

Introduction to Social Marketing

University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
662-001 (1 credit)
July 22-26, 2013; 9:00 AM – 12:00 Noon
WARF 511



Course Overview

This course provides students an introduction and orientation to social marketing and its specific applications in public health. Class sessions will combine didactic presentations with group discussions and in-class exercises. Students are expected to read all assigned materials highlighted on the syllabus. Students are also expected to complete a small workgroup assignment for oral and written presentation.

Intended Audience

It is appropriate for current and future practitioners in the public health field.

Course Instructor

Robert J. McDermott, Ph.D.

Office hours 12:00 – 1:00 on class days and by appointment

E-mail: rjmcdermott@wisc.edu or rmcdermo@verizon.net

Dr. McDermott is a contributor to the literature in social marketing and was the principal evaluator of the California Project LEAN Social Marketing Project. He is the Editor-in-Chief of the *Journal of School Health, Health Behavior and Policy Review*, the Germany-based publication, *Health, Environment and Education*, and the *Florida Public Health Review*. In the recent past he was Contributing Editor of the "Training Ideas" column of the *Social Marketing Quarterly*. He is a member of the program planning committee and a presenter at the annual Social Marketing and Public Health Conference that will host its 23rd conference in June 2014. In 2010 he was part of a small group of social marketing advocates that was successful in getting specific social marketing objectives included with the *Healthy People 2020* health objectives for the nation and is part of a team of authorities monitoring the practice of public health in schools and colleges of public health and in state health departments.

Course Objectives

Upon completion of this course, students will be able to:

1. Define social marketing and its unique features as a public health and social change tool.
2. Identify appropriate uses of social marketing in public health.
3. Sequence the steps used in conducting a social marketing project for behavioral or social change.

4. Apply a model for developing, implementing and evaluating a social marketing campaign.
5. Think “like a marketer” for public health interventions

Course Schedule Day-by-Day (Approximate)

Day 1: Overview of Tools for Social and Behavioral Change

- Definition of social marketing
- Traditional public health approaches for behavioral change
 - Utilize epidemiologic or demographic data, Target everyone or the most “needy,” Use top down model for planning and decision making, Fail to take advantage of wisdom that can be gleaned from the consumer, Only peripherally understand competing behaviors, Preach ineffectively and to little avail
- In traditional public health it is experts who:
 - Design the intervention, Make the materials, Design the methods, Take full responsibility for implementation, Plan and carry out the evaluation
- In contrast, social marketers:
 - Decide what they need to learn from consumer, Listen to consumers, Work jointly with consumers to use results to make a plan together, co-create the intervention, implement the plan, evaluate the intervention, and revise the plan if needed
- The “marketing mindset”
- The 4 Ps of social marketing – product, price, place, and promotion
- Public health applications of social marketing
- Understanding the competition
 - Misinformation, Past behaviors, Role models, Influences, Perceived social norms, Perceived barriers, Alternatives, Beliefs and attitudes
- What social marketing is *NOT*
 - Media messages, Brainstorming neat ideas, Creative slogans, jingles, and logos, Testing concepts from focus groups alone, Social advertising – the promotion *p*
- The consumer orientation
- Elaborating on the 4 Ps

Day 2: Initial Planning for the Marketing Process

- The systematic marketing process
- Marketing tasks
- Initial planning steps
- Example with increasing participation in screening mammography (in-class exercise)
- Douglas McKenzie-Mohr Model for sustainable behavioral change
- Situational analysis
- Audience segmentation and segmentation schemes (undifferentiated, differentiated, targeted)
- Reasons for segmentation
- Segmentation variables (demographic – psychographic – other)
- Evaluating audience segments

- Return on Investment
- Formative research

During Day 2, the class divides up into 3-4 social marketing “teams” to create “mock” social marketing plans around previously established public health behavior change challenges – e.g., adoption of the HPV vaccine by parents of adolescents, adoption of free or low cost breakfasts by school districts, adoption of moderate to vigorous physical activity by “tween” boys and girls, etc. These plans are presented on Day 5. Some organizational planning is done in class but most of the work is performed outside of class.

