Social Marketing: An Underutilized Tool for Promoting Adolescent Health

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What is Social Marketing?

The concept of social marketing was introduced in 1971 by Kotler and Zaltman as a planned approach to social change. More than two decades later, Andreasen (p. 2) defined social marketing as “…the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.” Because social marketing has its “roots” in commercial marketing, some traditional health behavior change specialists struggle to perceive how altering certain purchasing preferences (e.g., choosing one cola brand over another) and altering health behavior (e.g., adopting a smoking policy, gaining acceptance of a designated-driver program, or adopting “safer sex” practices) can be compared.

However, what partially separates commercial and social marketing is the latter’s “…emphasis on so-called ‘nontangible’ products – ideas, attitudes, lifestyle changes – as opposed to more tangible products and services that are the focus of marketing in the business, health-care, and nonprofit sectors.”

Whichever formal definition of social marketing one adopts, social marketing is a systematic planning framework that relies on marketing principles and techniques to develop socially beneficial programs, services, or other products. Features that serve as benchmarks or standards for success include: a focus on behavioral goals; careful segmentation of the population of interest; a data-based consumer orientation; an analysis of the competition; and the
use of the marketing mix or the 4Ps (product, price, place, and promotion) to design interventions.  

**Behavioral Goals**

Social marketers design programs to bring about voluntary behavior change. In public health, this approach has been used most often to design behavior change interventions targeting large segments of the population at risk of disease or disability. Social marketing may have particular potential for addressing health behavior issues that continue to defy the efforts of prevention specialists. Issues that have been responsive to social marketing interventions at the level of “community” include hypertension, high cholesterol, alcohol-impaired driving, utilization of public health services, and enactment of nutrition-friendly policies in schools by school board members, just to identify a few representative examples.

Recent examples of effective social marketing interventions targeting youth are the VERB™ program designed to promote physical activity among 9-to-13 year-olds of age and the TRUTH anti-smoking intervention. Whether related to youth or other program stakeholders, each of these social marketing interventions has specific behavioral goals, a feature that gives them some distinction from traditional education or awareness campaigns.

**Audience Segmentation**

Social marketers are interested in identifying subgroups within populations at risk that respond differentially to intervention tactics (e.g., the product benefits valued most, type of spokespersons trusted). They divide a population into specific groups or segments based on characteristics that directly impact the marketing strategies that will be most effective. While sensitive to life stage, age, and other demographic differences within groups, social marketers are most likely to divide populations into distinct segments based on current behavior (e.g., heavy
versus light smoking), future intentions, readiness to change, lifestyle traits, values, and personality characteristics. Social marketers avoid the “one size fits all” approaches that historically have restricted public health’s repertoire of responses to negative health behaviors. Public health practitioners often have either: (1) designed programs that seek out everyone who fits a particular demographic, resulting in an intervention that may attract no one (except perhaps the worried well); or (2) attempted to attract persons they perceive to be the “neediest” (resulting in an exhaustion of resources without making much of an overall change in the population of interest). Instead of the “one size fits all” approach, marketers select a limited number of segments as “targets” to receive the greatest priority in program development. By acknowledging differences between segments, social marketers can develop differential and more responsive marketing strategies (e.g., how products will be positioned, placed, or promoted) for each priority segment. For instance, the VERB™ program gave greatest priority to tweens who were sedentary or moderately active but not yet passionate about physical activity. Program developers were careful with this priority audience to address differences between the younger, emerging “tweens” and older “tweens” transitioning into adolescence, as well as differences based on gender, ethnicity, and receptivity to physical activity. Segmentation allowed them to make appropriate resource allocation decisions and enhance program effectiveness by addressing the needs of the distinct segments given highest priority.

Data-based Consumer Orientation

Perhaps the most important hallmark of social marketing is its reliance on consumer research to gain the insights needed to make key program planning decisions. To this end, social marketers are passionately committed to understanding the people they hope to change, including their values, aspirations, fears, lifestyle, and factors that motivate and deter them from
adopting the desired behavior. Although consumer research does not have to be expensive or unnecessarily complex, it is an activity that must be conducted.\textsuperscript{18} To save time and money, existing data are used whenever possible; however, insights into consumers’ aspirations and motivational drivers are often lacking in the public health literature, making it necessary to collect primary data to gain the rich understanding required to select the audience segments to target, the benefits to offer, and the costs to lower, as well as how to price, place, and promote “products.”

