Overview of SM script

Slide 1: Social Marketing
Welcome to the online version of the course, Introduction to Social Marketing. I’m Kathy Anderson, your main instructor for this course, and I’m looking forward to getting to know you all and to introducing you to this very powerful discipline.

Slide 2: Behavior Change Tools
As future leaders in public health, you’ll be asked to address many problems that cannot be solved unless people change their behavior. Many of you already have a great deal of experience with behavior change efforts, either in public health or education, or even with your children or your significant others or yourself! So, you know it is almost never straightforward.

When trying to persuade people to change health behaviors voluntarily, the tool we have relied on for decades is education. In fact, education is probably the most common tool public health professionals use.

Unfortunately, as you all know, not everyone does what they know is best for them to do all the time.

When education fails, public health professionals may give up on persuasive attempts and use policy change to mandate people to adopt healthier behaviors. Seat belt laws, smoking bans in public places, and immunization requirements in public schools have made a major impact on mortality and morbidity rates in this country.

But clearly...

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something is missing. We need a behavior change strategy that is more persuasive than information alone and recognizes people must WANT to change.

Fortunately, there is a middle way: a third approach that we have at USF Health have found very powerful. Called social marketing, this approach uses many of commercial marketers’ sophisticated techniques to make it easier or more advantageous for people to change and/or more costly or disadvantageous for them to continue unhealthy behaviors.

I want to really emphasize this -- it sounds deceptively simple but it is more subtle and sophisticated than you might think at first. In Social Marketing, we research benefits that make people keep doing what they’re doing, even if they know better. We research what barriers keep them from changing their behavior, even if they want to. And, we research what they might see as benefits to changing their behavior. Then, we use marketing techniques to maximize the benefits and minimize the barriers to changing, and to minimize the benefits they get from doing what they’re doing. It’s a very powerful approach, and it does create a win-win between “us” and those whose behavior we wish to change.

You’ll see, during this course, a constant reference back to this benefits-barriers analysis, so you may want to jot the last paragraph down somewhere and keep referring back to it when you’re designing your project. It will become clearer every week, as we add to our understanding.

Slide 4: Distinctive Features
In this lecture, we’ll emphasize the overall social marketing approach and the features that make it different from education, advertising, or policy change.

We’ll review these four distinctive features or standards for good social marketing practice.

Focusing on behavioral goals instead of increased awareness or knowledge.
Listening in a systematic way to consumers and respecting what people want instead of trying to get them to
do what we think they need.
Recognizing that populations contain many distinct subgroups or segments with differing needs and wants that we must address; and
Using commercial marketing’s conceptual framework to create an integrated marketing strategic plan to guide program development, implementation, and evaluation.

**Slide 5: Behavioral Goals**
Let’s start with the social marketer’s goal: behavior change.

Social marketers keep their eye on the behavioral prize whether they are reaching large groups of people, like Reaching those represented by the man on the couch, who would be healthier if they changed lifestyle behaviors like physical activity.

Working with health providers the intention of getting them to adopt new standards of practice shown to improve health outcomes

Convincing decision makers to adopt rules or laws to penalize people for practicing unhealthy behaviors (e.g., drunk driving) or reward them for adopting healthier behaviors (e.g., tax breaks for gym memberships).

Some social marketing campaigns concentrate on one of these three aspects, while others may tackle more than one.

**Slide 6: When knowledge isn’t enough!**
Why focus on behavior? As you all know, it’s because knowledge is not always sufficient to motivate people to change. While educational campaigns have been effective in getting mothers to switch from aspirin to Tylenol to prevent Reyes Syndrome, most problems we are tackling today are far more complex and people quite simply do not always practice what they know is best.

Just think of how many times you have made a New Year’s resolution that you didn’t keep. Would additional information about the importance of changing have been sufficient to keep that resolution? Probably not. The reasons my aunt didn’t quit smoking, for example, were more complex than her lacking information about the long-term health effects of tobacco – in fact, she knew all about that!

**Slide 7: Distinctive Features**
In addition to focusing on a behavioral goal instead of increased awareness or knowledge, social marketers are passionately committed to understanding the people they hope to change – in marketing lingo, the consumer. Each decision they make about how to structure a program intervention or promote a policy is based on a deep understanding of the consumer.

**Slide 8: Consumer Orientation**
Social marketers want to view the desired change from the consumer or customers’ perspective. Realizing that knowledge is not always enough to motivate them to change, marketers want to understand consumers’ daily lives, fears and frustrations and long term dreams. In other words, the consumers’ wants as well as their desires are placed at the center of every aspect of the program planning process.