Day 3: Strategy Development

- Which behaviors to promote
- Which subgroups (*i.e., audience segments*) to give highest priority
- Which benefits to promote
- Which perceived costs and other factors to lower
- Where to offer products
- Who can support the behavior change
- How to promote the product
- Actual product, core product, augmented product

Day 4: Social Marketing Program Development

- Pretesting audiences and materials
 - Approaches to pretesting
 - Keys to effective pretesting
 - Components of materials and message pretesting
- Attention-Getting
- Attractiveness
- Comprehension and meaning
- Relevance
- Believability
- Credibility
- Acceptability
- Persuasiveness
- Usefulness
- Communication plan

Day 5: Program Implementation and Evaluation

- Campaign launch
- Campaign monitoring
- Process and impact evaluation
 - Who, what, when, where, why, and how of evaluation
- Presentation of “mock” social marketing campaigns

Course Textbooks and Suggested Bibliography

Textbooks (*Recommended only*):

- French, J., Blair-Stevens, C., McVey, D., & Merritt, R. (2010). *Social Marketing and Public Health*. Oxford, UK: University Press.
- Hastings, G. (2007). *Social Marketing: Why should the Devil Have All the Best Tunes?* Oxford, UK: Butterworth-Heinemann.
- Hastings, G., Angus, K., & Bryant, C.A. (2011). *Handbook of Social Marketing*. Thousand Oaks, CA: Sage Publications.
- Kotler, P., Roberto, N., & Lee, N. (2011). *Social Marketing – Influencing Behaviors for Good*. (4th ed.). Thousand Oaks, CA: Sage Publications.
- Lefebvre, R.C. (2013). *Social Marketing and Social Change: Strategies and Tools for Improving Health, Well-Being, and the Environment*. San Francisco, CA: Jossey-Bass.

Readings and Other Resources

(Highlighted ones are REQUIRED and are made available through e-mail distribution as PDF files)

Social Marketing Overview

- Andreasen, A. (1995). *Marketing for Social Change: Changing Behavior to Promote Public Health, Social Development and the Environment*. San Francisco: Jossey-Bass.
- Bryant, C.A., Forthofer, M.S., McCormack Brown, K., & McDermott, R.J. (1999). Community-based prevention marketing. *Social Marketing Quarterly*, 5(3), 54-59.
- Bryant, C.A., Mayer, A.B., McDermott, R.J., Panzera, A.D., & Trainor, J.K. (2011). Social marketing: An underutilized tool for promoting adolescent health. *Adolescent Medicine State of the Art Reviews (AM:STARS)*, 22(3), 387-401.
- Formoso, G., Marata, A.M., & Magrini, N. (2007). Social marketing: Should it be used to promote evidence-based health information. *Social Science & Medicine*, 64, 949-953.
- Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*, 120, 1133-1139.
- Grier, S., & Bryant, C.A. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 6.1-6.21.
- Hastings, G., & Saren, M. (2003). The critical contribution of social marketing: theory and application. *Marketing Theory*, 3(3), 305-322.
- Kotler, P., & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing* 35, 3-12.
- Lindenberger, H., & Bryant, C.A. (2000). Promoting breastfeeding in the WIC program: A Social marketing case study. (2000) *American Journal of Health Behavior*, 24(1), 53-60.
- Marshall, R.J., Bryant, C.A., Keller, H., & Fridinger, F. (2006). Marketing social marketing: Getting inside those "big dogs' heads" and other challengers. *Health Promotion Practice*, 7(2), 206-212.
- Marshall, R.J., Petrone, L., Takach, M.J., Sansonetti, S., Wah-Fitta, M., Bagnall-Degos, A. & Novais, A. (2007). *Social Marketing Quarterly*, 4, 47-64.