\textit{Competitive Analysis}

Social marketers also recognize that the behaviors they promote have competition in the form of other behavioral options (e.g., watching television instead of exercising) or factors that compete for consumers’ time and attention (e.g., the belief one cannot quit smoking). Social marketing uses an analysis of these competing forces or behaviors to identify the benefits that best distinguish the desired behavior from the competition and develop a \textit{sustainable competitive advantage} that optimizes the healthy behavior’s attractiveness to consumers.\textsuperscript{18} The result often directs planners to a “bundle” of non-health benefits of greater importance to consumers than the public health benefits driving the program’s development. The TRUTH campaign, for instance, found rebellion against adult manipulation was far more powerful in motivating teens not to smoke than warnings about tobacco’s long-term health risks.\textsuperscript{15}

\textit{An Integrated Marketing Mix}

As the name implies, social marketing relies on a conceptual framework known as the 4 \textit{Ps} – \textit{product}, \textit{price}, \textit{place}, and \textit{promotion} in which these elements are combined to form an overall program strategy. This “marketing mix” is considered from the consumer’s point of view and used to develop an integrated plan that guides all program activities.
The first P, *product*, encompasses three features of an intervention— the actual product, the core product, and sometimes, the augmented product. The *actual product* refers to the recommended or desired behavior— that is, the protective behavior being promoted (e.g., more frequent or more intense exercise), the use of a particular public health service (e.g., immunization or prenatal care), the abandonment of a risky behavior (e.g., tobacco use), or enactment of a policy (e.g., clean indoor air in public buildings). The *core product* refers to the benefits consumers gain from adopting the product (i.e., a sense of accomplishment, better self-esteem, peace of mind, popularity). In some programs, but not all, tangible commodities or service features also are created to make it easier for consumers to adopt the product. Examples of “augmented” products include a toll-free hotline, extended clinic hours, or some tangible item that enables people to record appointments, events, blood pressure readings, weight, or other measures. In a program to promote physical activity to youth, a wallet-sized monitoring card (Scorecard) was used to motivate them to try (and record) new physical activities they tried. The Scorecard not only served as a monitoring device, but also gave them discounts on special events, served as a free public transportation pass, and when filled, and could be redeemed for physical activity-related prizes, such as YMCA memberships and skateboards.¹⁹

*Price* refers to monetary and other costs (e.g., embarrassment, psychic hassle, personal sacrifices) that are exchanged for product benefits. Among youth, for instance, the costs that must be lowered to make physical activity “affordable” to them may be many – exclusive of any real monetary costs. For example, social marketers know that any chance of feeling humiliated for failing to “make the team” or master a new sport must be eliminated. Moreover, the sacrifice of time (that otherwise might be used to watch television, play video games, engage in other non-active endeavors) must be seen as worthwhile. In addition, whereas some youth enjoy and are
motivated by intense competition and opportunities to demonstrate their physical prowess, the “thrill” of competition is not universal. Thus, the potential for a person whose temperament is less competitive than another’s may reject activities that require competition, even if many adults would deem these activities as “fun.” Finally, related costs may in fact be monetary ones that act as barriers to participation, such as costs associated with purchasing special equipment or lessons that enhance skills. Unless costs are lowered or made acceptable, even the most appealing products may be rejected.

*Place* has several applications – the locations and times consumers perform the desired behavior (e.g., where youth can play with friends safely), the distribution of augmented products (e.g., where youth can obtain Scorecards), the actual physical location where services are offered (e.g. when and where special events are held), and the people and organizations at these locations that can facilitate the change process (e.g., adult trainers or supervisors).

