Marketing Social Marketing: Getting Inside Those "Big Dogs’ Heads" and Other Challenges

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Social marketing provides a powerful process for planning and implementing public health programs. Although often applied to the promotion of healthier lifestyles, social marketing can also be used to promote utilization of direct services or policy changes. Despite growing popularity among public health professionals, resistance by senior management, community advocates, policy makers, and others can create barriers to the use of the social marketing model. This article draws on the authors' observations, practice experiences, extensive training interactions, and qualitative studies with public health practitioners across the nation. It examines some of the key reasons that public health practitioners encounter resistance to using social marketing and discusses how a logic model can be used to market social marketing in organizations and communities.

Keywords: social marketing; interventions; logic model; target audiences

The concept of “social marketing” entered the literature more than 30 years ago (Kotler & Zaltman, 1971) and carved out a persistent niche in public health practice during the 1990s (Coreil, Bryant, & Henderson, 2000; McDermott, 2000). Andreasen (1995) defined social marketing as

the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society. (p. 7)

Adherence to five basic principles distinguishes social marketing from other social and behavioral change approaches: (a) reliance on marketing’s conceptual framework (e.g., the notion of exchange and the marketing mix, assessment of competition, branding); (b) segmentation of populations into distinct subgroups; (c) focus on the consumer or target audience and the use of formative research to understand consumers’ desires and needs; (d) willingness to modify the product to meet consumer wants and needs; and (e) careful, continuous monitoring and revision of program activities (Bryant, DeWalt, Courtney, & Schwartz, 2003; Glanz & Rimer, 1995).

In recent years, the Centers for Disease Control and Prevention (CDC), U.S. Department of Agriculture, U.S. Department of Health and Human Services, and many other federal, state, and local governmental and nonprofit organizations have used social marketing to promote healthier lifestyles and public health services, and to achieve other public health objectives. Examples include promotion of increased fruit and vegetable consumption, physical activity and other public health programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamps (Kotler, Roberto, & Lee, 2002). CDC used a social marketing approach to get input from customers and partners for its new Futures Initiative (U.S. Department of Health and Human Services [USDHHS], 2004b). With growing recognition of social marketing’s potential as an evidence-based program planning model, attendance at the University of South Florida College of Public Health’s social marketing conference and field school increased steadily during the past several years; in 2004, more than 350 enrolled in one or both offerings. CDC also sponsored a cooperative agreement between the University of South Florida and the Association of Schools of Public Health to establish the National Training Collaborative for Social Marketing (NTCSM), an innovative program to train teams of public health professionals for advanced technical consultation and assistance in each of their states (including teams from

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California, Washington, Texas, Arkansas, Maine, North Carolina, Virgin Islands, and others). The Turning Point Social Marketing Collaborative, a project funded by the Robert Wood Johnson Foundation (2003), promotes the use of social marketing as a key component of public health practice to improve community health and demonstrates further evidence of social marketing's growth.

Despite growing interest in social marketing, many public health professionals report difficulty using the social marketing model because of resistance from public health agencies and the community (F. Frideringer, personal communication, April 16, 2002; Marshall & Keller, 1999, 2000; University of South Florida, 2003). For example, surveys conducted with 12 senior-level state health education and promotion directors about their experiences with social marketing (Marshall, 2000) revealed that some directors encountered difficulties getting approval to conduct social marketing-based interventions from senior-level administrators and other leaders trained in more traditional top-down approaches. As one director put it, we have to "get inside those big dogs' heads" to understand the reasons for their reluctance and develop strategies to overcome this resistance (Marshall, 2000, p. 56).

Research conducted with graduates of the National Training Collaborative (Quinn, Albrecht, Marshall, Akintobi, & Hutsell, 2005) also found that supervisors and other colleagues had obstructed many of their efforts to apply social marketing principles when designing interventions. In a few cases, this resistance reflected administrators' lack of understanding about the social marketing approach; in others, social marketing was rejected because the increased time and funding required for formative research was considered incompatible with organizational practices.

