

Creating a demand for better health by using social marketing techniques

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The most significant environmental change to support people who want to give up smoking is the legislation to ban smoking in public places. Following Scotland in March 2006, and Wales and Northern Ireland in April 2007, England moves one step closer to being smoke free on 1 July 2007, when it becomes illegal to smoke in almost every enclosed public place and workplace.

Social marketing will be used to support this health promoting policy and will become more prominent in the design of health promotion campaigns of the future. Social marketing is not a new approach to promoting health but its adoption by the Government does represent a paradigm shift in the challenge to change public opinion and social norms. As a result some behaviours, like smoking or excessive alcohol consumption, will no longer be socially acceptable.

The Department of Health has decided that social marketing should be used in England to guide all future health promotion efforts directed at achieving behavioural goals.¹ This paradigm shift was announced in Chapter 2 of the "Choosing health" White Paper,² with its emphasis on the consumer, noting that a wide range of lifestyle choices are marketed to people, although health as a commodity itself has not been marketed. The DoH has an internal social marketing development unit to integrate social marketing principles into its work and ensure that providers deliver. The National Centre for Social Marketing has funding to provide ongoing support, to build capacity and capability in the workforce.

This article describes the distinguishing features of the social marketing approach. It seeks to answer some questions. Is this really a new idea, a paradigm shift, or simply a change in terminology? What do the marketing principles offer that is new, or are they merely familiar ideas repackaged in marketing jargon? Will these principles be more effective than current health promotion practice and, if so, how does it work? Finally, what are the implications for community pharmacy?

Smoking as a case study

Smoking is a social as well as an individual problem. Although there have been major reductions in the prevalence of smoking between 1960 and 1990, there are concerns that throughout the past decade there has been relatively little change: smoking still causes more death and disability in the UK than any other avoidable factor.

After decades of health education and health promotion the public are well aware of

the dangers of smoking but, despite the health warnings, approximately 12 million people, or 24 per cent of UK adults, continue to smoke³ and young people still take up the habit. National mass media advertising of anti-smoking campaigns has been a key influencer in health education (see www.gosmokefree.co.uk), through television, the media and billboard posters. The provision of health education and information is still necessary, but we know now it is not sufficient. Social marketing is one more strategic approach to health improvement, which will add to, but not replace, familiar health promotion interventions. Social marketers are trying to persuade people to give up things that they like, which give them pleasure, such as cigarettes, alcohol and sweet foods. But the paradox and challenge for public health policy is that this behaviour occurs in an environment in which marketers have a highly successful and profitable track record in creating demand for their products (see Hastings and MacFadyen 2000⁴ for an analysis of tobacco marketing techniques).

Healthy public policy to tackle smoking has delivered many programmes which provide a supporting environment to help people change. The Panel shows a combination of environmental and behavioural policy to target populations at the individual level.

Is this really a new idea, a paradigm shift, or simply a change in terminology? Social marketing, like services marketing, is not a theory in itself, more like a mindset. One of the first differences you will notice, apart from the use of marketing concepts and language, is the framework or structured approach to understand how to influence people's behaviour, which is based on a logical planning process.

The term social marketing was first coined in 1971 by Kotler and Zaltman.⁵ The idea of applying marketing principles and techniques to health promotion campaigns began in the US during the late 1960s and has developed into mainstream practice since then. The underpinning philosophy is the acknowledge-



The challenge for social marketers is that they may have to try to persuade people to give up things they like

ment that many social and behavioural problems have social causes. A fundamental belief is the utilitarian ethical argument of action for the good of society, a notion emphasised by the following definition of social marketing: "The use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behaviour for the benefit of individuals, groups or society as a whole."⁵

Marketers believe that people do things they perceive to be in their own self interest, because they are able to, can afford to, like to — so the messages we give to them have to be motivating, persuasive and credible to their personal circumstances. Social marketing strategies are concerned with the needs, preferences and social economic circumstances of a target market. You have to identify the market segment first, not produce a blanket universal message.

There is competition for attention. The public health arena is a social market, not a true market guided by supply and demand, so the health promoter is trying to sell lifestyle changes whether or not the consumer feels the need. At the same time other marketers are trying to persuade the target group to consume their products.

The assumption underlying a social marketing campaign is that people's health is poor because they have not been sufficiently motivated to change their behaviour. Social marketing claims to offer a new way to make that

change happen. There are six major strands to the marketing conceptual framework:

- A consumer orientation (based on a consumer needs assessment, not a professional normative assessment)
- Segmentation of populations and careful selection of the target audience (for example young people aged 11 to 14 years)
- The pursuit of predetermined behavioural objectives (a social good, rather than volume of sales or profit)
- Identifying the “meaningful exchange”, the mechanism whereby you offer something the person really wants and the opportunities that can be used to achieve it
- An integrated campaign approach (using the “4 Ps” of marketing — product, price, place, promotion)
- Competition — consider the appeal of competing forces

Do the marketing principles offer anything new? What is wrong with what we have at present is that it is designed by health professionals. A traditional public health approach is based on a scientific/medical approach, on the analysis of epidemiological data, and mortality and morbidity statistics. The emphasis is a top down attitude whereby we attempt to educate the public about the dangers to health from smoking, or that smoking makes them and their clothes smell. This type of traditional public health promotion has been described as “a paternalistic approach that attempted to ‘tell and sell’ health through the application of expert-derived messaging via mass media dominated approaches”.¹

This so-called do-gooder mentality is often perceived by smokers as the self righteousness of the anti-tobacco lobby and it has to compete with the promises made by the purveyors of instant gratification, social standing or sexual attractiveness. Social marketing campaigns claim they are not top down; they define a consumer target and take a consumer orientation. The marketing concept of “exchange” is important here. The marketer uncovers, through market research, what the constraints to changing behaviour are and what the perceived benefits are, then tries to reduce them.