*Promotion* includes spokespersons, specific communication guidelines for designing attention-getting and effective messages; and designation of appropriate communication channels. Promotional activities are designed to reinforce the other *Ps* in the marketing mix through advertising, public relations, promotional activities and items, and social media. In public health, policy changes, professional training, community-based activities, and skill building are often combined with communication activities to bring about the desired change. These features – behavioral goals, data-based consumer orientation, audience segmentation, competitive analysis, and an integrated marketing plan – serve as standards or “benchmarks” for assessing social marketing practice. Moreover, their inclusion distinguishes true social marketing interventions from health communication or media awareness campaigns that may rely principally on promotion.
Social Marketing and Audience Diversity among Adolescents

The aforementioned practice of audience segmentation is essential for changing health behaviors successfully among groups of adolescents. Segmentation is a critical process as no one proposed intervention is likely to be suited to all people. Social marketers divide populations into groups of people who share needs, wants, lifestyles, behaviors and values that make them respond similarly to public health interventions.\textsuperscript{18} Although public health authorities have long understood that differences exist based on demographic characteristics such as age, sex, income and race/ethnicity, social marketers often divide populations into further subgroups or segments.\textsuperscript{18,20} There are many ways to segment populations based on their “behaviors” and these include risk factors, the ways in which risk behaviors are performed, wants and goals, perceptions (of the risk behavior or many other things), channels of communication and readiness to change.\textsuperscript{20} In devoting time and resources to identifying and understanding audience segments social marketers are able to increases both the effectiveness and efficiency of programs by tailoring these programs to meet the needs of specific audience segments.\textsuperscript{18}

To segment audiences of adolescents appropriately, one must not only understand the targeted risk behavior, but also understand teenagers and the flow of ideas between them. One such model of understanding the flow of ideas among adolescents with relevance to marketing is the “Teen/Types” segmentation system proposed by Zollo.\textsuperscript{21} This model is similar to the diffusion of innovation theory and segments teens into four subgroups – those on the “Edge,” “Influencers,” “Conformers,” and “Passives.”\textsuperscript{21} Much like Rogers\textsuperscript{22} presentation of his diffusion of innovation theory, Zollo\textsuperscript{21} contends that teens naturally fall into the categories with roughly 11\% of teens being in the Edge group, 10\% in the Influencers group, 44\% falling in as Conformers, and 35\% comprising the Passives. In this model Edge teens exert influence over
the adoption of trends on Influencers and Conformers, whereas Passives look to Conformers, and Conformers look to both Influencers and Edge teens before adopting new trends.

Zollo\textsuperscript{21} also contends that this model reflects the hierarchical society of teens and although the labels given to these groups in different parts of the US vary widely, these groups share core characteristics. This model from marketing research has been critiqued from social science perspectives as it reproduces this teen hierarchy and plays on teens’ fears of being social outcasts.\textsuperscript{23} When marketers rely on the “Teen/Types” model, Quart\textsuperscript{23} argues that its sole reliance on the “cool kids” (the Edge and Influencer groups) marginalizes 79\% of the teen population as passive consumers with little worth.\textsuperscript{23} Whereas the “Teen/Types” model can be critiqued, it does correctly stress the importance of the flow of ideas. It also demonstrates how the diffusion of innovation can be applied to teens and how the diffusion categories can potentially be used as one method segmentation in social marketing.

Beyond teen hierarchies and the flow of ideas, there are other key issues to understand in segmenting audiences of adolescents, mainly the avenues in which traditional marketing reach teens today. One hotly contested avenue of teen marketing is the school and the classroom.\textsuperscript{23-26} Marketing in schools has moved well beyond gyms lined with logos. Many schools have contracts with Pepsi and Coca Cola. Some textbooks mention Oreos and have Nike logos. Companies from Disney to McDonalds hold focus groups in schools where food samples are distributed under the guise of “science experiments.”\textsuperscript{23} These forms of corporate school sponsorship start young and desensitize youth marketing. Quart\textsuperscript{23} contends that this new, intrusive form of marketing takes a toll on youth through its commercial frenzy by distorting self-images, goals, and values.
Channels and types of marketing may not seem directly applicable to public health intervention, but when paired with public health concerns, their importance clarifies. For example, if one examines eating disorders, body image issues can be linked to marketing. Quart describes the hypersexualized advertising campaigns appearing in Abercrombie and Fitch catalogs that feature “underdressed college jocks, porn stars, and couples and trios wearing omnipresent branded underwear” to clothes lines geared to preteens that showcase thongs with cherries or slogans like “wink, wink” and “eye candy.” Another example of a public health concern placed squarely in the realm of marketing is underage drinking. Whereas marketers claim that advertising for alcoholic beverages is aimed at audiences 21 and older, the youth-oriented advertising of “alcopops” such as “hard lemonades” and other fruity malt beverages resonates strongly with tweens and teens. Alcohol marketing can reach even younger audiences as many third-graders can tell which beer brands have brown bottles and which ones have green ones.

