriers, competitors, and influencers. It differentiates the targeted behavior from alternative or preferred ones. Effective positioning will guide the development of the marketing mix strategies in the next step, helping ensure that the offer in a social marketing campaign will land on and occupy a distinctive place in the minds of the target audience.

Step 7: Develop Marketing Mix Strategies: The 4Ps

The traditional marketing toolbox contains four major devices: product, price, place, and promotion. Like their counterparts in commercial sectors, social marketers resort to these tools to create, communicate, and deliver values for their targeted behaviors. The 4Ps can be thought of as independent, though not isolated, variables used as determinants to influence the dependent variables—the behaviors of the target market.

The 4Ps should be developed and presented in the following order, with the product strategy at the beginning of the sequence and the promotion strategy at the end. Promotion is at the end because it ensures that the target markets become aware of the targeted product, its price, and its accessibility, which need to be developed prior to the promotion strategy. Great attention is called for the “mix” of the 4Ps, which should not be developed in isolation—it is the synergy of the 4Ps that makes a truly successful social marketing campaign possible.

Product Strategy

It is essential to have a clear description of the product in a social marketing campaign, at core, actual, and augmented levels. A *core product* comprises the benefits that the target audience will experience or expect in exchange for performing the targeted behavior, or that will be highlighted in a social marketing campaign (e.g., a healthier life and the reduction in the risk of becoming obese or overweight). An *actual product* is the desired behavior, often embodied by its major features and described in specific terms (such as healthy foods or beverages available at vending machines). An *augmented product* refers to any additional tangible objects and/or services that will be included in the offer and promoted to the target market. An augmented product helps perform the targeted behavior or increase its appeal (e.g., information on healthy products available in vending machines).

Price Strategy

A price strategy sums up the costs that the target audience will “pay” for adopting the desired behavior that leads to the promised benefits. These costs could be monetary in the real sense, such as those for tangible goods and services. Most of the time, however, social marketers sell behaviors that require something else in exchange: time, effort, energy, psychological costs, and/or physical discomfort. A sensible price strategy is aimed at minimizing these costs by maximizing incentives (monetary and nonmonetary alike) to reward desired behaviors (again, monetary or nonmonetary) or to discourage competing, undesirable behaviors. (The other three Ps are also needed in the effort to reduce these costs.)

Place Strategy

Place is largely where and when the target audience will be encouraged to perform the desired behavior and/or to obtain tangible products or services associated with the campaign. As in commercial marketing, place can be regarded as the delivery system or a distribution channel for a social marketing campaign. Strategies related to the system or channel management need to be provided here to ensure that they will be as convenient and pleasant as possible for the customer to engage in the targeted behavior and access related products and services.

Promotion Strategy

Information on product benefits and features, fair price, and easy accessibility needs effective and efficient communications to bring to the target audience and inspire action. Promotion strategy is needed to maximize the success of the communications. The development of these communications is a process that

begins with the determination of key messages, continues with the selection of messengers and communication formats and channels, moves on to the creation of communication elements, and ends up with the implementation of those communications.

The determination of key *messages* needs to be aligned with marketing objectives, because they determine what a social marketing campaign wants its target audience to know, to believe, and to do. Information on barriers, benefits, competitors, and influencers will help shape message choices. *Messengers* are those who deliver the messages. Credibility, expertise, and likability are some key considerations for selecting messengers.

Messages are delivered through various *communication channels* (including media channels), such as advertising (including PSA), public relations, events, sponsorships, and personal selling and word of mouth. As far as media channels are concerned, they can be online or offline, or both. Online media range from e-mail, Web sites, and “smart” mobile phones to blogs, podcasts, and tweets, but by no means are limited to these options. Offline media include newspapers, magazines, radio, and television, as well as direct mail, billboards, transit (e.g., buses, taxis, and subways), and kiosks.