Participants also raised these concerns in training sessions on marketing social marketing conducted at the annual University of South Florida (USF) conference, Social Marketing and Public Health (Marshall & Keller, 1999, 2000). They reported resistance to social marketing's extensive audience analysis and rejection of its consumer orientation; that is, some of their colleagues placed greater faith in what they believe people need than what people say they want. Others simply do not want to place control over the planning process in the consumers' hands.

Other sources of resistance to social marketing reported by public health practitioners in these studies and training sessions include the following perceptions:

- Social marketing focuses only on promoting healthy behaviors or services and is not relevant for those attempting to develop or change policy.

Clearly, any efforts to disseminate social marketing in public health through trainings, conferences, or other mechanisms will have to take these barriers into account and prepare practitioners to overcome them.

This article discusses the use of a social marketing logic model developed by the Academy for Educational Development (AED, 1997; Strand & Rosenbaum, 1998) to market social marketing to resistant public health administrators, community leaders, and policy makers. The logic model provides a marketing framework for audience analysis, identifying options to be explored in consumer and/or audience research. Our goal is to help practitioners begin to think like marketers about how to overcome resistance to social marketing. To illustrate the model, we rely on reports from practitioners about their experiences, and therefore, the examples we share do not generalize to other organizations or populations. In keeping with marketing's consumer orientation, research with the target audience will be necessary to develop an effective strategy for marketing social marketing to specific audiences in specific public health settings. We believe, however, that the scenarios we share will be useful in planning this research and learning to apply marketing principles to promote social marketing.

The theory of the diffusion of innovations offers a complementary perspective on how to overcome resistance to the use of social marketing. For more information on the importance of understanding the characteristics of the innovation (e.g., compatibility) or adopters, see Rogers (1995).

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THINKING LIKE A MARKETER: A SYSTEMATIC PLANNING MODEL

AED's logic model poses four simple but powerful questions:

- Whom do we want to reach?
- What are we helping them to do?
- What factors must we address to change their behavior?
- What strategies can we adopt to persuade them to change?

Each of these questions represents a marketing decision based on results of consumer research. Inherent in these questions is marketing's conceptual framework: (a) the importance of audience segmentation, (b) a focus on behavior change, (c) the importance of creating satisfying exchanges (product benefits must outweigh costs) and addressing other factors that influence health behaviors, and (d) the importance of effective placement and promotional strategies.

Whom Do We Want to Reach?

The first component of the model focuses on the target population and helps us to identify differences between key decision makers. The question becomes "How should we segment the heterogeneous population of top-level managers and other resistant agency stakeholders, community leaders or policy makers into more homogeneous subgroups and select those that we can realistically reach with our marketing efforts?" It reminds us that we need to understand and address the unique characteristics, wants, and needs of subgroups in these populations.

What Are We Helping Them to Do?

The second component focuses on the behavior that is being promoted and the decision: what, specifically, do we want them to do? This decision requires us to listen to the target audience (e.g., senior-level management) to determine the optimal behavioral objectives or what is realistic to ask them to do. For instance, applying this to senior-level, public health agency management, we may find that behaviors such as giving permission to use a social marketing approach for a small-scale pilot project may be more practical than using social marketing to design a high-profile, politically sensitive program. In a similar fashion, we may find it is more practical to ask management for permission to invest time and funds for consumer research than attempt to get them to approve the use of social marketing in general. Key informant interviews and other methods can help us understand the most important management behaviors that can facilitate your efforts to apply the social marketing model. A similar approach can help practitioners stay focused on what community advocates and policy makers can do to support the use of social marketing.

What Determines Their Behavior?

The third component requires us to identify the factors that influence management behavior—factors that we must address to realize our behavioral objectives. This question may reveal a wide variety of factors that influence management's behavior, and thus your ability to market social marketing. Among the most typical are (a) management's perceptions of the benefits and costs of adopting the desired behavior (e.g., appearing innovative by applying a new model or fear of wasting time and looking foolish by investing in formative research); (b) perceived risk, such as fear of failure if consumers' opinions are used to make decisions; (c) self-efficacy or the degree to which the manager feels confident in the units' ability to apply the social marketing model; (d) social norms or what others may think about social marketing; (e) policies and other elements of the organizational culture that influence decision making; and (f) other environmental factors that influence health behavior. Clearly, research is needed to determine which of these factors has the greatest impact on management's behavior so strategies can be designed to address them.

