

THIRD EDITION

MARKETING PUBLIC HEALTH

STRATEGIES TO PROMOTE SOCIAL CHANGE

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DEDICATION

To Mom, Dad, and my husband, Dan, for their never-ending love and encouragement, and to Stuart Shifron, who was with me every step of the way.

E.R.

To my wife, Rebecca, for her love, patience, and support, and to Sammy and Miriam, for bringing joy to all the days.

M.S.



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FOREWORD

In the 19th and 20th centuries, the most important improvements in the public's health may have come from innovations in plumbing and general sanitation, and in inoculation against disease. These environmental changes may have had more impact than the curative work of doctors. Many other successes in public health have contributed to increasing the life span of the average American by about 30 years over the past century. We can see some of these successes, for example, through decreases in infant mortality, the management of AIDS, the increasing use of seat belts, and the decrease in smoking rates from about 50% of the adult population in 1970 to about 20% today.

But all is not positive. The state of the public's health is not as good as it could be. Although some changes have led to longer and healthier lives, others have led to a diminution of health. Labor-saving devices, leisure products, and easily accessible, good-tasting, unhealthy food have led to a new class of health issues. For example, about 65% of the U.S. population now is overweight or obese.

Clearly, there is a relationship between positive and negative developments in public health. As one set of problems was conquered, leading to a longer and potentially healthier life, new issues arose that threatened the previous gains.

We can attribute the successes to a variety of public health practices in law enforcement, message campaigns, and environmental changes. Although social marketing has had some impact in each of these three strategic categories, it has been underused as a way to manage behavior. It is possible that future environmental breakthroughs may come from social marketing, wherein strategies can be developed, for example, to make it easier for people to eat well and include more physical activity in their lives.

Marketers generally believe that almost everybody does almost everything out of immediate self-interest. Many public health message campaigns tell people what they should be doing to achieve long-term good health, when these people are merely seeking a nice appearance, less hassle in their lives, or a quick sugar fix to pick them up in the afternoon. This has led to disconnects whereby people tend to know what they should be doing to improve their health and are motivated to do so but aren't following through. For example, although 78% of adults believe obesity is a serious problem, only 38% consume the proper level of produce; whereas 58% want to lose weight, only 27% are seriously trying to do so. Perhaps we need a better understanding of self-interest.

Social marketing offers a planning tool based on the use of marketing research to define targets, specific desired behavioral outcomes, an increase in benefits that reinforce self-interest, and a way to decrease the barriers that inhibit behavior. Commercial marketers are adamant about focusing on behavior, on setting specific goals, and on measuring results. These foci can offer potentially major contributions to public health practice, which often neglects each of these. Marketing works as a result of listening carefully to what consumers say, yet all too often public health efforts are paternalistic in telling consumers what they ought to do, rather than first listening to what people want for themselves.

The marketing model can work well in combination with the epidemiologic model of public health. Although epidemiologic research is well suited to defining health problems and broad classes of affected people, marketing research provides insights on how the environment needs to be changed so behavior can follow. Whereas epidemiologic research gives insight to a top-down model of soliciting behavior, marketing research gives insight to a bottom-up participative perspective.

The current definition of marketing is based on creating, communicating, and delivering value to the target while developing long-term relationships: *creating* deals with the development of desired benefits, *delivering* pertains to the reduction of the barriers that keep people from behaving correctly, and *communicating* involves informing and persuading in the interests of motivating behavior.

So we have three important questions before us: (1) Why are people behaving poorly with respect to their own health? (2) Why has the field of public health not had more consistent successes? (3) What can we do about these problems? *Marketing Public Health: Strategies to Promote Social Change, Third Edition* tries to answer these questions by considering both the pitfalls currently existing in public health practice and the potential for moving forward using social marketing. This combination of analyzing pitfalls and recommending practice gives *Marketing Public Health* its strength.

A disconnect of health practice concerns preventive care versus curative care. In the United States, a vast amount of money is spent on curing, whereas a vastly greater impact is made through preventive practice. Perhaps this is because curative medicine shows immediate response at a visible individual level, whereas the impact of preventive medicine is much more difficult to observe. *Marketing Public Health* tries to show how marketing can be used to move the field of public health forward, in addition to showing how to use marketing to remedy specific public health problems.

To solve public health problems, there needs to be a proper understanding of the issues that led to today's problems before strategic solutions can be proposed. *Marketing Public Health* begins with a cogent layout of the underlying issues before moving on to a discussion of strategic

and tactical contributions from social marketing. Without having a clear understanding of the state of the government and its health policies, the potential solutions have less context and less value. Readers will benefit from the careful exposition of current public health practice (as put forth in the first half of the text) as a base for understanding the strategic and tactical practice of social marketing (as described in the second half).

