Hello. I’m pleased to be representing social marketing during this webinar. It’s been fun to return to my “roots” in social marketing and to consider the ways that social marketing has shaped the ways I think about behavior change.

I had drifted away from referring to what I do as social marketing a few years ago. This was mainly because the term itself seemed to be offensive to some of the partners we worked with. My colleagues Julia Rosenbaum and I used to joke that we were happy to be chameleons. If people didn’t like the idea of “marketing” we could reframe it as “behavior change.” Many of the principles and the methods remained the same…we would just use different words.

The Tina Sanghvi, when she heard about this webinar, asked me to verify whether what Alive & Thrive does is social marketing. Indeed it is—though we rarely use that term to describe our work.

I grew up on social marketing. As a Peace Corps volunteer in Central America in the late ‘70s, I met some of the pioneers in social marketing—with AED, the Academy for Educational Development, managers of the first USAID-funded effort in social marketing, to increase use of oral rehydration solution to decrease deaths from diarrheal diseases. They also used their techniques to promote breastfeeding. Their ideas answered a lot of the
questions I’d had about how to help people adopt new behaviors.

The term “social marketing” emerged in 19__. Maybe you’re a budding social marketer too, especially if you’ve ever asked yourself: “If we can sell people on buying our brand of toothpaste, why can’t we use those same methods to convince people they should exercise more or stop smoking?”... or...”If Coca-Cola can deliver products to the village at the end of the road, why can’t we get our ideas and services out there too?

Thousands of practitioners continue to use social marketing to improve people’s lives.
WHAT IS SOCIAL MARKETING?

“Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society.”

-Alan Andreaison, 1995

“Social marketing is the systematic application of marketing concepts and techniques to achieve specific behavioral goals relevant to a social good.”

-Jeff French and Clive Blair-Stevens, 2005

Here are two agreed-upon definitions, found in the textbook “Social Marketing: Influencing Behaviors for Good,” by Philip Kotler and Nancy R. Lee.

In 1995, Alan Andreaison offered this definition: [Read it]

A somewhat simpler definition, by Jeff French and Clive Blair-Stevens is: [Read it]

Some use the term “social marketing” only when a product is involved – for example when programs sell condoms or micronutrient sprinkles. But most social marketers treat a behavior as a “product.”

Some think it’s social marketing only if it uses mass media advertising. But social marketing doesn’t need to include TV or radio spots. In a few minutes, when we talk about the 4 Ps of marketing, you’ll see that the “Promotion” P is only one aspect. It’s more a way of thinking about behavior change. In fact, we used to teach a workshop that we called “Thinking Like a Marketer.”

As in the other presentations, we’re asking that you read these definitions with a critical eye. At the end of my piece, you’ll answer the question, “How well does this definition match what you understand by “social marketing”?
Social marketing is NOT the same as social media. And it is not traditional commercial sector, nonprofit, and public sector marketing.

Most often conducted by nonprofit organizations or public sector agencies. Used in many countries for many topics.

It’s appeal for me, all those years ago, was how radically it transformed the way I thought about nutrition.
[Where is it used?]
Maybe it’s more useful, then, to recognize some of the principles and methods that commercial marketing has contributed to our field—at least as I remember the experience of first learning about social marketing:

• Commercial marketers focus on “the bottom line”—or sales. In social marketing, the push is not for profit but for behavior. Before I heard about social marketing, I’d read about concerns about the KAP gap. “Knowledge, attitudes, and practices” (or KAP) surveys revealed this big gap between what people knew or believed….and what they did. Social marketing offered a way to bridge that gap—and to hold ourselves accountable for behavior change—not just increases in knowledge.

• It was a fresh way of thinking about nutrition, centered on the audience’s wants and needs. If you’ve ever seen an ad for a commercial weight loss system that offers a slim and sexy new “you,” then you know how that works. When Nike sells athletic shoes, it doesn’t recount for you the quality of the latex they use. Instead they appeal to our identity as being fit or even fashionable. In infant and young child feeding, we go beyond teaching about food groups to help families feel they can increase their children’s chances of growing up smart and strong—or showing a mother that the behavior we’re promoting may help her gain her husband’s admiration.