- McCormack Brown, K. (2006). Defining the product in a social marketing effort. *Health Promotion Practice*, 7, 384-387.
- McCormack Brown, K.R., Bryant, C.A., Forthofer, M.S., Perrin, K.M., Quinn, G.P., Wolper, M., & Lindenberger, J.H. (2000). *Florida Cares for Women* social marketing campaign: A case study. *American Journal of Health Behavior*, 24(1), 44-52.
- McDermott, R.J. (2000). Social marketing: A tool for health education. *American Journal of Health Behavior*, 24(1), 6-10.
- Rangun, V.K., & S. Karim (1991). *Teaching Note: Focusing the Concept of Social Marketing*. Cambridge: Harvard Business School.
- Rothschild, M. (1999). Carrots, sticks and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of Marketing*, 63 (October), 24-37.
- Siegel, M., & Doner, L. (2007) *Marketing Public Health: Strategies To Promote Social Change*. 2nd Edition. Gaithersburg, MD: Aspen Publishers, Inc.
- Smith, W. (1998). Forget messages...think about structural change first. *Social Marketing Quarterly*, IV(3), 13-19.
- Thackeray, R., & McCormack Brown, K. (2005). Social marketing's unique contributions to health promotion practice. *Health Promotion Practice*, 6, 365-368.
- Wayman, J.C., Beall, T., Thackeray, R., & McCormack Brown, K.R. (2007). Competition: A social marketer's friend or foe? *Health Promotion Practice*, 8, 134-139.
- Wong, F., Huhman, M., Heitzler, C., Asbury, L., Bretthauer-Mueller, R., McCarthy, S., et al. VERB™ — a social marketing campaign to increase physical activity among youth. Preventing Chronic Disease [serial online] 2004 Jul [June 29, 2010]. Available from: URL: http://www.cdc.gov/pcd/issues/2004/jul/04_0043.htm. NOTE: Available from URL.

Formative Research in Social Marketing

- Bellows, L., Anderson, J., Davies, P., & Kennedy C. (2009). Integration of social marketing elements in the design of a physical activity program for preschoolers. *Social Marketing Quarterly*, 15(1), 2-21.
- Cirkseña, M.K., & Flora, J.A. (1995). Audience segmentation in worksite health. In: Dillman, D.A. (2000). *Mail and Internet Surveys: The Tailored Design Method*. New York, NY: John Wiley & Sons.
- Dutta, M.J., & Youn, S. (1999). Profiling healthy eating consumers: A psychographic approach to social marketing. *Social Marketing Quarterly*, 5(4), 4-21.
- Hair, J. F., Bush, R. P., & Ortinau, D. J. (2003). *Marketing Research within a Changing Environment*. (2nd Ed.). Boston: McGraw-Hill Irwin.
- Harris, K.J. (1998). Formative, process, and intermediate outcome evaluation of a pilot school-based 5 a Day for Better Health project. *American Journal of Health Promotion*, 12, 378-381.
- Lefebvre, C., Doner, L., Johnston, C. Loughrey, K., Balch, G.I., & Sutton, S. M. (1995). Use of database marketing and consumer-based health communication in message design: An example from the office of cancer communications "5 a day for better health" program. In E. Maibach & R. Parrot (Eds.), *Designing health messages: Approaches from communication theory and public health practice* (pp.217-246). Thousand Oaks, CA: Sage Publications.

- McCormack Brown, K.R., Akintobi, T.H., Pitt, S., Berends, V., McDermott, R.J., Agron, P., & Purcell, A. (2004). California school board members' perceptions of factors influencing school nutrition policy. *Journal of School Health*, 74(2), 52-58.
- Noland, V.J., McCormack Brown, K., Troxler, C., Morrison, S., & Ladd, S. (2004). The Florida five county physical activity and health nutrition project: Formative research. *The Health Education Monograph Series*, 21(1), 46-51.
- Parsons, N.P., & McCormack Brown, K.R. (2004). Formative research: The bedrock of social marketing. *The Health Education Monograph Series*, 21(1), 1-5.
- Tashakkori, A., & Teddlie, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage Publications.
- U.S. Department of Health and Human Services, Public Health Service, & National Institutes of Health. (April, 1992). Making health communication programs work: A planner's guide (NIH Publication No.92-1493) (pp. 31-540). Bethesda, MD: Office of Cancer Communications, National Cancer Institute.
http://rex.nci.nih.gov/INTRFACE_GIFS/INFO_PATS_INTR_DOC.htm

