



Social marketing in healthcare

Radha Aras

Professor and Head, Department of Community Medicine, Yenepoya Medical College, India

SOAP BOX

Please cite this paper as: Aras R.Y. Social marketing in healthcare. AMJ 2011, 4, 8, 418-424
<http://doi.org/10.21767/AMJ.2011.626>

Abstract

Background

Social marketing is an important tool in the delivery of healthcare services. For any healthcare programme or project to be successful, community/consumer participation is required. The four principles of social marketing can guide policymakers and healthcare providers to successfully plan and implement health programmes.

Aim

To review the existing literature in order to project the benefits of social marketing in healthcare.

Method

A search of periodical literature by the author involving social marketing and marketing concepts in health was carried out. Items were identified initially through health-oriented indexing services such as Medline, Health STAR and Cinahl, using the identifiers "social marketing" and "marketing in health". An extensive search was also carried out on educational database ERIC.

Results

A literature review of various studies on social marketing indicated that the selection of the right *product* (according to the community need) at the right *place*, with the right strategy for *promotion* and at the right *price* yields good results. However, along with technical sustainability (product, price, promotion and place), financial sustainability, institutional sustainability and market sustainability are conducive factors for the success of social marketing.

Conclusion

The purpose of this literature review was to ascertain the likely effectiveness of social marketing principles and approaches and behaviour change communication towards health promotion.

It is important for all healthcare workers to understand and respond to the public's desires and needs and routinely use consumer research to determine how best to help the public to solve problems and realise aspirations. Social marketing can optimise public health by facilitating relationship-building with consumers and making their lives healthier.

Key Words

Social marketing, healthcare, behaviour, sustainability.

Background

"Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviors that benefit society (public health, safety, the environment and communities) as well as the target audience." Philip Kotler, Nancy Lee and Michael Rothschild (2006)¹

Individual action for conducive behaviour towards prevention of certain health problems (non-communicable diseases: obesity, heart disease, cancer, diabetes, etc.) and health-related events like accidents, smoking, drug addiction, etc. carry important significance. Unless people are made aware of their own health problems and the implications of their self-reliant activity, any national level health programme/project will not be successful. Mere provision of healthcare service without its proper use and utilisation indicates the failure of the programme. Hence social marketing is needed to motivate people towards health promotive behaviour and to increase participation in healthcare programmes.

Social marketing is the practice of utilising philosophy, tools and practices of commercial marketing for health and/or social programmes.²



Social marketing³ evolved as a concept by Phillip Kotler (often referred to as the 'father of marketing') in the 1970s. However, it has only been in the past couple of decades that this form of marketing has matured into a reality, with many companies incorporating this marketing style into their products and services.³ So what is the social marketing concept? The concept of social marketing is different from the traditional form of 'commercial marketing'. Although every form of marketing aims to boost the sales of products and services of a firm, and help a company earn profit, the concept of societal marketing differs in origin.³ By following marketing ethics incorporated in societal marketing, firms not only ensure that there is profit in the business, they also take care of the fact that there is well-being and growth of society.³ Andreasen and Drumwright⁴ suggest formulating ethical standards to govern social marketing as a whole and to develop procedures for discussing and resolving ethical issues. As mentioned by Smith⁴, a more elaborate and integrative social contract theory is important. It gives recognition to community norms, provides a process for determining their appropriateness and proposes a method for resolving differences in norms across communities. Further, Kirby and Andreasen⁴ offer a practical and tangible mechanism by introducing the Social Marketing Ethical Assessment Matrix which can help us to develop a concrete, clear and accessible mechanism to distinguish the issues and to guide our decision making.⁴

To quote Kotler and Alan³ again: "The societal [social] marketing concept holds that the organization's task is to determine the needs, wants and interests of target markets and to deliver the desired satisfactions more effectively and efficiently than competitors, in a way that preserves or enhances the consumer's and the society's well-being."

