CHAPTER 1

What is social marketing?

VIGNETTE 1.1

Effective social marketing? Push play

Question to consider

1. The main objective of Push Play was to increase awareness of the benefits of physical activity and to encourage people to think about becoming more physically active, so the campaign could be said to have been a success. However, was ‘Push Play’ social marketing if there was no measurable behavioural goal and no measurable behaviour change? What mistakes were made?

A complete answer should include the following:

Push Play’s objectives should have been to change behaviour – i.e. physical activity levels. Awareness was necessary but is not of itself sufficient to change behaviour, therefore barriers to/enablers of behaviour change should have been considered and incorporated into the intervention. Recommendations should be made as to how the intervention might have been amended to overcome barriers and to support actual positive behaviour change.

Questions for Case Study 1 (Fishhook):

1. Critique the Department of Health ‘fishhook’ communication campaign. Do you agree with the ASA ruling? Justify your answer.

This question can potentially form the basis of a class or group discussion, with different groups arguing for and against the ASA ruling. There is no clear, single right answer.

The question can also be revisited after students complete Chapter 5 (Ethics) to determine whether their answers have changed.

2. How might the campaign have been pre-tested to identify potential problems such as those that lead to the numerous complaints to the ASA about elements of the communication?

All interventions should be tested against members of the target group and expert advice sought from those with experience in this type of intervention – and opinion sought from regulators. This testing should occur at the concept stage and when intervention material is sufficiently developed for the type of images intended to be seen.

Problems may still arise if those who regard an intervention in a negative way are not those at whom the intervention is targeted. Students should draw on real-world interventions to illustrate their discussion of how this type of problem might be identified and resolved.

3. Find other examples of fear-based social marketing interventions and critique them against the ASA codes of advertising. What lessons can be learned from this?

This question should form the basis of class or group activity. The discussion will be dependent on the type of material identified.

4. Draw up a checklist for organisations planning social marketing interventions to: (a) identify any potential adverse effects from the intervention and (b) decide on the most appropriate way of resolving any problems identified.

Again, this could form the basis of a class or group discussion. Potential issues might include:

• How to determine whether imagery is likely to generate fear, distress or offense?

• What the impact might be on an intervention if problems are evident with the intended target, either in comprehension or motivation?

• The need to assess who should be involved, who should be consulted and the risks versus potential rewards of different courses of action?

Questions for Case Study 2 (Food Dudes):

1. Critique this intervention. What do you believe were the key factors in its success?

Complete answers should discuss:

• Deep insights into the target, an understanding of what would motivate behaviour change.

• Use of relevant theories to guide the intervention development.

• Testing of the intervention through the pilot phase.

2. What is the likely consequence of funding for the programme not being continued?

As well as funding, the project requires commitment of time and energy by those charged with delivering it. Without funding, the initiative will not receive time and personal support – which may be directed to other activities seen as more immediately rewarding. It is likely that its effectiveness will decline as the key messages are gradually forgotten.

3. How would you respond to any criticism of the cost of the programme?

All interventions will have a cost – the important factor is what the likely return on investment will be. It is possible to obtain evidence about the magnitude of the behaviour change achieved (improved fruit and vegetable consumption) and to project future health or illness reduction levels if the behaviour is maintained (this will generally require a health economist to do some predictive modelling). The academic literature contains many examples of this type of evaluation.

4. How do you believe the momentum of the intervention could be maintained with and without ongoing funding?

This question could form the basis of a class or group activity with brainstorming on strategies –with input if possible from guest lecturers involved in programmes of this type.

5. (a) How would you recommend parents could help maintain the momentum? (b) What other organisations could help with this?

As for Question 4.

Review Questions

1. Critically analyse the use of commercial marketing concepts and theories for interventions aimed at improving societal health and well-being.

A complete answer should discuss the following and use real-world examples to illustrate the various points:

Commercial marketing does not just involve selling; it includes concepts such as segmentation, research, product concept development and directed communication (see Section 1.2). It does not involve ‘propaganda’ or manipulation of people’s behaviour without their knowledge or consent.

Potentially effective interventions are based on a deep understanding of the population to be targeted and how the targeted behaviour fits into their lives. Interventions that are underpinned by this understanding and by relevant concepts and theories have been shown to be more effective than those based on judgement alone.

Marketing is not an exact science and no single ‘formula’ applies to all situations.

2. Critically discuss the potential of social marketing activity to impact on genetic testing rates compared to improving exercise levels across the population.

Complete answers should recognise that genetic testing is a highly emotional topic that raises many ethical issues, such as what actions can/should be taken in the event of genetic abnormalities being discovered that could be passed on to a child, and who should be involved in decisions as to what action could/should be taken as a result.

This issue also raises questions of voluntary versus compulsory screening, and implications for health insurance – with potentially serious implications for individuals.