Strategy Development and Pretesting

- Andreasen, A. (1995). Part two: doing social marketing. In Andreasen, A. *Marketing social change* (pp. 171-308), San Francisco: Jossey-Bass.
- Lefebvre, C., Doner, L., Johnston, C., Loughrey, K., Balch, G. I., & Sutton, S. M., (1995). Use of database marketing and consumer-based health communication in message design: An example from the Office of Cancer Communications "5 a day for Better Health" program. In E. Maibach & R. Parrot (Eds), *Designing health messages: Approaches from communication theory and public health practice* (pp. 217-246), Thousand Oaks, CA: Sage.
- Lotenberg, L.D. (2010). Place: where the action is. *Social Marketing Quarterly*, 16(1), 130-135.
- McCormack Brown, K., Lindenberger, J.H., & Bryant, C.A. (2008). Using pretesting to ensure your messages and materials are on strategy. *Health Promotion Practice*, 9, 116-122.
- Salazar, B.P. (2004). Practical applications of pretesting health education concepts and materials. *The Health Education Monograph Series*, 21(1), 6-12.
- Salazar, B.P., Bryant, C.A., & Kent, E.B. (1997). Applications of materials pretesting to Florida's healthy start program. *Journal of Health Education*, 28(6), 357-363.

Audience Segmentation

- Forthofer, M.S., & Bryant, C.A. (2000). Using audience segmentation techniques to tailor health behavior change strategies. *American Journal of Health Behavior*, 24(1), 36-43.
- Slater, M., Kelly, K.J. & Thackeray, R. (2006). Segmentation on a shoestring: Health audience segmentation in limited budget and local social marketing interventions. *Health Promotion Practice*, 7(2), 170-173.

Evaluation of Social Marketing

- Forthofer, M.S. (1999). Evaluation social marketing campaigns: Strategies for assessing implementation and campaign impact. *Social Marketing Quarterly*, 5(1), 68-71.
- Kotler, P., & Lee, N. (2008). *Social Marketing: Influencing Behaviors for Good* (3rd ed.) Thousand Oaks, California: Sage Publications, 323-340.

- McDermott, R.J., Berends, V., McCormack Brown, K.R., Agron, P., Black, K.M., & Pitt Barnes, S. (2005). Impact of the California Project LEAN school board member social marketing campaign. *Social Marketing Quarterly*, 11(2), 18-40.
- McDermott, R.J. (2004). Essentials of evaluating social marketing campaigns for health behavior change. *The Health Education Monograph Series*, 21(1), 13-20.
- Neiger, B.L., Thackeray, R., Merrill, R.M., Miner, K.M., Larsen, L., & Chalkey, C.M. (2001). The impact of social marketing on fruit and vegetable consumption and physical activity among public health employees at the Utah Department of Health. *Social Marketing Quarterly*, 7(1), 9-28.
- Plant, A., Montoya, J.A., Rotblatt, H., Kerndt, P.R., Mall, K.L., Pappas, L.G., Kent, C.K. & Klausner, J.D. (2008). Stop the sores: The making and evaluation of a successful social marketing campaign. *Health Promotion Practice*. Accessed June 9, 2008 at: <http://hpp.sagepub.com/cgi/rapidpdf/1524839907309376v1>.
- Varcoe, J. (2004). Assessing the effectiveness of social marketing. Accessed June 29, 2010 at: <http://socialmarketing.co.nz/research/AssSMMay04.pdf>