What Strategies Will We Use to Persuade Them to Change?

The final decision, which follows logically from the other three, is to identify the right mix of marketing strategies to bring about the desired change. What balance of product (the benefit to management of doing what we want them to do), price (their perceived costs), place (where and when to deliver the product), and promotion (persuasive messages endorsing the product's advantages from their perspective) will result in a successful intervention, that is, evoke the desired behavior or decision from management? For instance, a tactic that public health practitioners have reported in interviews and training sessions is to highlight successful social marketing projects in other states and/or cite examples from the scientific literature. Even anecdotal information from similar organizations has helped senior-level management feel more comfortable approving the social marketing approach. The strategies most effective in enlisting support from management, community advocates, and policy makers may differ significantly. The goal is to listen well enough to the target audience (through formal interviews, reviews of meeting minutes, or informal conversations) to understand how best to enhance the perceived benefits, lower the
### Examples of Marketing Social Marketing to Target Audiences: Applying the Logic Model to Overcome Key Types of Resistance to Using a Social Marketing Approach

<table>
<thead>
<tr>
<th>Logic Model Component</th>
<th>Resistance Scenarios</th>
<th>Not Policy Friendly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target audience(s)</strong></td>
<td>Health officer, senior management, boards of health</td>
<td>Community advocates, community leaders, coalition members</td>
</tr>
<tr>
<td><strong>Desired behavior</strong></td>
<td>Permission to use social marketing approach</td>
<td>Approve use of social marketing approach for developing community interventions</td>
</tr>
<tr>
<td></td>
<td>Agreement to use resources for formative research and audience segmentation</td>
<td>Agree to use audience segmentation instead of hard-to-reach paradigm</td>
</tr>
<tr>
<td><strong>Determinants of audience behaviors</strong></td>
<td>Evidence of programs that work, efficient use of resources, political acceptability, makes agency look good</td>
<td>Existing services come first, experience with previous research projects, don't leave anyone out, programs that work</td>
</tr>
<tr>
<td><strong>Strategies and/or intervention for behavior change</strong></td>
<td>Brief and orient leaders, cite the literature, uses data-driven decisions, use outside experts, addresses consumer wants, evaluate components, professional growth opportunities</td>
<td>Step-wise approach to segmented audiences, asking people what they want, respecting peoples' needs, involve community leaders, give people a &quot;say&quot;</td>
</tr>
</tbody>
</table>

To further illustrate how practitioners can use this logic model to address the challenges they face when marketing social marketing, we present scenarios with three audience groups (see Table 1). These scenarios, drawn from in-depth interviews, trainees' reports, and our experience, focus on three target audiences—senior-level management of public health agencies, community leaders, and policy makers. For each target audience, the table proposes desired behaviors, behavior determinants, and strategies that may help practitioners think through ways to apply the social marketing logic model in these and similar situations. These scenarios are not intended to apply to all administrators, community leaders, or policy makers but rather suggest avenues to explore when conducting research with specific target audiences.

**Big dogs scenario.** In the "big dogs" scenario, the practitioner needs permission from supervisors and senior-level management to incorporate the social marketing process into organizational practices or use it to design a specific intervention. Finding out how to get that support is essential and requires target audience research. According to attendees at social marketing training sessions, here are some suggestions to consider.

Supervisors may respond favorably to demonstrations of how social marketing interventions work better than traditional top-down programs. Political acceptability, efficient use of resources, and results that promote how people regard the agency positively may provide important, practical reinforcement. However, it's not always that simple. Timing can be everything. Getting permission to start a social marketing project just after a devastating legislative budget hearing or an embarrassing newspaper column may be difficult. By finding out, through research, what determines the "permission-giving" behavior of senior managers, and what "conditions" apply, practitioners can develop an informed strategy. Briefings, literature reviews, outside experts, and supportive data may work in many situations. The literature on successful examples of applying social marketing to a wide variety of public health programs grows each year (e.g., Kotler et al., 2002).