Understanding this much about the consumer obviously required data collection – you will absolutely not want to rely on your own experience and common sense, as you bring the customary bias of a researcher to the table. You’ll learn about data collection in this course, and you’ll get some experience in actually doing it. You’ll delve even deeper into research techniques in the next course in the social marketing certificate program, Formative Research.
To save money and time, social marketers try to gain the needed insights from existing data whenever it is available. This is called secondary research.

They look to publications in journals like the Social Marketing Quarterly (SMQ) for insights shared by other social marketers, or to magazines like American Demographics for information from commercial marketers and demographers.

Public health professionals have access to a great deal of data they collect from program participants. This data can provide valuable information about the characteristics of the customers who have stopped participating, and when contact information is available, makes it relatively easy to find out about problems that have made them leave and changes that would make them return.

Listserves and other databases, like CDC’s excellent descriptions of key population subgroups, are also helpful.

While these resources can provide much of the information needed to design a marketing intervention, ....

it is often necessary to supplement it with original or primary data. In traditional public health, for example, a great deal of research has been conducted on the barriers that prevent people from using program services like immunizations or adopting healthy behaviors like physical activity; BUT relatively few researchers have examined people’s values and aspirations that could motivate them to change. As a result, social marketers often need to conduct qualitative data collection – individual or group interviews – to uncover these motivating factors or drivers of change.

They also conduct surveys so they can use statistical analyses to segment audiences and identify the factors that have the greatest influence on each segment’s behavioral decision making. We will talk more later in this course about the advantages of using a combination of qualitative data that comes from asking open ended questions in individual and focus group interviews, and quantitative data generated by surveys.

We have said that social marketers keep their eye on behavior change, not increased knowledge or awareness, and they use research to examine the behaviors they want to change from the consumers’ viewpoint to gain insights into how to motivate them.

Now let’s look at the third distinctive feature of social marketing: audience segmentation.

Like most public health professionals, social marketers hope to reach large numbers of people with their program interventions. But unlike most public health professionals, they do not attempt to do this with a single intervention. They know that the populations they want to help contain many subgroups or segments, and that these subgroups have differing distinctive characteristics that affect how they will respond to program interventions. Take physical activity as an example: some people are willing to be more active if it will help them lose weight; others are not at all interested in weight loss but would be more active if they could meet new people or spend time with friends; while those recently diagnosed with a chronic disease may be interested in the preventive health benefits of exercise.

Rather than offer the same program for each of these groups, social marketers decide which of the groups they are most likely to be able to help with the limited resources they have available, and then design interventions to meet the specific desires and needs of each group. Young women trying to lose weight may need a very different program than older women who have just been diagnosed women with osteoporosis.
The good social marketer will understand these differences deeply and craft different programs tailored to the two different groups.

Those of us who are steeped in public health often have difficulty with this concept. It actually means saying “yes” to helping some groups and “no” to helping others. For example, in a smoking cessation intervention with limited funding, you may decide it is more important and more achievable to help those who already want to quit, as opposed to trying to change the minds of those who don’t want to quit.

**Slide 15: Return on Investment**
We’ll talk later in this course about audience segmentation and how marketers determine which segments will give them the biggest bang for their program bucks, or in marketing terms: the best return on investment. This term, return on investment, or ROI, is extremely important. In a nutshell, a social marketer will strive to understand, before beginning a new program, whether the amount of money they’re requesting can be justified for the outcomes they’re promising. Using the smoking example, will the ROI be better if you spend program dollars on first convincing those who don’t want to quit that quitting is desirable, and then helping them quit? Or is the ROI better if you choose to help those who want to quit? These questions are not always comfortable, and the calculations are seldom easy, but in a world of constrained resources, they’re important.

**Slide 16: Social Marketing**
Finally, social marketing is defined by its use of commercial marketing’s integrated strategic planning model. This model of planning has been relied on in commercial marketing for several decades, and, as you’ll read in the classic 1971 Kotler & Zaltman article on Blackboard, it has been considered applicable to behavior change for almost as long.

**Slide 17: Marketing Plan**
This conceptual framework is often called the 4 Ps, referring to product, price, place and promotion. The 4Ps are just a convenient shorthand for all the “levers and dials” available to a marketer. Think about purchasing a new car:

the car company will tailor the product to meet its consumers’ desires – size, MPG, shape, gadgets
it will promote it on TV, print ads, social media, shopping malls, etc. – wherever their target audience is most likely to see it
it will set a price that matches consumer’s expectations and willingness to pay – not more than they’re willing to pay, but not less, either
And, it will make it available in convenient places such as a car dealer lot or a website.