The health promoters’ promises of “better health” or “more money” at some point in the future are unlikely to be accepted by many socially disadvantaged smokers as a good exchange for giving up an activity they find pleasurable. The consumer approach turns the problem on its head. It does not ask “why don’t you give up smoking?” but “what don’t we understand about why you continue to smoke and what will help us influence your behaviour?”⁶

How does social marketing differ from commercial marketing? There is a difference of ideologies between a profit-seeking commercial market practice and the public health ideology, whose goal is not

about profitability but about an emphasis on the pursuit of social equity and social justice.⁷ There are no profit motives, no shareholders to consider and no products to sell. The funding comes from public and charitable funds to promote better public health and behavioural change.

Any problems? Social marketing has its critics. First, Buchanan *et al*⁷ note that many health promoters are anxious about the prospect of adopting marketing principles. The “marketing” label can be the cause of scepticism and uneasiness about the values and principles of social marketing in the public health workforce. Andreassen⁸ calls these “turf wars” challenges to new ideas by those who are currently dominant in health promotion.

People think marketers are manipulative so with every campaign the team has to justify ethically the target group, the objective and the campaign material. Nevertheless, it has to be acknowledged that there is always one ethical dilemma, in that in every case of social marketing for health somebody, whether a government or health professional, has already decided what aspect of public behaviour should be changed, what is right for other people.

Second, there is a capacity gap. If the Department of Health strategy is to succeed it needs people geared up to deliver. Social marketing is likely to be taken up at the local level by primary care organisations, but French and Blair-Stevens¹ claim that in the UK there is not a strong tradition or well developed social marketing infrastructure to deliver its promise. Hence one purpose of this paper is to inform pharmacists, as part of the public health workforce, about the new campaign strategy and encourage them to find out more.

Will using these principles be more effective than current practice? There are many examples of successful social marketing campaigns and some exciting new campaigns are in the offing. At the UK Public Health Association Forum in Edinburgh this year (see www.ukpha.org.uk) several primary care organisations presented their plans for social marketing campaigns, many to coincide with the 1 July smoking ban in England.

How will pharmacy be affected?

Mass media advertising campaigns have continually sustained public health promotion messages — reinforced in pharmacy by the provision of health education leaflets, part of the pharmacy contract for many years. But these leaflets are universally applicable around a specific behaviour or disease group, whereas a social marketing campaign would be specifically targeted at a population segment.

The Government continues to fund smoking cessation services through which pharmacists act as change agents and ensure implementation. There is a strong evidence base now to show the contribution of community pharmacy in helping people to stop

Anti-smoking policies

- Progressive rise in cigarette prices and taxation
- Health warnings on product packaging
- Advertising of tobacco banned
- Sustained investment in health promotion campaigns
- Mass media campaigns
- Health promoting local environments, led by local authorities and employers
- All public places and work places to be smoke free
- Smoking cessation services

smoking.⁹ Community pharmacy will still play a key role in delivery. Pharmacists will still use the skills they have already developed. What will be different is the strategic campaign organised at primary care level, targeted at specific groups with an emphasis on exchange.

This is an ideal opportunity for pharmacists to demonstrate tackling health inequalities because campaigns will target smokers in socially disadvantaged locations. Research has concluded that smokers in disadvantaged communities respond more favourably to personal invitations and support from known and trusted individuals, such as pharmacists, and have less confidence in going into strange environments or contacting unknown providers.¹⁰

In the policy debate contrasting an encroaching “nanny role” of the state versus an attempt to enable individuals to be responsible for their own health, social marketing campaigns will enable pharmacists to engage in local public health campaigns and tackle health inequalities.

References

1. French J, Blair-Stevens C. From snake oil salesmen to trusted policy advisors: the development of a strategic approach to the application of social marketing in England. *Social Marketing Quarterly* 2006;12:29–40.
2. Department of Health. Choosing health, making healthier choices easier. London: Stationery Office, 2004.
3. Perrow F. Making smoking history. *Health Service Journal* 2006;(23 Nov):10–11.
4. Hastings G, MacFadyen L. Keep smiling. No one’s going to die. Stirling: Stirling University Centre for Tobacco Control, 2000.
5. Kotler P, Roberto E, Lee N. *Social marketing: improving the quality of life*. Thousand Oaks, CA: Sage, 2002.
6. MacFadyen L, Stead M, Hastings G. A synopsis of social marketing. Stirling: Stirling University Institute of Social Marketing, 1999.
7. Buchanan DR, Reddy S, Hossain Z. *Social marketing: a critical appraisal*. Health Promotion International 1994;9:49–57.
8. Andreassen AR. *Social marketing in the 21st century*. London: Sage, 2006.
9. Anderson C, Blenkinsopp A, Armstrong M. *The contribution of community pharmacy to improving the public’s health*. London: Pharmacyhealthlink, 2003.
10. Macaskill S, Stead M, Mackintosh AM, Hastings G. “You cannae just take cigarettes away from somebody and no’ gie them something back”: can social marketing help solve the problem of low-income smoking? *Social Marketing Quarterly* 2002;8:19–34.