In addition, practitioners should consider using intermediaries, such as midlevel managers or influential community or academic supporters, to approach senior management. This application of "place strategy," using others who regularly meet with and are in a
position to interact directly with senior administrators, can be an effective way of influencing the behavior of organization decision makers. Practitioners may find out, through their own research, that examples from other state and local public health agencies illustrating steps in the social marketing process can reassure still-skeptical public health executives—particularly when used for a wide range of projects. For instance, the Rhode Island Department of Health (2003) established a new program to measure and publicly report on the quality of health care in licensed health facilities. A group of health researchers and methodologists gathered to develop the program using a rigorous, scientific protocol focusing on quantitative indicators of quality hospital care. Employing a different approach, Marshall and Trainor (1999) conducted formative research using focus groups and surveys to ask consumers (those expected to use the information on quality) what they considered to be the key dimensions of quality hospital care. The results demonstrated wide gaps between consumer and professional perceptions of quality and helped to restructure the approach for measuring and reporting on quality of care.

As another example, three states (Rhode Island, Maine, and Virginia) used a social marketing approach in combination with risk communication theory to develop public information and panic-prevention interventions about bioterrorism and West Nile Virus (Marshall, Lefebvre, Sansonetti, & Kuehnert, 2003). The Rhode Island project used focus groups and key informant interviews with populations stratified by age, geographic area, race and/or ethnicity, language, and disability. The resulting data provided insights on what people knew about bioterrorism, how well they thought the state was prepared to respond to emergencies, what kinds of information they wanted, and who were the credible spokespersons. The public’s general attitude about “Tell me where to go and what to do!” provided the basis for Rhode Island’s decision to direct-mail information (English and Spanish) to more than 400,000 households (total Rhode Island population about 1 million) to make a more direct, so-called personal contact and build trust with diverse populations. Other interventions based on the formative research will follow in the months ahead.

Other strategies for getting permission from administrators may include encouraging them to take advantage of opportunities for professional development. (This approach may be especially important if research reveals that managers do not feel confident in their ability to supervise a social marketing project or question their employees’ ability to do so.) National and regional conferences, special academic presentations, and training workshops provide an informed and supportive context for administrators to consider the benefits of using the social marketing model. Practitioners could present a convincing argument by demonstrating the compatibility between social marketing and other fields, such as epidemiology. A joint project could result in coauthored journal publications—symbolizing a partnership between two or more fields using social marketing.

The social marketing process offers managers more than just a different, more effective intervention. It can also create a different and more effective organization. Rothchild (1999) said that social marketing “consists of voluntary exchange between two or more parties, in which each is trying to further its own perceived self-interest while recognizing the need to accommodate the perceived self-interest of the other” (p. 30). By embracing the social marketing process, the manager introduces a different organizational paradigm into the agency creating the potential for cascading change and improvement. Of course, not all agency managers are prepared to take this step. In the end, each practitioner planning to use the social marketing approach with public behavior is wise to follow the same process when engaging management—conducting research and tailoring the intervention to the needs and values of the target population.

Hard-to-reach scenario. Often the essential behavior change necessary for achieving public health outcomes occurs outside the practitioner’s agency. According to training participants, these sources of resistance also impede the use of social marketing and merit a brief discussion.

In the hard-to-reach scenario, the target audience for getting support for using a social marketing approach to intervention includes community advocates, local political leaders, and members of community-based coalitions. Resistance here poses many of the same challenges as the big dogs scenario but can be even tougher to counter.

Community leaders often have a working paradigm for public health interventions. Some become fixated on the smallest and most intransigent group, the so-called hard-to-reach populations that seem immune to every attempt to promote health and healthy lifestyles—and see them as more “deserving.” Some community advocates insist that funds support or enhance traditional community programs first before taking on any new initiatives. Others remember research efforts that filled the community with hope, then disappeared when the funding ran out. These conditions can make getting community approval to use a social marketing process—or indeed any new approach to program development and implementation—difficult.