• And consumer research and market research that explored those kinds of
questions about what audiences want and need was brand new for public health. Can any of you recall the first time you heard the term focus group? For me, it was in 1981, and I learned it from the folks doing social marketing. From marketing, we learned about psychographics and how to segment audiences and reach them in different ways based on their own lifestyles or psychological make-ups. We learned about product testing (which is pretty similar to a method developed by the Manoff Group to shape the behaviors we’ll promote, which we all know as TIPs or Trials of Improved Practices) and we discovered concept testing.

- Finally, I’m even going to contend that the systematic process most of us use—in which we do some research, then create something, then test that, and revise the creative, came our way from marketing.
JHU’s “P” was designed in 1982 – based on a sketch Bill Novelli used for social marketing in the late ’70s. Note that JHU used the term “strategic communication”

Social marketing brings from its commercial roots the concepts of consumer orientation, exchange theory, audience segmentation, competition, a marketing mix and continuous monitoring.

Market research defined = the action or activity of gathering information about consumers’ needs and preferences.

Consumer research defined = the investigation of the needs and opinions of consumers, especially with regard to a particular product or service.

**Steps in Strategic Communication**

**The P-Process**

**STEPS**

**TECHNIQUES & METHODS**

1. Inquire
   Consumer research
Focus groups
Psychographics, lifestyle
Market research

2. **Design Strategy**
4 Ps = Product, Place, Price, Promotion
Consumer focus
Exchange
Marketing mix

3. **Create & Test**
Creative treatment
Concept testing and Pretesting
Product testing

4. **Mobilize & Monitor**
Campaign launch
“Sales” data
Monitoring of campaign delivery

5. **Evaluate & Evolve**
Constant adjustments based on data

Johns Hopkins University
Center for Communication Programs
Let’s look at 6 key elements of social marketing that Alan Andreason laid out in 2002.

SO WHAT ARE THE KEY ELEMENTS?

1. Behavior change is the objective
2. Consumer/formative research
3. Audience segmentation (targeting, tailoring)
4. Exchanges that are attractive and motivational
5. Marketing mix (not just advertising or communications)
6. “The competition” is considered

Alan Andreason’s 6 benchmarking criteria (2002)
EXCHANGES
Product – Behavior, product, service – Can you change the features?
(Quality, service) Offer variety or options?
Price – Cost, barriers – Can you discount the price?
Place – Ever-present, accessible – Distribution channels, coverage, transport, inventory
Promotion – Advertising, demand generation, sales (IPC), direct marketing, digital marketing
In breastfeeding, the most obvious competition is infant formula. Our Viet Nam program concluded that paying close attention to how our “competition” was marketing their product helped us market breastmilk in an emotional and effective way. Even though we were outspent on advertising by 13 to 1, we managed to win back some of the “market share,” significantly increasing rates of exclusive breastfeeding for the first 6 months—from a pre-campaign rate of 26% to 48% following a year of integrated, intensive programming, including interpersonal and mass media.

But there are many less obvious competitors for our nutrition behaviors: in some cultures, water or complementary foods may displace breastmilk. Low-nutrient commercial foods may compete with nutrient-dense complementary foods, but some traditional “comfort foods” may also compete.
Let’s look at an example – and this one is a bit of an extreme to make a point about social marketing. Several years ago, I led a social marketing effort with the US Centers for Disease Control and Prevention, here in the US. The goal was to decrease the number of babies born with severe birth defects by increasing the number of women of child bearing age who take a folic acid tablet every day.

I’ve set the behavior here as the product. Next to “Price,” I’m putting the benefit of the behavior...as a way of overcoming the audience’s perception of price.