Healthcare is an expression of concern for fellow human beings. It is defined as a: "multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, maintaining, monitoring or restoring health".⁵ Such services may be staffed, organised, administered and financed in every imaginable way, but they all have one thing in common: people are being served i.e. diagnosed, helped, cured, educated and rehabilitated by health personnel⁶ and supported by community leaders and community volunteers. Further, Millennium Development Goals^{7, 8} place health at the heart of development and represent commitments by governments throughout the world to do more to eradicate extreme poverty and hunger, to reduce child mortality, to improve maternal health, to combat HIV/AIDS, malaria and other diseases, to ensure

environmental sustainability and to develop a global partnership for development towards health-related goals nos. 1, 4, 5,6,7,8 respectively.⁷

This article aims to highlight various components of social marketing which will eventually benefit programme planners to organise healthcare services with positive outcomes, and the community for its sustainable behaviour change.⁹

Method

This is a review article prepared by an extensive search in the library and other electronic databases, and personal specialist collections. Professional and personal networks were also used to seek pre-publication and unpublished data. Relevant documents were accessed and critically analysed. Items were identified initially through health-oriented indexing services such as Medline, Health STAR and Canal, using the identifiers "social marketing" and "marketing in health". An extensive search was also carried out on the educational database ERIC.

Results

An extensive literature review showed how the selection of the right product/services at the right place, at the right price, and implemented with the right strategy of promotion serves the purpose of social marketing. Also this article depicted the systematic approach of the social marketing process of understanding the health problem and conducting the market research, so as to create the appropriate marketing strategy for planning the implementation, monitoring and evaluation.

The points in the context of "what social marketing is" and "what social marketing is not" clarify the facts of social marketing. Emphasis is also given on the sustainability aspects of product distribution and communication to promote healthy behaviour and structures and financial flows needed to ensure product distribution and communication.

The review found that previous social marketing efforts have been successful in reaching population groups and improving behavioural outcomes across a range of public health intervention areas.

Discussion

Social marketing works to help people change their behaviours to become healthier or to improve society or the



world in some way. Weinrich⁸ used two methods to bring about health and social change. They are: *education*, which uses rational facts to persuade people to change their behaviours; and *coercion*, which forces people to adopt a behaviour under threat of penalty for not doing so. Somewhere in between those two points lies social marketing – the use of commercial marketing methods to persuade people to change their behaviours for reasons that go beyond the rational facts to appeal to their core values.⁸ In South Karnataka, District of India, during the swine flu H1N1 pandemic in 2009, a simple strategy of social marketing to prevent it by thorough hand-washing with liquid soap and water (superadded with commercial marketing of soap products) gained wide publicity with a high level of acceptance.⁹ Social marketing adds heart back into the mix and utilises emotional appeals to resonate with the part of the brain that determines what people actually do, as opposed to what they know they should do.⁸ Social marketing approaches have been shown to have positive impacts on smoking and alcohol-related problems, especially when they are multi-modal and carefully designed to engage particular groups.¹⁰ They are more likely to have a significant and lasting effect when combined with a mix of additional educative, policy, legislative and intervention measures.¹⁰

There are six phases of social marketing:¹⁰

Phase 1 Describe the problem – Review the following points: (i) problem description and rationale; (ii) composition of the strategy team; and (iii) SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.

Phase 2 Conduct the market research – Review: (i) research plan; and (ii) research report. Research is designed to understand the target audience's characteristics, attitude, beliefs, values, behaviours, determinants, benefits and barriers to behaviour change to create a social marketing programme strategy.

Phase 3 Create the marketing strategy – Review: (i) identified target audience and behaviour; (ii) behavioural goal (social marketing programme aims to achieve); (iii) budget and resource allocation; and (iv) intervention mix and respective objectives.

Phase 4 Plan the intervention – Review: (i) selection of new or improved services or product; (ii) proposed staff training plan; (iii) proposed policies to be enacted or changed; (iv) communication plan; and (v) work plan.

Phase 5 Plan programme monitoring and evaluation – Review: (i) identified programme indicators; and (ii) monitoring and evaluation plan.

Phase 6 Implement interventions and evaluation – (i) establish the schedule of the project updates, both technical and financial; and (ii) monitor the perspectives of partners and stakeholders.

Barriers mentioned in the market research are hindrances to desired behaviour changes that are identified by the audience. These may be the factors, external or internal, to audience members, e.g.: lack of proper healthcare facilities, the belief that “fate causes illness and one cannot alter fate”, lack of skill using a condom correctly, etc.¹¹

On the other hand, the benefits of social marketing are the advantages that the audience identifies, which may or may not be directly associated with the behaviour.¹¹ These can be looked upon as the positive results, feelings, attributes, etc. that the audience will obtain from the desired behaviour change. The concept that people compare the costs and benefits of performing a behaviour before actually doing it. The benefits must outweigh the costs for people to perform a behaviour. Benefits are what you offer to the audience in exchange for the new behaviour and can be thought of as “what’s in it for them?” For example, when mothers (audience) breastfeed their babies for at least six months exclusively (behaviour), they will create a loving bond with their newborn (benefit 1). The babies will get antibodies to keep themselves healthy and free from infection (benefit 2); they will have the right amount of nutrition free of adulteration (benefit 3) and free of cost (benefit 4). Mothers will also have protection from becoming pregnant (benefit 5). Health programmes also receive benefits such as improved health status, increased immunisation rates (thus preventing infections) or recognition and funding for the audience performing the behaviour.