Social marketing has adopted these 4 tried and true categories of activities, and adapted the concepts for behavior change. This lecture provides an overview of them, and each one will be explored in more depth later in your textbook and in subsequent lectures.

**Slide 18: Product Platform**
Social marketing defines three levels of the product platform: actual, core, and augmented.

**Slide 19: Actual Product**
The actual product refers to the behavior we’re promoting (Physical activity, Dancing or Other types of Recreation) and any tangible commodities that augment that, e.g., an evening step class. Or, the actual product might be stopping something, which sometimes seems a little more complicated. For example, quitting smoking is the product in a tobacco cessation program, together with quit-aids like nicotine patches.

**Slide 20: Core Benefits**
In addition to the actual product, marketers’ real challenge is to identify the benefits or core product that people value the most. These can be emotional or intangible. After all, a Ford Focus will get you between your office and your home the same way a Corvette will, but they provide consumers with very different benefit
packages.

Marketers listen carefully to dreams and aspirations that their products can help fulfill or fears that their products can assuage. Their goal is to find a way to offer real value in consumers’ terms. When we get it right, they are delighted.

In the case of a smoking cessation program, the benefits we might offer them are enhanced social appeal, or being a better role model for their children.

**Slide 21: Slide 21**
To be successful, we find ways to help people fulfill their dreams, actualize their values, and solve their problems, and not just meet our own public health goals.

**Slide 22: Augmented Product**
In some instances, but not all, there is a third level: a tangible product that makes it easier for people to adopt the behavior correctly and obtain the promised benefits or core product.

This augmented product may be an 800 line they can call for information, a website where they can download advice, or a gadget that helps them get what they want.

**Slide 23: Case Study**
To illustrate the three levels of marketing’s first P, product, we’re going to use a case study that the USF Prevention Research Center (or PRC) has been working on for the past eight years. Dr. Carol Bryant was instrumental in the development of this intervention and case study. To design this program, they worked with a community board or coalition. The PRC believes deeply in the power of community control and ownership. Since 1998, they’ve been teaching community groups like this –

**Slide 24: Slide 24**
a coalition of citrus growers, workers, and community organizations - how to use social marketing to make their work safer.

**Slide 25: Slide 25**
The first decision this group made was to select a behavioral focus. Like you will do in this course, they identified a problem that they wanted to solve and then selected a behavior that would protect them. They selected eye injuries and disease because it is the most common injury they experience.

In addition to the pterygium (tu-RIDGE-iun) shown here, caused by exposure to sun and dust, trauma to the eye is very frequent and often results in lost work days. If not treated right away, it requires an expensive doctor visit, and could result in loss of sight.

To counter these problems, they selected use of safety glasses as the behavioral focus or project goal.

**Slide 26: Citrus Worker Safety**
Thus in this project,

The actual product was to wear glasses

The core product, at least from from our initial point of view, was injury prevention

And the augmented product: the glasses

**Slide 27: Slide 27**
Because glasses can be uncomfortable, we asked members of our group to try a wide variety of brands and tell us the features that worked best. We learned a lot from this research that we would not have known
It turns out that the most acceptable glasses to the workers are:

- Have an adjustable frame
- Have light tint so the worker can still see fruit well
- Have anti fog and scratch coating
- Have good air flow to prevent fogging
- Are attractive and give the worker a macho appearance
- Are accompanied by a sports band to hold them tightly so they do not get caught in the trees

And, to the harvesting companies, the most acceptable glasses cost under $8.

**Slide 28: Slide 28**
Among the 20 brands the workers tried, they found a particular brand, Radians Revelation, fit the criteria best.

**Slide 29: Product Price**
The second P in marketing integrated framework refers to the price or the costs consumers must exchange for product benefits. I’ve always believed that Price is the single most important of the 4Ps in social marketing, because it requires us to truly understand our consumer so that we can leverage what they want and desire.

**Slide 30: Pricing Strategy**
Most obviously, the price for adopting our behavior change might include monetary outlays: fees, equipment, or indirect costs like those for child care or transportation.

**Slide 31: Slide 31**
In promoting healthy behaviors, though, we usually must contend with a host of more daunting costs or sacrifices.