In our proposal, we suggested three distinct audience segments, asking the client to choose a priority group:
1) Women who had gotten married in the past year, because we thought many would have a new readiness to thinking about possible motherhood
2) Hispanic women, because they had low rates of use of folic acid, and
3) College women, because more than half of the pregnancies that occurred among college women were unplanned. The chance of unplanned pregnancy meant that there would be a public health benefit of encouraging use of folic acid.

The client chose college women, and we were excited about planning a
strategy. But here’s the thing. Consumer research with these young women indicated that almost no one in this group thought that SHE might become pregnant. If we approached this audience with our MAIN public health benefit – prevent birth defects – they would shut out the rest of our message. “That’s not for ME! I’m not going to become pregnant.”

Offering this as an exchange for this audience would not work. Suddenly we had our hands tied. But what a fun challenge: We had always said that we should put the wants of our audience ahead of our own. How could we make this work?

First, we had to tinker with our product. Without prevention of birth defects as a benefit, there was no reason to take folic acid tablets. But we could switch to multivitamins containing 400 micrograms of folic acid. A new product.

Now what about the benefits to counter the price of this behavior?
We listened to the audience members and found that taking a daily multivitamin was about the last thing on their minds. Once we suggested it (in focus groups), they could only think of huge tablets that they referred to as horse pills. We reminded them that they could take chewables like the Flintstones vitamins they fondly remembered from childhood, as long as these had folic acid. Still, they told us, vitamins cost a lot!

We had to think about the competition. In this case, the competition was doing nothing. So much easier...especially, as they said, because they really don’t take very good care of themselves. Up too late studying or partying, not eating well, so busy that they’re stressed all the time. If they couldn’t do those things to care for themselves, they reasoned, why would they take a vitamin tablet?
We then started tinkering with price. YES, we had to avoid talking about prevention of birth defects. But our consumer research found that there were other benefits that mattered to these busy young women and that we might be able to associate with multivitamins. [Read]

Finally, we pointed out that we weren’t talking about designer vitamins, but any multivitamin, store brand, as long as it included 400 micrograms of folic acid.

Further, we figured we could use some of the project budget to offer them coupons to lower the price.
Now we thought about place. How could we surround them with the product and the behavior? We prototyped a store kiosk display for supermarkets and pharmacies near campus—maybe even the school bookstore. We could hand out free samples to get them started. And we could let them sign up for a daily text reminder to take the tablet.
What would promotion look like? We developed print ads and tested and refined these for posters around the college. We placed a clear call to action in each: Take a multivitamin today and every day.

For emotional connection and persuasion, we chose the creative tagline, “Is your body worth 10 seconds?”

You can’t read these three posters, so let me guide you through them.

Left: You take the time to attend to your outer beauty; get beautiful from the inside out

Center: You’re busy and on the go; this won’t take much time. Plus it had the subliminal message to have them on hand—carry them in your purse.

Right: It took 2 months to realize he’s a JERK. It takes 10 seconds to take a multivitamin

Is your body worth 10 seconds?

The copy on this one says: You take the time to do what’s right for your heart, but what about the rest of your body? You owe it to yourself
• Get multivitamins in tables or chewables
• Stay energized and focused in the face of stress
• Protect your reproductive health for the future
• Make a commitment to yourself. Take a multivitamin today.
Get the facts. Visit vita101.org
The idea of surrounding these young women with messages and products would help create the feel that taking a daily multivitamin is the norm—and maybe even the way to be cool.
We developed an online place to go for more information, inspiration, and even a free branded T-shirt with the campaign’s tagline.
As I mentioned, at Alive & Thrive we rarely use the term social marketing. So I was interested to see how we matched up with Andreason’s 6 criteria. We use 5 of the 6—though we may use different terms for some of them. The one for which we DON’T “think like a marketer” is number 3 – we do some audience segmentation: for example we get our TV spots out to most mothers through broadcast TV, but for the poorest mothers, we may need to cart a generator and a projector into their villages. But we haven’t necessarily tailored messaging for these two different segments. You may want to test your own strategies against these 6 criteria. My guess is that many of you have adopted many of these approaches.
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**How well does this definition match what you understand by “social marketing”?**