Michael L. Rothschild
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Our editor at Jones & Bartlett Learning, Mike Brown, was the driving force behind both the first and second edition of this book. Elana Premack Sandler brought this edition up to date through her expertise in social media and public health, which led to her contribution of Chapter 13. The staff of Health Unlimited and Health Unlimited Rwanda, particularly the contributing authors for Chapter 14—Narcisse Kalisa, Prudence Uwabakurikiza, Samuel Kyagambiddwa, Jeannette Wijnants, and Stephen Collens—were kind enough to take time from their vital health promotion work to share their experiences for the benefit of our readers.

Finally, we are indebted to the many family members who put up with our distractions and mumblings during the year we spent preparing this third edition.



INTRODUCTION

In 2010, President Obama signed the Affordable Care Act into law in an effort to reform the U.S. health insurance system. Although the law includes funds dedicated to amending unhealthy behaviors (e.g., smoking cessation programs and the First Lady's "Let's Move" campaign to combat obesity), the main goals are to decrease costs of and improve access to health care for Americans (HealthCare.gov, 2012). Debates both leading up to and after the bill signing focused on these access issues and dominated the mass media and the public agendas. As a result, the impression left on the American public was that access to health care was of singular importance when it comes to improved health outcomes.

Although health care access is important, one must question the impact that doctors' office visits can have on health. According to a 2009 study, the average U.S. adult primary care visit lasts 20.8 minutes (Chen, Farwell, & Jha, 2009). Compared with the time spent making decisions about eating, smoking, and exercising, 20.8 minutes may be insignificant. Yet these other factors, along with dozens more, received far less attention than the Affordable Care Act. The push to pass this bill focused the sole attention of policymakers, the media, and the public on medical care and diverted it away from major causes of illness and death. Given that the leading causes of death are increasingly attributable to chronic diseases and lifestyle factors, one could argue that public health resources would have been better spent on increasing access to healthy foods or opportunities for physical activity. However, it is difficult for these interventions to make it onto the mass media, political, and public agendas as long as the focus on medical care remains strong.

As a result, the essential connection between behavioral and social factors and the public's health has been effectively obscured in the minds of the public and policymakers. With public health political capital being spent on improving access to care, policymakers may be less likely to promote legislation that mitigates lifestyle factors (e.g., improving school nutrition, increasing opportunities for physical activity). Meanwhile, the public may be less likely to view their own behaviors as affecting their health, because the media implies that increased access to medical care is all that is needed to treat illnesses. This situation illustrates the inter-related nature of the mass media, political, and public agendas as well as the need for public health practitioners to take a more active role in shaping these agendas.

Public health programs must now compete vigorously for public attention and resources. Even within the category of public health

funding, practitioners must convince policymakers and the public that emerging threats (such as the swine flu outbreak of 2009) require supplemental funding and not simply a shift in funding from critical existing programs to the threat of the month. Strengthening the public health infrastructure so that it can respond to any threat has been overlooked for far too long.

The current social, political, and environmental climate is growing more and more hostile toward public health. Consequently, the public health community faces unprecedented threats to its funding, its ability to respond appropriately and effectively to existing and imminent crises, and its very existence at the national, state, and local levels. It is no longer enough for public health professionals to work to protect the health of the public. Public health practitioners must work to protect the survival of public health as an institution.

This threat to the survival of the public health profession comes at the same time as these changes in the social, political, and economic environments also present a direct threat to the public's health itself. Unhealthy lifestyles, behaviors, and deteriorating social and environmental conditions threaten the public's health. As the chief causes of death in the United States have gradually shifted from communicable illnesses to chronic diseases, lifestyle and behavioral risk factors, as well as social and environmental conditions, have become the key determinants of the public's health. In contrast to its successes in controlling infectious diseases, the public health movement has been ineffective in controlling the emerging chronic disease epidemic. Programs intended to change individual behaviors and lifestyles have often been ineffective, and public health professionals have not fully accepted the role of advocating for changes in social conditions and social policies. As a result, the public health community is equipped neither to confront existing public health crises nor to prevent new ones.

Despite these threats, tools are available to help the public health profession save itself and enable it to confront existing and emerging public health crises. There are public health initiatives that have successfully changed societal behaviors, improved social conditions, reformed social policies, and retained and even increased funding for public health programs and departments.

The common feature of many of these initiatives is public health practitioners' strategic use of marketing principles to promote social change. Understanding and applying marketing principles is essential for public health practitioners to confront the imposing challenges successfully—challenges both to the public's health and to the survival of the public health profession. However, public health practitioners are not typically trained in the principles of marketing.

Marketing Public Health: Strategies to Promote Social Change, Third Edition, is designed to help public health practitioners understand basic

marketing principles and strategically apply these principles in planning, implementing, and evaluating public health initiatives. We hope this book will provide public health practitioners at all levels of government and in the private sector with a valuable tool to create and deliver more effective initiatives to change individual behavior, improve social and economic conditions, advance social policies, and compete successfully for public attention and resources.