It should be clear by now that audience segmentation is a critical aspect of social marketing. When segmenting adolescents, there are many variables that should be considered beyond the usual demographics of age, sex, and ethnicity: channels of communication, how risk behaviors are performed, and even how traditional marketing reaches this audience. By segmenting audiences of adolescents one is more likely to understand why health behaviors are (or are not) performed, and thus, direct intervention strategies in ways more likely to achieve the desired response.

**Examples of Social Marketing Interventions to Change Behavior of Adolescents**

*The TRUTH Campaign*
Whereas social marketing has been used frequently to encourage consumption of a particular product, Peattie and Peattie\textsuperscript{27} point out that social marketing also can be used to reduce consumption of products that are harmful to health. Researchers for the \textit{TRUTH} campaign in Florida wanted to help teenagers refuse cigarettes when offered in addition to changing their attitudes and beliefs towards tobacco.\textsuperscript{27,28} To gain insights into the target audience, which included adolescents aged 12 to 17, numerous interviews with teens helped researchers understand the self-control underpinnings of youths’ tobacco use; in essence, teens believed that their tobacco use was a form of control over themselves, similar to piercing an ear or dying their hair.\textsuperscript{27}

Insights gathered from consumer-based formative research signaled researchers to focus not on the obvious economic and health costs of smoking, but rather, on the social costs.\textsuperscript{28} In particular, the campaign attempted to re-tool the image of smoking as self-control and framed the behavior as the duping of teens into providing more wealth for tobacco corporations.\textsuperscript{27,28} This quasi-experimental intervention confirmed differences at baseline and one-year follow-up through telephone-based surveys; researchers identified stronger anti-tobacco and better measured behavior than among participants in the control groups.\textsuperscript{28}

The \textit{TRUTH} campaign in Florida used a variety of marketing methods to convey messages. For instance, thanks to a relatively large budget, the \textit{TRUTH} campaign occupied prime-time broadcasting slots for advertisements, developed videos whereby teenage journalists confronted tobacco executives, and created a documentary depicting the tobacco industry’s use of popular culture for profit-attaining ends.\textsuperscript{27} In addition, a “Truth Truck” toured the state, attending major events such as concerts, and distributed information and a tabloid-style magazine educating adolescents about the manipulation tactics of the tobacco industry.
Furthermore, the Internet was used for similar information dissemination. Although the array of social marketing initiatives varies in budget, innovative communications provide a tool to help reach health outcome goals.

The POWER Campaign

The Prevention Options for Women Equals Rights campaign (POWER) was a social marketing campaign in Denver, Colorado to influence young women’s attitudes, knowledge, and beliefs about use of female and male condoms. Researchers used focus groups with African American and Latina females between the ages of 15 and 25 to identify optimal message concepts. Communication venues were enumerated and at each venue, take-away cards and other pieces of information were developed regarding sexual health-relevant data from the local community. In addition, coupons were available to young women that were redeemable for packs of condoms at specific sites. Whereas quantitative analysis showed limited initial effects, post hoc analyses demonstrated association between exposure to POWER and condom use. Although the intervention lacked a precise delineation of effect, the development of POWER exemplifies a clear social marketing technique.