Lazarsfeld and Merton¹² provide a useful background for viewing a conceptual framework used by marketing strategists. Marketers view the marketing problem as one of developing the right *product* backed by the right *promotion* and put in the right *place* at the right *price*. These key variables in the marketing mix have been named the four Ps by McCarthy.¹³ This can be considered by designing an appropriate strategy of the managing 4Ps.¹

1. Product: Product can be either: (a) desired behaviour; (b) benefits of behaviour itself; or (c) a tangible object or intangible service.



- Desired behaviour – wash hands with soap and water, use of latrine in rural area, use of condom, use of fibre in diet , regular exercise/yoga, etc.
- Benefits of behaviour itself – good quality of life, prevention of disease.
- Tangible object or intangible service – latrine facility, condom vending machine, treadmill/gym, etc.

2. Price: Cost associated with the behaviour change

- Monetary: money spent on travelling to take the baby to immunisation clinic/hospital, purchase of certain items, etc.
- Time: travelling time, extra time for exercise, etc.
- Effort: in understanding initially, in changing conducive behaviour.
- Psychological discomfort: in drug abusers quitting, diet change in persons with food taboos, use of condom during sex.

3. Place: Make it convenient – arranging for accessible outlets which permit the translation of motivation into actions. Be there at the point of decision-making.

4. Promotion: It is the communication persuasion strategy and tactics that will make the product familiar, acceptable, and even desirable to the audience. In this regard, the following points are important:

- message;
- style (slice of life, fantasy, humour, music, evidence, fear);
- media.

Many key social marketing applications have occurred in various fields of health promotion as mentioned further in various studies.¹⁴ Social marketing, often associated with health issues, was an early application of the marketing concept, yet even today marketing itself is a relatively new discipline. In a study conducted by Railton Hill, where he analysed literature on case studies on health promotion, he reported different *Campaign Case Studies* done on heart health, dietary change and other aspects of fitness. Campaigns addressing alcohol consumption, cigarette use and other forms of drug use were also reported. Other campaigns were concerned with dental health, home health care, community violence, breast cancer screening, sexually transmitted disease prevention via condom use and occupational or workplace-based health programmes.²

It is always better to study the need of social marketing. Hence the baseline study of the community/population for which social marketing is applied, is required.

During the baseline study, people’s attitude and acceptability for the behaviour change also need to be assessed. Their capacity and interest towards the expected behaviour change is important.

Andreasen mentioned the following key elements of a successful campaign:¹⁵

- Take advantage of what is known and has been done before.
- Start with target markets that are the most ready for action. Promote single, doable behaviours. Explain in simple, clear terms.
- Consider incorporating and promoting a tangible object with the target behaviour.
- Understand and address perceived benefits and costs.
- Make access easy.
- Develop attention-seeking and motivational messages.

This will facilitate correct and complete understanding of the benefit of the new modified behaviour to the public.

Media plays an important role in disseminating the information:

- Choose appropriate media channels and watch for audience participation in traditional media vehicles.
- Provide response mechanisms that make it easy and convenient for inspired audiences to act on recommended behaviours.
- Allocate appropriate resource for media/outreach.
- Track results and make adjustments.

If the above steps are followed then social marketing will be more effective with positive outcome.

The following points are worth considering.¹¹

<i>SOCIAL MARKETING IS</i>	<i>SOCIAL MARKETING IS NOT</i>
• A social behaviour	• Just advertising.



- change strategy.
 - Most effective when it activates people.
 - Targeted towards those who have a reason to care and who are ready for change.
 - Strategic, and requires efficient use of resources.
 - Integrated, and works on an “instalment plan”.
- | |
|---|
| <ul style="list-style-type: none"> • A clever slogan or messaging strategy. • Reaching everyone through a media blitz. • An image campaign. • Done in a vacuum. • A quick process. |
|---|

- Governance: Legal status, systems for ensuring compliance with the law.
- Management capacity: Strong systems and competent local managers able to track and control costs, manage personnel and make evidence-based decisions.