Time is probably one of the most daunting. Just think of how much you would pay when that alarm goes off in the morning for a few more hours of sleep, or an extra day to get caught up. No wonder programs that require large outlays of time or inconvenience fail to attract.

Other common costs associated with social marketing products are:

- Loss of pleasure as when we promote low fat diets or condom use
- Embarrassment when asking people to do new things in public settings
- Discomfort with changes required in most weight loss diets

Not everyone is the same in how they will respond to our efforts to change them, either.

Our goal in developing a pricing strategy is to lower these barriers or costs, or at least make them more acceptable. Lowering these barriers or costs is key to social marketing, and it’s one of the principles that truly distinguish it from health education.

**Slide 32: Slide 32**
Returning now to the citrus worker case study, we used participant observation and interviews to understand the costs or barriers to using safety glasses. When we began our project, less than 1% of workers used them. And almost everyone we talked with told us they did not use them because they were afraid of losing money. To understand why this is so important, let me show you how they harvest fruit.

**Slide 33: Slide 33**
Most workers are strong, young men who have immigrated from Mexico, often illegally. They may arrive thousands of dollars in debt to the coyote or man who helped them cross the border.

They are paid by the amount they pick.
To harvest fruit, they must climb a ladder with a large bag draped over their shoulder. This bag can hold about 90 lbs of fruit.

They pick as fast as they can from sun up until the juice company has enough and tells them to stop. During that time, they fill their bag as often as possible. When it is full, they climb down from the ladder, and dump the fruit into a large bin, called a bano.

They are paid a specified amount for each bano they fill up. The best pickers can harvest 2 tons of fruit a day and make almost $100. When Dr. Bryant picked with them, three researchers filled a single bano that day, making $6.26 each!

The workers are assigned a row in the grove, working unsupervised most of the time. Occasionally, the crew chief will pass by with a fork lift to empty the bano. But the workers have little supervision as they move from one tree to another in the grove.

Despite the many positive features of the glasses we selected, we learned that the augmented product was associated with some important costs that made many workers reluctant to use them, especially in the mornings. The humidity in the mornings and contrasting temperatures between the air and the workers' face make the glasses fog up, interfering with their ability to see the fruit. Workers do not want to stop and wipe them off and can't afford to fall off the ladders.

To help lower this cost (that is, stopping picking and potentially falling off the ladder) and to make safety glass usage more affordable, we knew we had to improve the anti-fogging properties of the glasses.

So we obtained a small business grant from the National Institutes of Health to work with a technology firm to develop an improved anti-fog coating that can be applied to the glasses. When the company has developed the new coating, we'll test in the groves. Until this problem is resolved, we do not expect most workers to use them until after about 10 am. In other words, we acknowledge the workers' concerns about picking rapidly and are committed to doing everything possible to make sure they make as much money as possible. Without the consumer research we did, we would not likely have figured out how important anti-fogging properties are. It related to two of the workers' main values, that is, making money and being safe.

The third P in marketing's conceptual framework is place.

Like product, place can refer to several aspects of how a program can meet consumers' wants and needs. Because of its multiple meanings, place is sometimes confusing to the beginning social marketer, so we’ve put together some examples in this introductory lecture.

In most cases, place refers to the actual location where consumers act or practice the behavior. It also includes the characteristics of where they go for services or to acquire any tangible items.

Our goal is to make that location attractive and conducive to change
And…

**Slide 43: Slide 43**
Place also refers to the place where consumers decide to act. In a healthy food intervention, a social marketer may be concerned about decisions that happen at point of purchase, and also decisions that happen in the kitchen. For example, it might be useful to work with grocery stores to place healthy foods in easily accessible and frequently seen places, or to help make a local farmer’s market accessible and popular. And, it might be useful to make sure consumers know how to prepare the fruits and vegetables, so they neither throw away nor prepared in a non-tasty way. The social marketer might want to arrange for recipes to be included with healthy food purchase, or conduct entertaining preparation classes.

**Slide 44: Slide 44**
And place refers to where consumers can acquire augmented products and the distribution channels that ensure their availability. As our public health competitors, in this case the softdrink vendors, know so well, a good placement strategy ensures that tangible products are available where and when consumers want them.

**Slide 45: Partners**
Finally, place refers to the people or partners who can encourage or assist with adoption. Our goal is to be sure consumers have access to accurate information, encouragement, and support.

**Slide 46: Slide 46**
In the Citrus worker project, place was a key component in our program strategy. We needed to find a partner to encourage them to wear glasses. Partners they trusted. Partners with access to them when they were in the groves.