The “HIV. Live with it. Get tested!” Campaign

The “HIV. Live with it. Get Tested!” campaign was developed over two years of pilot testing in New York City. Project ACCESS was charged with launching this campaign in five other cities. The target segment of the campaign was sexually active youth of color in high HIV seroprevalence communities, particularly youth who were heterosexual females or homosexual/bisexual males. Consumer research gathered information through focus groups and interviews to aid in the development of promotional materials. Increasing awareness of HIV and at-risk sexual behavior and increased use of condoms were the intended behavior changes, and
costs associated with prophylactic use were addressed by offering free condoms to youths; the physical costs of perceived painful HIV testing methods were addressed by offering newer, less threatening diagnostic methods. Paid advertisement through radio and mass transit outlets as well as other print materials and aggressive outreach methods utilizing leaders from both African American and Latina communities enforced a strong marketing mix. The intervention further included healthcare provider and parent segments in its campaign.

Process results from 1999 indicate mobilization of pro bono staff implementing targeted campaigns in six different cities, with participation including youths, test sites, and community based agencies in local coalitions.³⁰ Outcome results in 1999 indicate that half of all phone calls into the campaign’s hotline were from youth ages 13-21, and 64% of youth phone calls were made after callers heard campaign advertisements on the radio. Of the total number of HIV tests administered during the campaign, 60% were female, 38% were African-American, 30% were Latino, 17% self-identified as gay or bisexual, and the rest self-identified as straight. Approximately 72% of persons tested were between 13 and 21 years of age.³⁰ Rates in media coverage, information administration and continuance of campaign penetration into relevant segments and targets continued in 2000.

The Teens Stopping AIDS Campaign

The Prevention Marketing Initiative (PMI) Local Demonstration Project involved five different US cities. Teens Stopping AIDS was one of these projects, launched in Sacramento, California, with a target audience of sexually active 14-18 year-olds with inconsistent condom use.³¹ Further intervention segments included zip codes where rates of STDs and pregnancy among adolescents were particularly high.³¹ The specific behavioral outcome sought by the intervention was consistent and correct use of condoms with all partners and in all situations. All
intervention materials were submitted to adolescent review panels for approval before use. Intervention components included radio public service announcements, posters and small promotional materials, skills-building workshops, peer outreach, and a telephone information line. A wide marketing mix was achieved using an annual budget of $250,000, with each component reaching thousands of youths.

Using a conservative dosage variable, researchers identified that dosage was a significant predictor of condom use at last intercourse with the main sexual partner. Further, higher dosage was associated with stronger intention, stronger subjective norms, and greater self-efficacy. Males and African Americans were more likely to report carrying or using condoms, and younger adolescents were more likely to report condom use. By the final round of intervention, there was an overall gain of 4.3 percentage points in reported condom use with main sexual partners, and this increase was associated with a decrease of other risky sexual behaviors.

*The Horizon Jeunes Campaign*

The primary behavioral outcome sought by the Horizon Jeunes social marketing intervention was to increase adolescents’ awareness and use of reproductive health products and services in two sites in Cameroon. Intervention activities included youth-targeted behavior change communication and promotion and youth-targeted distribution of condoms and oral contraceptives. Promotional materials were administered by trained peer educators and distribution of intervention material at youth-frequented locations. Message administration included video broadcasts, theatrical sketches, condom use demonstrations at night clubs, and presentations at local sporting events. Whereas the program reported successes at intervention sites with respect to reaching youths and teaching them about condoms, the intervention itself
lacked clear exploration of social marketing components such as marketing mix, exchange and competition.  

The HEALTHY Intervention Campaign

The HEALTHY communications intervention employed social marketing strategies to set the stage for students in the main intervention to be more receptive to components centering on nutrition, physical activity, and behavior change. Through formative research gathering important information from consumer segment focus groups (students, parents, and teachers), researchers were able to “brand” the intervention successfully with logos and materials that were meaningful to the target audience. The HEALTHY intervention was specifically targeted toward middle school populations and these efforts were mixed along a variety of communication channels. Similar to the tobacco smoking prevention campaign previously mentioned, the HEALTHY intervention used research about the target youth segment to frame messages strategically. Rather than focusing on negative consequences of inactivity and poor nutrition, campaign messages focused on the positive aspects of good nutrition and physical activity as well as “doable behaviors” that students can perform without the assistance of others.  