For the budget-minded social marketer, focusing on a small number of intractable individuals can doom a project that could have, for the same amount of scarce public health resources, achieved measurable results in a different, larger population. The fortunate practitioner will encounter communities that simply want to have a say in the project. This fits right into the social marketing logic model of basing interventions on the wants (“hopes and dreams”) of the target population. How-
ever, communities that use target audience input to decide on priorities that differ from the intended focus of the research or demonstration grant can create dynamic tensions that are difficult to resolve (Bryant, Forthofer, McCormack-Brown, Landis, & McDermott, 2000).

Some successful strategies that may work with community leaders, advocates, and coalitions range from empowerment to accommodation. The empowerment approach (Freire, 1970) emphasizes active participation in open-ended problem solving and implementation of a community-level action plan. The accommodation approach involves an open dialogue between researchers and/or implementers and communities to arrive at a mutually acceptable course of action. In either case, public health practitioners may decide to take an incremental approach, finding out what target audiences want, and involving community leaders and coalitions in making intervention decisions.

*Not policy-friendly scenario.* The third scenario, as shown in Table 1, explores the application of social marketing for policy development—complementing the policy advocacy approach described by Christoffel (2000). The target audience for public health policy includes legislators and political leaders, who may think of social marketing as “not policy friendly” or decision makers at major funding agencies who do not accept social marketing as a process for conducting applied research and demonstration projects. The key behavioral objectives involve accepting or approving the use of social marketing as an approach to policy making and grant making initiatives.

According to Siegel and Doner (1993), many “traditional uses of market research,” such as “improving customer satisfaction, identifying unmet needs, and creating products to fulfill them, can also be used to support policy change” (p. 278). They described how formative research can be used to segment target audiences—policy makers, the general public, and the mass media. This differs from more conventional uses of formative research because the behavioral objective of the public is not on their own health behaviors, but rather on their ability to “influence the opinions of policy makers” (Siegel & Doner, p. 274). Similarly, the behavioral objective for the media focuses on the benefits of affecting policy makers, not on informing and educating the public about personal health behaviors (e.g., quitting smoking). Typical strategies for accomplishing this include lobbying (legislators), grassroots educational activities (public), and various advocacy activities such as editorial board meeting, op-ed pieces, and news conferences (media).

For example, convincing smokers to quit can have an immediate and significant health benefit for individuals and populations. However, environmental changes, such as smoke-free workplace laws, facilitate quitting behavior by changing norms and raising the social costs of using tobacco in workplaces, restaurants, and other settings (USDHHS, 1991). Getting policy makers to use a social marketing approach to developing tobacco control policy may require audience segmentation and other components of formative research to understand what determines their behavior and what strategies to use.

Similarly, convincing grant-making agencies to approve a social marketing approach to applied research and demonstration projects may benefit from the same kinds of formative research. Fortunately, the institutionalization of social marketing by the Robert Wood Johnson Foundation (2003) and the Centers for Disease Control and Prevention (USDHHS, 2004a) make this argument much easier.

**CONCLUSIONS AND IMPLICATIONS FOR PUBLIC HEALTH PRACTICE**

The social marketing approach provides a framework for developing more effective interventions by involving the target audience in the development of programs, policies, and services aimed at changing their decisions and choices about health. Gaining the permission to use social marketing techniques begins with understanding the wants and needs of supervisors, managers, and policy makers who can approve or deny your project. Behavioral outcomes of these decision makers are no different than those of other audiences. Perhaps more than with some other dissemination designs, social marketing recognizes the mundane but crucial role that so-called getting permission plays in adopting new approaches to interventions. By using the logic model to address these behaviors in advance, practitioners can increase their success of convincing managers, community leaders, and policy makers to use this approach—an intervention we refer to as “marketing social marketing.”

**NOTE**

1. The opinions expressed are those of the author and do not necessarily reflect those of the Centers for Medicare and Medicaid.

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