Improving exercise levels presents fewer ethical dilemmas as activity is largely voluntary. However, the context is important, such as whether exercise in school settings is voluntary or compulsory, and implications for children who do not exercise. Students may refer to cases reported in the media where parents have been upset by insensitive letters from health or educational institutions regarding their children’s Body Mass Index and actions that could be taken to reduce the BMIs. Actions taken in the school environment may not be supported in the home environment.

Some insurers now offer reduced premiums for those who can provide proof of fitness centre membership (although it is debatable as to exactly what membership alone signifies!). Some employers also run specific programmes to try to help staff increase fitness levels. Students should discuss the motives of both insurers and employers, and the implications of possible punitive actions for those who do not increase their fitness levels.

3. Critically discuss the legitimacy of government involvement in social marketing interventions aimed at impacting on individual and cumulative societal behaviours.

Complete answers should discuss the role of government in funding the costs of treating health and lifestyle-related illnesses, or in treating people who are negatively impacted by the behaviour of others (e.g. passive smoking and children). There are a number of issues that should be discussed – the issue is more complex than it appears at first sight as many of the items in the following list interact with other items:

• Costs to society/tax payers (direct and indirect) and whether others should be asked to pay for the actions of others.

• Nannyism versus personal freedom.

• Options to change behaviours: legislation/regulation, education or persuasion as behaviour change tools, recognising complacency, indifference – and likely reaction to being ‘told what to do’.

• Ethics of mandatory interventions such as folic acid in bread, iodine in salt or fluoride in water supplies, etc.

4. Critically debate the factors that may lead to social marketing intervention activity achieving less impact on behaviour change than predicted.

Complete answers should discuss potential problems at all stages of an intervention, for example:

• Insights: failure to understand the target audience and what would motivate behaviour change.

• Failure to understand potential barriers to behaviour change.

• Failure to generate interventions from insights (i.e. not recognising what would ‘move and motivate people’).

• Implementation (students should be able to draw up an extensive list of possible problems in implementing an intervention, drawing on real world interventions to illustrate issues that could have gone wrong or prevented other parts of an intervention from running smoothly.

• Evaluation: objectives should be set at the initial stages of an intervention development, with an agreement on what should be included, who will be responsible for collecting evaluation data and how the data will be used.

5. Discuss the problems of ongoing funding for social marketing interventions such as Food Dudes. What recommendations should be made to policy makers?

Restrictions on budgets are an ongoing problem – not just in social marketing, however behaviour change is generally achieved only via relatively small incremental steps over time, therefore ongoing expenditure to maintain momentum is necessary. Policy makers should understand that although their time horizons tend to be short-term due to the cycle of elections, etc; unrealistic expectations should be dealt with. The pattern of expenditure should be understood by all parties; generally more investment is needed at the beginning of an intervention, with levels reducing over time. Contingency plans should be drawn up to plan for ongoing activity at different levels of funding. Consideration of funding from other sources or incorporation of intervention elements to ongoing curriculum, etc. should also be considered, although schools are invariably under pressure to include more material than there is space available.

Abrupt withdrawal of funding generally sees awareness levels progressively decline and behaviour revert back to former patterns. Wherever possible, examples of this should be provided to policy makers to illustrate consequences.

Chapter 1 Multiple Choice Questions

1. Social marketing

a. is based on selling ideas to people

b. is based on telling people what they should do

c. is based on forcing people to change behaviour

d. is none of the above

Answer d

2. Social marketing

a. provides tools that are applicable in every situation

b. primarily uses advertising to change behaviour

c. is only effective when there are large budgets to support interventions

d. none of the above

Answer d

3. Social marketing is

a. based on social change management

b. is incompatible with other behaviour change strategies

c. a single theory of behaviour change

d. based solely on commercial marketing concepts and theories

Answer a

4. Awareness is

a. the primary objective in social marketing interventions

b. not measurable

c. necessary but not usually sufficient of itself to change behaviour

d. difficult to increase without substantial budgets

Answer c

5. Social marketing interventions

a. can change social norms through small incremental behavioural changes over time

b. usually lead to immediate shifts in social norms

c. cannot create shifts in social norms

d. over-promise the amount of behaviour change they can achieve

Answer a

6. Social marketing is

a. another name for Health Promotion

b. another name for Health Education

c. centred on social advertising

d. none of the above

Answer d

7. Unintended consequences may

a. affect only the target group

b. affect groups who are not the target

c. affect both the target group and those outside it

d. none of the above

Answer c

8. Governments

a. should always control social marketing interventions

b. should never control social marketing interventions

c. should only control the legislative aspects of interventions

d. may control social marketing interventions

Answer d

9. Information provision

a. is generally sufficient to change behaviour

b. is rarely sufficient to change behaviour

c. shows an issue is important

d. shows an issue is relevant

Answer b

10. Government-sponsored information

a. may be distrusted by some sectors of the population

b. is always trusted by people

c. indicates the government is concerned for people’s wellbeing

d. is an unjustified intrusion in people’s lives

Answer a