VERB™: It’s What You Do!

The Congressionally-funded VERB™ campaign targeted tweens, children between 9 and 13 years of age, in hopes of increasing and maintaining physical activity in this age group. This multi-center, multiethnic campaign included marketing mixes that varied by two groups: six communities received “higher doses” of media messaging whereas three communities received lower doses. Researchers leveraged social marketing methods to develop materials and approaches. Focus groups, in-depth interviewing, and ethnographic inquiries with tweens and
parents allowed the campaign to develop a title ("VERB") and messages that were culturally informed and relevant to targeted segments.\textsuperscript{13}

The \textit{VERB}\textsuperscript{TM} campaign also clearly applied the 4 Ps to reach tween audience segments.\textsuperscript{13} The \textit{VERB}\textsuperscript{TM} campaign sells the product of physical activity in competition with other enjoyable, yet sedentary behaviors that children may partake in that lack certain health benefits. The campaign maintains that the benefits of being physically active outweigh the various costs enumerated through formative research with target audiences. The placement and promotion of the campaign through different venues allowed the researchers to carry a solid marketing mix that also varied by high-dose and low-dose communities, including both messages communicated over the Internet, television and radio as well as specifically-tailored material for sites such as schools. The value of the behavior change was enhanced with sweepstakes and contests throughout the intervention period. Finally, the campaign sought corporate and community sponsorship and buy-in.

**The Application of Social Marketing Strategies: Lessons Learned**

Over the past three decades, social marketing has evolved into a powerful force for health promotion and behavior change.\textsuperscript{20,34} Social marketing strategies have been successfully applied to the fields of public health, policy development, and environmental protection, and variations of the discipline have been implemented in a wide variety of initiatives to promote tobacco control, drug prevention, childhood immunization, improved nutrition, increased physical activity, and traffic safety.\textsuperscript{20}

Social marketing consists of a series of steps, implemented in a continuous, iterative process. This process begins with initial planning, formative research, and strategy development, followed by program development, pretesting, and program implementation, and finally,
Whereas public health professionals often inadvertently use the term social marketing to describe what is in fact advertising (an aspect of the “promotion” $P$), social marketing specifically makes use of these multiple steps to inform consumers of the importance of behavior change by moving them towards a proposed solution, all while addressing the barriers, or costs, of performing the new behavior.\textsuperscript{18,20}

In recent years, public health professionals have used social marketing strategies to promote healthful behavior and counteract the effects of commercial marketing, in particular the marketing of unhealthful foods and behaviors to children and adolescents. These campaigns have prevented and controlled tobacco use to a growing extent, increased physical activity, and improved nutrition among children and teenagers.\textsuperscript{35} Substantial evidence supports the effectiveness of these campaigns, and well-funded social marketing initiatives like the American Legacy Foundation’s $TRUTH$ campaign have demonstrated significant effects on health behavior, morbidity, and mortality.\textsuperscript{18,35} In its first iteration, the $TRUTH$ campaign reduced teen smoking in Florida by 19\% in one year and was expanded into a successful national campaign.\textsuperscript{20}

As a model for health behavior change, social marketing has been used successfully since the 1970s to target diverse groups of people to improve a number of different health behaviors. Currently, social marketing’s primary challenge is to compete against well-funded commercial marketers who promote a wide array of unhealthy behaviors. To impact health behavior favorably, social marketers must use available resources to meet commercial advertising how and where it targets consumers. In the current media-saturated environment, marketing is nearly everywhere – on phones, websites, e-mail inboxes, billboards, TV shows and commercials, gas stations, and in and on almost every product on the market.\textsuperscript{35,36} Effective countermarketing is a daunting challenge for public health professionals.
Much can be learned from unsuccessful social marketing programs of the past, in particular the US National Anti-Drug Campaign of the late 1990s and the early anti-smoking campaigns. To be effective, social marketing must integrate the elements of marketing’s conceptual framework that include exchange theory, audience segmentation, competition, the marketing mix, consumer orientation, and continuous monitoring, while following the steps of implementation identified previously. Social marketing is informed by theories that help public health professionals examine causal pathways for behavior change. This evidence-based framework helps to identify translatable strategies for promoting consumer health behavior. By combining a consumer-oriented approach with a theoretically sound framework, social marketers can avoid pitfalls of past initiatives and facilitate population level behavior change.