As we all know, thanks to the ongoing technology revolution, the line between online and offline media has become increasingly blurred. For example, radio and television can be both online and offline, while more and more newspapers and magazines are going online. The fast-changing media landscape is both a blessing and a “curse” for marketers; social marketers are no exception. As a blessing, social marketers have more and more media choices to target their audiences more precisely and effectively. As a “curse,” the increasingly perplexing media landscape requires social marketers to think “out of the box”—not only considering those traditional media or the media they are familiar with, but also thinking about those nontraditional and emerging media that their target audiences often tend to use or be exposed to. At the same time, in the media selection and planning, social marketers need to make sure the selected media will complement each other; communications via various media must be consistent over time. Social marketers should also consider making their communications with their target audiences more interactive.

Because different communication channels have different characteristics, it could be more effective and efficient to have a good idea of the media budget and media options that a social marketing campaign could have before communication elements are created. *Creative elements* translate the content of intended, desired messages into specific communication elements, which include copy, graphic images, and typeface for traditional print media, and interactive features and audio and/or video streams for online media.

Step 8: Outline a Plan for Monitoring and Evaluation

A plan for monitoring and evaluating a social marketing campaign is needed before final budget and implementation plans are made. It needs to be referred back to the goals established for the campaign. *Monitoring* is a measurement conducted sometime after the launch of a new campaign, but before its completion. Monitoring is executed to determine if midcourse corrections are needed to ensure that marketing goals of the program will be reached. An *evaluation* refers to a measurement and a final report on what happened through the campaign. It needs to address questions like: Were the marketing goals reached? What components of the campaign can be linked with outcomes? Was the program on time and within budget? What worked well and what did not? What should be done differently next time?

Measures fall into three categories—*output* measures for program activities; *outcome* measures for target audience responses and changes in knowledge, beliefs, and behavior; and *impact* measures for contributions to the plan purposes (e.g., reductions in obesity as a result of many more people buying healthy foods and/or beverages due to a social marketing campaign).

In the development of a monitoring and evaluation plan, five basic questions need to be taken into account:

- Why will this measurement be conducted? For whom?
- What inputs, processes, and outcomes/impacts will be measured?
- What methods (such as interview, focus group, survey, and/or online tracking) will be used for these measurements?
- When will these measurements be conducted?
- How much will these measurements cost?

Step 9: Establish Budgets and Find Funding Sources

The budgets for a social marketing campaign reflect the costs for developing and implementing it, which include those associated with marketing mix strategies (the 4Ps) and additional costs anticipated for monitoring and evaluation. In ideal objective-and-task budgeting, these anticipated costs become a preliminary budget, based on what is needed to achieve the established marketing goals. When the preliminary budget exceeds available funds, however, options for additional funding and the potential for adjusting campaign phases (such as spreading out costs over a longer period of time), revising strategies, and/or reducing behavior change goals need to be considered. Additional funding sources may include government grants and appropriations, nonprofit organization and foundation supports, advertising and media partnerships and coalitions, and

corporation donations. Only a final budget is presented in this section, which delineates secured funding sources and reflects contributions from partners.

Step 10: Complete the Plan for Campaign Implementation and Management

At this last step, the planning for a social marketing campaign is wrapped up with specifics on *who* will do *what*, with *how much*, and *when*. In a nutshell, an implementation and management plan is aimed at transforming marketing strategies into specific actions for those who are involved in the campaign. It functions like a concise working document to share and track planned efforts. So, to some, this section of the planning is the “real” social marketing plan or even a “stand-alone” piece that they will share internally. More often than not, a social marketing plan is for a minimum of one year of activities; ideally, it can be designed for a two- or three-year time span. (For a quick summary of the 10 steps, please see [Box 1-1](#).)

BOX 1-1 Social Marketing Planning: A Summary Outline

Executive Summary

Brief summary highlighting campaign stakeholders, background, purpose, target audience, marketing objectives and goals, desired positioning, marketing mix strategies (4Ps), and evaluation plans, budgets, and implementation plans.

1.0 Background, Purpose, and Focus

Who are sponsors? Why are they doing this? What social issue and population will the plan focus on, and why?