Therefore, we selected some of the fastest, most respected pickers to train as lay health promoters. We trained them to promote the glasses, conduct eye washes and other first aid procedures, and asked them to wear the glasses whenever picking. They also carried extra glasses with them and encouraged their crew members to try them.

**Slide 47: Slide 47**
We paid the promoters a small stipend each month; however, many also benefited from increase self esteem as other crew members and supervisors acknowledged their special skills. By the end of the first year, several of them have won awards as the most productive pickers at Southern Gardens, demonstrating that wearing safety glasses can actually increase productivity because it allows a worker to pick faster with less fear of injury.

**Slide 48: Slide 48**
The companies also benefited from the first aid these men performed, especially eye washes that removed debris from the eye prevents and prevented infections and other costly doctor visits.

**Slide 49: Slide 49**
By the end of the initial trial, it became clear that these promoters were the most essential strategy in our marketing intervention.

**Slide 50: Promotion**
The last P refers to promotion. We discuss this last because the promotional strategy is not designed until product, price and placement strategies have been developed. Also, many people mistakenly think this is the heart of social marketing, and I want to point out that it is only a portion of what marketing is all about. In fact, you can do go SM with very little promotion if you get the first 3 Ps right. You may find in your groups this semester that everyone wants to jump to logo design and slogan testing. Be on the lookout for this – it is virtually never time well spent until the other 3 P’s have been solidified!

Presented by Kathy Anderson  
PHC 6411 Intro to Social Marketing
The Promotional Strategy includes information channels, such as TV, radio, and internet, as well as social networking sites and other new media. These new media have made it possible (and necessary) to talk WITH audience members instead of to them. The importance of this sea-change in marketing can’t be underestimated! Resist the urge, though, to think that social media is a panacea - it fits some interventions but not all. As marketers, we may be seduced by its cool factor, but we should not fall in love with it for that reason alone.

Our promotional materials should reflect what we’ve learned about our audience – but remember, a pamphlet alone or a poster alone does not Social Marketing make. These paper materials, often called “collateral” in marketing, are one part of our promotion strategy, and just one part of one of the four Ps. When I teach commercial marketing in the MBA program at a local university here in Alaska, it usually takes a few weeks to disabuse my students of the notion that marketing equals advertising – advertising doesn’t come up until the 9th week of a 14 week commercial marketing class, and then only as one of many promotional tools!

Marketers also sponsor special promotional activities to reinforce and promote their brands. In Public Health, we might look to health fairs, or sponsoring local races, or the like, to get our social marketing “brand” out there.

So, promotion is not the first or necessarily most important part of a marketing plan. In the citrus worker project, our promotional strategy consisted of these three little posters that we hung in the buses that take workers to the groves and in their housing units. While they may serve as reminders, we believe the more important element of our program was the placement strategy: that is, to train people working with them in the groves to serve as role models and promoters.

These four elements, product, price, place, and promotion are integrated so that they reinforce each other and can serve as a blueprint for all program activities, materials, and branding efforts. The marketing plan that you produce in this class will lay out the background, including the goals you set and the research you do, then it will go on to describe your strategy for each of the 4 Ps.

In the citrus worker project, the actual product stayed the same – wear glasses. But our research revealed our original core benefit: injury prevention was consistent with workers’ aspirations to make as much money as possible. But, a far more powerful core product was to position safety glass use as a way to pick faster with more confidence while prevention injury. Our research allowed us to discover this, and we were able to shift emphasis in a way that powerfully met the workers’ needs.

With respect to price, we are continuing to find ways to make glasses more comfortable, attractive and effective so they do not impede productivity.

We place highly respected, carefully trained workers in the groves and housing camps to serve as role models and promoters among their crews.

And we remind workers of the importance of eye safety with three rather unimpressive posters!
Slide 59: Distinctive Features
In sum, social marketing offers a powerful way to change behavior that differs from education in its focus on behavioral goals, its passionate commitment to make program planning decisions from the consumers perspective, acknowledging that subgroups differ in what they want and are willing to “pay” for healthy products, and the use of marketing’s 4 Ps to create a systematic blue print for change.

Slide 60: Slide 60
Based on the experience of all your instructors here, I can testify to the sophisticated power of Social Marketing’s distinctive program planning framework, especially versus simple health education.

If you have any questions, please do not hesitate to email or call me. I look forward to talking with you again next week.