Market sustainability

- Recognition of exogenous factors: GNP per capita, commercial infrastructure, knowledge of product, number of consumers.
- Efficiency in the total market: no one dominant player in the market; each sector (social, public and commercial) serving an appropriate consumer segment; multiple price points.

Sustainability is of utmost important in social marketing. What needs to be sustained? ¹

- Product distribution.
- Communications to promote healthy behaviours.
- The structures and financial flows needed to ensure the product distribution and communication.

The sustainability continuum for social marketing²

- Technical sustainability (product, price, promotion and place).
- Financial sustainability.
- Institutional sustainability.
- Market sustainability.

Technical sustainability

- Mastering the four Ps
 - Product: Financial and technical capacity to procure quality products.
 - Price: Effective and efficient pricing that maximizes cost recovery while adhering to the willingness to pay off its target consumer segment.
 - Promotion: Communications that are sustained by sales revenues or by “institutionalisation”.
 - Place: Maximum use of efficient structures to distribute product (commercial and other).

Financial Sustainability

- Sales revenues higher than costs.
- By business unit, product line and globally.
- Diversified sources of revenues.
- Ability to control costs.
- Adequate liquidity and cash-flow management.
- Strong links with management capacity.

Organisational sustainability

- Leadership: Mission, vision and commitment by a core group, not one person.

According to Fostering Sustainable Behaviour¹⁶ once a successful pilot programme launch is complete; the programme is ready to be rolled out to the entire community. Lastly, programmes should be evaluated on a regular basis and revised as needed. In order to formulate a successful programme it is necessary to consistently be cognisant of relevant alterations or changes that could improve efforts. Remember those methods used to find out about recycling barriers? Those same practices (surveys, focus groups and interviews) can be used to test the message and evaluate its effectiveness.

Overview of Process¹⁶

1. Identify and prioritise barriers.
2. Select behaviour change tools that will overcome the barriers identified.
3. Obtain feedback on the programme from focus groups or surveys.
4. Fine-tune the programme and then launch it with a pilot group.
5. If the pilot is successful, launch the programme community-wide. If not, adjust it based on information from the pilot program.
6. Evaluate the programme by using baseline pre-programme data, then data from several points in time after the initial programme launch.

For social marketing to become more widely accepted by public health professionals and carefully applied, several developments are necessary. Programme administrators, health educators and other programme planners need to be trained in social marketing. This can empower public health professionals to conduct rigorous formative research, to develop integrated marketing plans and to evaluate social marketing programmes.



Evaluation of a social marketing project is critical to determine if social marketing programmes are cost-effective and to identify the conditions under which social marketing is the preferred programme planning approach.

Conclusion

Public health practitioners now recognise the value of community-based approaches to social change.¹⁷ Ideally, social marketing practitioners will develop ways to incorporate consumers as partners into the planning process, allowing them to set agendas and directly participate in efforts to ameliorate the problems they decide to tackle.¹⁷ Community-based prevention marketing is one model that blends community mobilisation, empowerment and participatory research with marketing principles and processes in an attempt to balance the power differentials between public health practitioners and consumers while benefiting from marketing's approach to social change.¹⁷

The purpose of this literature review was to ascertain the likely effectiveness of social marketing principles and approaches and behaviour change communication towards health promotion. The review found that the previous social marketing efforts have been successful in reaching population groups and improving behavioural outcomes across a range of public health intervention areas. It was also found that social marketing approaches are most effective when conducted in a climate that is supported by legislation and policy.¹⁰

Hence be SMART in social marketing as follows:

Strategic: by understanding need-specific behaviour objective, and knowledge, practices and belief systems prevailing in the community.

Measurable:

For process7Changes in policy and infrastructure, media coverage, dissemination of materials, participations, contributions from sources, assessment of programme.

For outcome7Changes in behaviour, knowledge, beliefs, campaign awareness, customer satisfaction, responses to campaign.

Awareness-based: Awareness regarding the need and importance of changed behaviour which is conducive to health.

Realistic: Need-based topic for social marketing whereby communication skills and the process of social marketing should be most appealing to the consumers. Available resources also are important in planning.

Technically sound: with all 4 Ps of social marketing.

It is important for all healthcare workers to understand and respond to the public's desires and needs and routinely use consumer research to decide how best to help people to solve problems and realise aspirations.

Any social marketing approaches incorporate pre- and post-evaluative measures for their effectiveness. It will be important to review and update the approaches on a regular basis (e.g. every three to five years).

With the help of sustainability continuum of social marketing (technical, financial, organisational and market sustainability), consumers' lives can be made healthier.