Case Studies

- Monaghan, P.F., Bryant, C.A., Baldwin, J.A., Zhu, Y., Ibrahimou, B., Lind, J.D., Contreras, R.B., Tovar, A., Moreno, T., & McDermott, R.J.(2008). Using community-based prevention marketing to improve farm worker safety. *Social Marketing Quarterly*, 14(4), 71-87.
- Plant, A., Montoya, J.A., Rotblatt, H., Kerndt, P.R., Mall, K.L., Pappas, L.G., Kent, C.K., & Klausner, J.D. (2010). Stop the sores: the making and evaluation of a successful social marketing program. *Health Promotion Practice*, 11(1), 23-33.
- Rivera, F.I., Lieberman, L.S., Rivadeneyra, G.M., & Sallas, A.M. (2010). Using a social marketing framework to transform an education program: lessons from the Hispanic obesity prevention and education (PESO) program. *Social Marketing Quarterly*, 16(2), 2-17.

Community-Based Prevention Marketing (CBPM)

- Bryant, C.A., McCormack Brown, K.R., McDermott, R.J., Forthofer, M.S., Bumpus, E.C., Calkins, S.A., & Zapata, L.B. (2007). Community-based prevention marketing: Organizing a community for health behavior intervention. *Health Promotion Practice*, 8(2), 154-163.
- Bryant, C., Forthofer, M.S., McCormack Brown, K.R., & McDermott, R.J. (2000). Community-based prevention marketing. *American Journal of Health Behavior*, 24(1), 61-68.
- Bryant, C., Forthofer, M., McCormack Brown, K.R., & McDermott, R.J. (1999). Community-based prevention marketing. *Social Marketing Quarterly*, 5(3), 54-59.
- Monaghan, P.F., Bryant, C.A., Baldwin, J.A., Zhu, Y., Ibrahimou, B., Lind, J.D., Contreras, R.B., Tovar, A., Moreno, T., & McDermott, R.J.(2008). Using community-based prevention marketing to improve farm worker safety. *Social Marketing Quarterly*, 14(4), 71-87.
- Monaghan, P.F., Forst, L.S., Tovar-Aguilar, J.A., Bryant, C.A., Israel, G.D., Galindo-Gonzalez, S., Thompson, Z., Zhu, Y., & McDermott, R.J. (2011). Preventing eye injuries among citrus harvesters: The community health worker model. *American Journal of Public Health*. 101(12), 2269-2274.
- Monaghan, P.F., Forst, L.S., McDermott, R.J., Bryant, C.A., Luque, J.S., & Contreras, R.B. (2012). Adoption of safety eyewear among citrus harvesters in rural Florida. *Journal of Immigrant and Minority Health*, 14(3), 460-466.

Course Mechanics

The course consists of lectures accompanied by PowerPoint slides, readings, a group written assignment, and an oral group presentation.

Course Requirements, Assignments, and Grading

Course Requirements

- Students are expected to read all relevant distributed electronically.
- Each student will be expected to attend and participate actively in all classes.
- Students are expected to complete some assignments inside of class.
- Students will work in teams, select a public health issue, and develop a plan for a social marketing-based intervention, resulting in oral and written presentation.

Class Schedule

Monday	July 22	9:00am – 12:00pm
Tuesday	July 23	9:00am – 12:00pm
Wednesday	July 24	9:00am – 12:00pm
Thursday	July 25	9:00am – 12:00pm
Friday	July 26	9:00am – 12:00pm

Grading Scale and Criteria

- 60% Attendance
- 15% Presentation of social marketing plan during class sessions (small group)
- 25% Write-up of social marketing plan (small group)

93-100=A;90-92=AB;84-89=B;80-83=BC;70-79=C;60-69=D;00-59=F

Social Marketing Plan Development

In teams of ~3 students, develop a marketing mix and presumptive social marketing plan based on one of the following public health challenges:

- Increase the proportion of Wisconsin girls and women between the ages of 12 and 26 years who are immunized against HPV.
- Increase the proportion of at risk individuals in Wisconsin who are immunized with the influenza A vaccine for the 2013-14 flu season.
- Increase the proportion of Wisconsin youth who meet CDC recommended guidelines for daily physical activity.
- Increase the proportion of Wisconsin adults 45-64 years of age who consume at least 5 servings per day of fruits and vegetables.
- Increase the proportion of Wisconsin adults over age 50 who present for routine colonoscopy screening for early detection of colon cancer.