We argue that the key to creating and running effective public health programs is to abandon the traditional practice of deciding what policymakers or the public ought to want and then trying to sell it to them in the absence of significant demand. Instead, public health practitioners must first learn the needs and wants of their target audience (policymakers or the public) and package the desired behavior (a change in individual health behavior or the adoption of public health programs and policies) so the target audience recognizes that it will meet those needs and wants. This requires practitioners to understand the audience's motivation, opportunity, and ability to engage in the desired behavior and to create product offerings that increase opportunities to engage in the behavior, increase skills, and/or increase motivation. Often, this means addressing the social, economic, and policy environments. Successful product offerings provide compelling benefits, increase convenience or access, and, when necessary, reduce barriers. Rather than appealing exclusively to the benefits of improved health, public health practitioners must learn to identify benefits that are salient and compelling to the target audience and then create and deliver product offerings that provide these benefits. Compelling benefits often are tangible, immediate, and/or connected to powerful and influential core values: freedom, independence, autonomy, control, fairness, democracy, and free enterprise.

In this third edition, not only have we brought the material up to date, we have also tried to make it come alive in a more meaningful way for current public health students and practitioners. Examples from areas of newer public health interest over the past few years are included throughout. A new case study from the field of suicide prevention through social media illustrates the principles and strategies discussed in the book in a way that makes it immediately apparent to readers how the material can be used in modern, real-life public health marketing efforts. In addition, a case study from the field of international health makes this edition relevant to the global practice of public health.

This edition has been influenced both by changes in the marketing environment and by the latest thinking among marketing and social marketing researchers and practitioners. Discussion of current emphases, such as building relationships with audiences rather than managing individual transactions, using the power of branding, ensuring that audience self-interest is considered and addressed, and using social media, have been incorporated into the book in both its narrative and its case studies and examples.

The book is organized into six sections. Section I serves as a call to action and begins by describing threats to the public's health and establishing that changing individual behavior, social and economic conditions, and social policy are important to confront the chronic disease epidemic successfully (Chapter 1). Chapter 2 describes the threats to the survival of public health as an institution.

Section II discusses the challenges that public health professionals face as they work to effect change and ways to overcome these challenges. Chapter 3 illustrates the difficulties in promoting social changes, and Chapter 4 describes the challenges in promoting public health as an institution. This section ends with Chapter 5, which presents key marketing concepts and discusses how they apply to individual behavior and policy changes.

Section III is divided into three chapters, each of which details steps public health professionals should take as they plan marketing efforts. Chapter 6 presents a strategic planning process. Chapter 7 describes how some commonly used formative research techniques can be used to support the strategic planning process. Finally, Chapter 8 discusses how to frame and deliver messages about the proposed behavior or policy so they appeal to the most salient core values, thereby increasing the likelihood that they will result in social change.

Section IV covers the process of developing and implementing the tactics, or components, involved in an initiative. Chapter 9 discusses the use of formative research findings to develop messages that are relevant, compelling, and actionable for the target audience. Subsequently, Chapter 10 provides guidance on developing and assessing mass media and other promotional activities and materials.

Section V discusses tracking, evaluating, and refining social change efforts. First, Chapter 11 introduces process evaluation techniques to help planners track and monitor the implementation of marketing efforts. The chapter also discusses how to use the information to make improvements. Chapter 12 then discusses issues in assessing the outcomes of marketing-based efforts using traditional approaches to summative evaluation and presents some techniques for assessing outcomes and using the results to make program refinements.

Section VI presents two case studies. In Chapter 13, guest contributor Elana Premack Sandler examines the use of social media to address lesbian, gay, bisexual, and transgender suicide. In Chapter 14, guest contributors Narcisse Kalisa, Prudence Uwabakurikiza, Samuel Kyagambiddwa, Jeannette Wijnants, and Stephen Collens illustrate the innovative use of marketing principles to promote healthier sexual behaviors among women in Rwanda. Both cases demonstrate how the principles outlined in the text can be used to improve public health.

Although marketing principles have been applied to some efforts to change health-related behaviors for many years, the integration of

marketing principles into day-to-day public health practice is a relatively new concept, and one that has not yet been fully developed. These principles can provide powerful tools for influencing all the factors that contribute to social change: the individual, the environment, and social policy.

This book attempts to describe how marketing principles might become part of public health practice and how it can be used to develop and implement more effective public health initiatives. If our ideas stimulate further thought, research, and, most importantly, experimentation among public health practitioners, we will have achieved our goal. It is our hope that the efforts that come from practitioners who read this book will provide far more answers to the difficult questions we pose here than does the book itself. In the final analysis, the experience of public health practitioners will teach us to develop and implement more effective programs to promote social change and improve the quality of life today and tomorrow.

References

- Chen, L.N., Farwell, W. R., & Jha, A.K. (2009). Primary care visit duration and quality: Does good care take longer? *Archives of Internal Medicine*, 169(20), 1866–1872.
- HealthCare.gov. (2012). Introducing MyCare. Retrieved April 25, 2012, from <http://www.healthcare.gov/index.html>