References

1. Barnes J, Armand F. Can the four "P's" still save lives? Social marketing in the changing public health context. [PPT] Private Sector Partnership-One Project. Abt Associates Inc. in partnership with: Banyan Global. Dillon Allman and Partners. LLC . www.socialmarketers.net/library/doc.../98-can-the-fourps-still-save-lives
2. Lewis J. Social marketing: Empowering communities with access to information and tools. [Internet] 2003. June 2003. [03_Social-Marketing Ppt Presentation](http://03_Social-Marketing_Ppt_Presentation) www.authorstream.com/.../dgeneration-1038740-03-social-marketin...29 May 2011
3. Last JM. A dictionary of epidemiology. ;(4th ed) Oxford University Press; Oxford. Park K. (2002).
4. Lee N. Book review. In: Andreasen AR editor. Ethics in social marketing. Washington D.C. Georgetown University Press; 2001.
5. WHO. Promoting health in the human environment. Geneva; 1975.
6. WHO. The world health report 2003, Shaping the future. 2003. www.who.int/whr/2003/en/ - [Cached](#)
7. UNDP. Human development report 2003, Millennium development goals: A compact among nations to end human poverty. Oxford University Press ;(UNDP) New York. Oxford. 2003.
8. Weinrich NK. Hands-on social marketing. Thousand Oaks, CA. Sage Publications; 1999.
9. Aras RY, Veigas I. Monitoring of social marketing process for prevention of swine flu in South Karnataka District, India: Unpublished data, Department of Community Medicine, Yenepoya Medical College, Yenepoya University, Mangalore 575018, Karnataka, India; 2009.



10. Perese L, Bellringer M, Abbott M. Literature review to inform social marketing objectives and approaches, and behaviour change indicators, to prevent and minimise gambling harm. Final report; 2005. [Literature Review on Models and Efficacy of Illegal Drug Social...](#)

[ndp.govt.nz/moh.nsf/pagescm/7452/\\$File/literature-review-08.pdf](http://ndp.govt.nz/moh.nsf/pagescm/7452/$File/literature-review-08.pdf)

11. Cynergy CD. Social marketing edition (Beta version-2003) developed by Turning point Social Marketing Collaborative, the U.S. Center for Disease Control and Prevention, Office of Communication, Atlanta, GA and the Academy for Educational Development, Washington, D.C; 2003.

12. Lazarsfeld PF, Merton RK. Mass communication, popular taste and organised social action. In: Schramm W editor. Mass communications. Urbana Ill. University of Illinois Press; 1949: pp. 459-480.

13. McCarthy EJ. Basic marketing: A managerial approach.. In: Principles of Marketing, 3rd European edition, editor. Homewood Ill. Richard D. Irwin, Inc; 1968: pp. 31-33.

14. Railton H. The marketing concept and health promotion: A survey and analysis of recent health promotion literature. Social Marketing Quarterly. VII; 2001(1): 29-53.

15 Kathleen G-B Social marketing in action - - 04 social marketing - A PowerPoint presentation. ... SOCIAL MARKETIN "In action" Kathleen Grace-Bishop, MHSA, CHES, September, 2004

www.authorstream.com/Presentation/Urban-47001-04-social-market... - [Cached](#) 31 Jan 2008

16.. Andreasen A. Social marketing: Its definition domain. Journal of Public Policy & Marketing. 1994; 13:110.

17. Bryant CA, McCormack F, Brown K, Landis D, McDermott R. Community-based prevention marketing - the next steps in disseminating behavior change. American Journal of Health Behavior. 2000; 24: 61-68.

ACKNOWLEDGEMENTS

I acknowledge the cooperation extended by the Principal, Yenepoya Medical College and the Registrar, Director Research and Chairman, Yenepoya University, Mangalore, Karnataka, India.

PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

The author declares that she has no competing interest.

FUNDING

Nil

Author

Radha Aras, M.D. is a Senior Professor and Head of Department of Community Medicine, Yenepoya Medical College, Yenepoya University, Deralkatte, Mangalore 575018, Karnataka, India; since July 2009. Prior to that, she worked as Professor and Head, Department of Preventive & Social Medicine, Topiwala National Medical College, Mumbai 400008; Bombay University and Maharashtra University of Health Sciences, India. She has worked as a Consultant for Research Intervention in Sexual Health – Theory to Action (RISHTA Project) with NIH, USA with University of Connecticut, Framington, CT, USA; IDSP and Immunization Programme, Ministry of Health & Family Welfare, Government of India; National AIDS Control Program, NACO, India.