The plan should include a *situational analysis* – that is, an assessment of the demographic trends, cultural factors, economic issues, political forces, and stakeholder interests that could assist you or operate against your intentions. In addition, the plan should include your description of the *marketing*

mix, including definition of the *product* (actual, core, and augmented, if appropriate), assumed issues of *price* and competition as well as mechanisms for lowering costs to maximize the offer to consumers (i.e., creating a favorable exchange), *placement* to maximize accessibility, convenience, and aesthetics and where visibility is likely to occur, and *promotion*, including strategic messages, information and distribution channels, and possible credible spokespersons. In short, identify:

- Which behavior(s) to promote
- Which subgroups (i.e., *audience segments*) to give highest priority
- Which benefits to promote
- Which perceived costs and other factors to lower
- Where to offer products
- Who can support the behavior change
- How to promote the product

A group presentation **20-30 minutes in length on Friday, July 26** that describes the social marketing plan, embellished by a written plan submitted electronically by **11:00 PM CDT on July 30.**

Academic Policies

Nondiscrimination Policy

The UW Madison is committed to creating a dynamic, diverse and welcoming learning environment for all students and has a non-discrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class, and will be addressed publicly by the professor.

Disability Reasonable Accommodation Policy

If you qualify for accommodations because of a disability, please submit a letter to the course director that outlines your request in a manner that is timely and consistent with established university policies for making such request so that your needs may be addressed. Policies for accommodating disabilities are available through the McBurney Disability Resource Center, 903 University Ave., 608-263-2741 (phone), 263-6393 (TTY), 265-2998 (Fax), mcburney@uwmadmail.services.wisc.edu
For additional information, please see <http://www.mcburney.wisc.edu/>

Religious Reasonable Accommodation Policy

Every effort shall be made to reasonably and fairly accommodate all students who, because of religious obligations, have conflicts with scheduled exams, assignments, or required attendance, provided advance notification of the conflict is given. Whenever possible, students should give at least one week advance notice to request special accommodation.

Student Honesty and Rules of Conduct

Academic honesty requires that the course work (e.g., quizzes, papers, exams) a student presents to an instructor honestly and accurately indicates the student's own academic efforts. These policies are available at <http://www.studentaffairs.wisc.edu/> UWS 14 is the chapter of the University of Wisconsin System Administrative code that regulates academic misconduct. UW-Madison implements the rules

defined in UWS 14 through our own "Student Academic Misconduct Campus Procedures." UWS 14.03 defines academic misconduct as follows:

"Academic misconduct is an act in which a student:

- a. seeks to claim credit for the work or efforts of another without authorization or citation;
- b. uses unauthorized materials or fabricated data in any academic exercise;
- c. forges or falsifies academic documents or records;
- d. intentionally impedes or damages the academic work of others;
- e. engages in conduct aimed at making false representation of a student's academic performance;
- f. assists other students in any of these acts."

If you are accused of misconduct, you may have questions and concerns about the process. If so, you should feel free to call Student Advocacy & Judicial Affairs (SAJA) in the Offices of the Dean of Students at (608) 263-5700 or send an email to dos@bascom.wisc.edu

Civility Policy

Members of the University of Wisconsin-Madison community are expected to deal with each other with respect and consideration. The civility policy for this course promotes mutual respect, civility and orderly conduct among the faculty, teaching assistants, and students. We do not intend this policy to deprive any person of his or her right to freedom of expression. Rather, we seek to maintain a safe, harassment-free workplace for the students, faculty, and teaching assistants. Positive communication is encouraged and volatile, hostile, or aggressive actions and language will not be tolerated. If the civility policy for this course is violated, the individual is subject to removal from the class and possibly the course altogether. In addition, the proper authorities at the UW Departmental, School, and University levels will be notified of such behavior accordingly and further action may be taken if necessary.