2.0 Situation Analysis

- 2.1 SWOT: organizational strengths and weaknesses and environmental opportunities and threats
- 2.2 Literature review and environmental scan of programs focusing on similar efforts: activities and lessons learned

3.0 Target Audience Profile (see Note 1 regarding alternative terminology)

- 3.1 Demographics, psychographics, geographics, relevant behaviors, social networks, community assets, and stage of change
- 3.2 Size of target audience

(continues)

BOX 1-1 Social Marketing Planning (continued)**4.0 Marketing Objectives and Goals**

Campaign objectives: targeted behaviors and attitudes (knowledge and beliefs)

SMART goals: specific, measurable, achievable, relevant, time-bound changes in behaviors and attitudes

5.0 Factors Influencing Adoption of the Behavior (see Note 2 regarding the *iterative process*)

Perceived barriers to targeted behavior

Potential benefits for targeted behavior

Competing behaviors/forces

Influence of important others

6.0 Positioning Statement

How do we want the target audience to see the targeted behavior and its benefits relative to alternative/preferred ones?

7.0 Marketing Mix Strategies (using the 4Ps to create, communicate, and deliver value for the behavior)**7.1 *Product*: benefits from performing behaviors and any objects or services offered to assist adoption**

Core product: desired audience benefits promised in exchange for performing the targeted behavior

Actual product: features of basic product (e.g., HIV/AIDS test, physical exercise, daily intake of fruits and vegetables)

Augmented product: additional objects and services to help perform the behavior or increase appeal

7.2 *Price*: costs that will be associated with adopting the behavior

Costs: money, time, physical effort, and/or psychological discomfort

Price-related tactics to reduce costs: monetary and/or nonmonetary; incentives and/or disincentives

7.3 *Place*: making access convenient

Creating convenient opportunities to engage in the targeted behaviors and/or access products and services

BOX 1-1 Social Marketing Planning (continued)

7.4 **Promotion:** *persuasive communications highlighting product benefits and features, fair price, and ease of access*

Messages

Messengers

Creative/executional strategy

Media channels and promotional items

8.0 Plan for Monitoring and Evaluation

Purpose and audience for monitoring and evaluation

What will be measured: inputs, outputs, outcomes (from Steps 4 and 6) and impact

How and when measures will be taken

9.0 Budget

9.1 Costs for implementing marketing plan, including additional research and monitoring/evaluation plan

9.2 Any anticipated incremental revenues, cost savings, and/or partner contributions

10.0 Plan for Campaign Implementation and Management

Who will do what, when—including partners and their roles

Special Notes:

1. Alternative terms include *target market* (a traditional term), *priority market*, and *priority audience*.
2. The process is an iterative one. For example, you may need to revise objectives and goals after hearing of barriers and benefits in Step 5, or promotional ideas based on final budget realities in Step 9.
3. A separate plan will be needed for each target audience, even though it is part of one campaign.
4. Research will be needed to develop most steps, especially formative research for Steps 2–6 and pretesting for finalizing Step 7.

Source: Developed 2008 by Philip Kotler and Nancy Lee, with input and review by Alan Andreasen, Carol Bryant, Craig Lefebvre, Bob Marshall, Mike Newton-Ward, Michael Rothschild, and Bill Smith.

QUESTIONS FOR DISCUSSION

1. What are the major contributions that social marketing—as a theory, a practice, and/or a movement—has made to society in general and to marketing in particular? What are some of the most important advances in social marketing over the past 40 years?
2. Why is social marketing regarded as a “natural fit” for public health? In your opinion and/or based on your experience, what are the most valuable contributions that social marketing has made to public health globally or in your country? What area(s) in public health still need(s) more help from social marketers nowadays?
3. In your view, what are the three most noteworthy global trends in social marketing for public health? What other trend(s) have you noticed besides the 10 highlighted in this chapter?
4. What has given rise to the widespread confusion between *social marketing* and *social media*? What do you think should and can be done to clean up the “muddy water” and protect the identity of social marketing?

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