More specifically, social marketing campaigns targeting adolescents are most effective when they provide youth with information about the desired health behavior, as well as more concrete advice about where to find the services to facilitate and support the behavior. For example, the Teen Help Card, developed in 2002 by the Lowell, Massachusetts Community Health Center Teen Coalition to help inner-city Cambodian youth, provided a list of phone numbers for local youth service agencies, linking these underserved youth with needed social support and services. This program is an excellent example of how social marketing programs can increase individuals’ self-efficacy, thereby helping consumers to make the right choices for themselves based on knowledge and resources. Social marketing can equip youth to improve their decision-making skills and resist peer pressure to engage in risky behavior, using forms of communication ranging from the simple (word of mouth, poster campaigns) to the more complex (social media, text and instant messaging).
To be effective, it is critical to meet adolescents where they are, and in today’s world that means both going to the street to meet youth face-to-face, as well as reaching them through a variety of new forms of communication. Mobile technologies offer the opportunity to reach large numbers of consumers while engaging them on a personal level.\textsuperscript{40} Cell phones are a two-way communication channel, and this shift from unidirectional to multidirectional communication has the potential to engage consumers in new ways, allowing them to become active participants in the creative process.\textsuperscript{40,41} This approach can increase buy-in and loyalty to a particular message, ensuring that consumers are invested in the product. Furthermore, being part of this process increases the likelihood that members of the target audience will talk to others about the product, increasing word-of-mouth communication, an approach sometimes labeled as “viral” marketing.\textsuperscript{42} Social marketers must adapt to this advancing communication model, evolving with it to become savvy multimedia communicators themselves.

Cell phone and web applications like text messaging and social media can be used to overcome many of the perceived costs of engaging in new behaviors by providing incentives, reinforcers, and virtual social support to those engaged in behavior change.\textsuperscript{40} These messages reach people in their natural environments, during their everyday activities, and can be provided on a regular, ongoing basis. No other communication strategy has ever offered so much potential for behavior change, increasing social marketing’s reach, establishing the consumers as partners in message development, and challenging social marketers to change their approach to behavioral intervention.\textsuperscript{41} By adopting the multidirectional communication model, public health professionals can essentially bring social marketing back to its roots, reemphasizing the consumer-centered focus that distinguishes social marketing from other forms of health promotion.
Whereas there is tremendous potential for new media to increase and enhance social marketing’s reach, public health professionals must choose carefully among the available communication channels, taking into account the target audience’s preferences and the costs associated with these technologies. Not every available communication channel needs to be employed to inundate consumers with multiple messages; rather, a targeted approach, coupled with ongoing evaluation, ensures that the right people are reached at a level sufficient for change to occur. Audience segmentation and consumer orientation are more important now than ever, and a creative approach to marketing the product is essential to compete in today’s media-saturated environment.\(^4\) When using these new communication styles, public health professionals must strike a balance between what is comfortable for both the program planner and the consumer, while gradually relying on new and more powerful innovations.

Ongoing evaluation of the effectiveness and impact of these new technologies is imperative to expand social marketing’s evidence base. Formative research must continue to be the foundation for strategic decision-making, and a targeted approach to using consumer-oriented technology, acting in accordance with the audience’s preferences, will ensure the success of future social marketing campaigns.\(^4\)\(^1\)\(^\text{a}\)\(^3\) As public health professionals continue to explore the rapidly evolving communication technologies of the 21\(^\text{st}\) century, staying competitive in this new environment requires integration of new and old communication tools, a creative spirit, and, as always, consideration of the needs and preferences of the target population.
References


