Walter Wymer *Editor*

Innovations in Social Marketing and Public Health Communication

Improving the Quality of Life for Individuals and Communities

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Improving the Quality of Life for Individuals and Communities

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Formulating Effective Social Marketing and Public Health Communication Strategies

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1 Introduction

Social marketing campaigns and public health campaigns are developed in order to improve the quality of life for their target audiences. For example, if a campaign is implemented which encourages community members to stop cigarette smoking then the quality of life of those community members improves. They are less likely to contract a smoking-related disease, become disabled, and die prematurely. Family members are less likely to contract disease from second-hand exposure to cigarette smoke, they will have greater disposable income since money will not be spent on tobacco, and they will not have a family member die prematurely (with all the negative associated consequences). The community benefits as well. Smokers that would have needed costly health care, or families that might have needed public assistance will no longer need these public benefits. Individuals who quit smoking, indeed, are likely to remain healthy, productive citizens longer than if they had remained smokers.

When social marketing campaigns and public health campaigns are made more effective, their contributions to the quality of life for individuals and for the community increases. The purpose of this chapter is to present a strategy for developing more effective social marketing and public health campaigns. Improving the quality of life for individuals and communities motivates the creation of social marketing and public health communications. Hence, improving the effectiveness of campaigns enhances the quality of life they target.

Effectiveness is defined as the extent to which a social marketing program achieves its intended purpose or function. For example, if an anti-obesity program wants to solve the obesity problem in a population, what level of obesity reduction

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would a reasonable person accept as evidence of effectiveness? Is it reasonable to claim that a 1 % reduction in obesity is ineffective and a 70 % reduction is effective? Effectiveness is also relative. For example, if Program A reduces obesity by 20 % and Program B reduces obesity by only 5 %; one can claim that Program A is more effective than Program B.

One problem that has resulted in low effectiveness of social marketing and public health campaigns in the past has been a concomitant emphasis on individual behavior change and a failure to combat structural or environmental contributors to the social or public health problem. For example, public health campaigns target tobacco users with smoking cessation messages, products, and programs. Meanwhile, the tobacco industry, made up of large multinational corporations, continues its multigenerational marketing campaign to acquire new smokers. Meanwhile, public policy continues to allow tobacco marketing to citizens.

- A central point of this chapter is that effective public health and social marketing communication strategy requires addressing the primary causes of the problem.

Assume, for example, that a widely-used chemical has an associated risk of causing breast cancer. The chemical is present in trace amounts in the air and in most municipal water reservoirs. Traditional social marketing and public health communication strategies might attempt to educate women on the need to conduct regular self-exams as a means of early cancer detection. This strategy is typical because it focuses on individual behavior change and education, while ignoring non-individual causes of the problem (Wymer 2011). The typical strategy is relatively ineffective because it does not reduce the cause of the problem. Cancer rates are not reduced. If social marketers and public health officials want to reduce cancer rates, they should concentrate their efforts on removing the chemical from the environment. This circumstance, however, puts social marketers and public health practitioners into an awkward (politically sensitive) position. Social marketing and public health practitioners are accustomed to developing educational and behavioral change campaigns aimed at individuals. They are not used to advocating governmental changes in public policy. However, if a social or public health problem is best solved with a change in public policy, then the communication strategy should target the needed public policy change. The desired end, that is, effectively solving social and public health problems (thereby increasing the quality of life for individuals and communities), needs to dictate the means of its achievement. Unfortunately, some practitioners are only willing to apply a means with which they are accustomed (behavioral change campaigns targeting individuals), regardless of its effectiveness (Wymer 2010).

2 Social Marketing and Public Health Initiatives

Social marketing has most often been used to provide solutions in the public health area (Grier and Bryant 2005; Helmig and Thaler 2010). Public health officials sometimes use social marketing tactics to increase the effectiveness of their public health

campaigns. Because of the interdependency between social marketing and public health communications, social marketers would do well to inform their social marketing planning by including concepts from the public health field rather than a strict adherence to commercial marketing concepts more appropriate for selling consumer goods than affecting social change. Primary prevention is an important sub-field of the public health discipline (Cohen et al. 2007; Gullotta and Bloom 2003). Primary prevention is defined as activities, programs, or policies designed to reduce the incidence or the number of new cases of a disease or problem (Wallack 1984).

Primary prevention tactics are categorized into three parts: health promotion, disease prevention, and health protection (Leddy 2006). Health promotion deals with educating and training healthy populations to lead healthy lifestyles (Wallack 1984). The emphasis is on educating individuals to make healthy choices in order to attain longer and healthier lives.

Health promotion campaigns are familiar to social marketers. Examples are campaigns that address tobacco consumption, alcohol consumption, diet, and exercise issues. These types of programs mesh easily with social marketers' customary practices.

Disease prevention programs provide preventive services to high risk populations. Examples include stress reduction classes, smoking cessation classes, clinical screenings, and counseling. Similar to health promotion tactics, disease prevention programs target individuals. Social marketers often view disease prevention programs as social marketing "products" (Novelli 1990; Solomon and Dejong 1986).

Health protection strategies are aimed at benefiting the entire population without requiring individuals to change their behaviors, make choices, or take actions. Health protection improves health and wellness for all by altering the environment surrounding the community. Health protection strategies have proven to be the most effective at improving public health. These strategies emphasize regulatory measures that place the preponderance of responsibility on producers rather than on individuals (Wallack 1984). Examples of health protection are reducing community exposure to radiation, carcinogens, and other toxins. Other examples are motorcycle helmet laws, seat belt laws, food safety laws, and worker safety laws.

Health promotion and disease prevention are consistent with the traditional social marketing framework because they are aimed at individuals – to inform, to change attitudes, and to change behaviors (Grier and Bryant 2005). Health protection strategies, however, diverge from traditional social marketing thinking. Health protection's emphasis is on the environment in which a community lives in order to reduce or eliminate harmful and unhealthful elements in the environment.

In the following section, a simple model is presented that informs the decision-making of social marketing and public health practitioners. The model is informed by the public health concepts discussed previously. The model is developed for the purpose of helping to develop strategies with increased effectiveness. The choice of strategy is derived from the context of the public health problem to be solved. The model encourages practitioners to clearly understand barriers to correcting a public health problem and then to remove those barriers. The model is holistic in that it includes both individual and environmental barriers.

3   Pyramid Model for Analyzing Contributors to Public Health Problem

Wymer (2011) presented a pyramid model to inform the identification and weighting of contributors of a social or public health problem. The model diverges from the tacit assumption (as evidenced by the social marketing and public health campaigns) that individuals are largely responsible for their own health quality. This can be true is some cases. For example, contracting a sexually transmitted disease is often within an individual's volition. Hence, public health campaigns that promote safe sex practices can be effective. (Even, here, however, there are cultural barriers that may have to be overcome.) The model is presented in Fig. 1.1.

- The assumption that is the foundation for the pyramid model shown in Fig. 1.1 is that health quality is an interaction between the individual and the larger social and physical environment.

The planning pyramid contains four categories. Each category represents a class of variables. The bottom two categories represent classes of environmental variables. The top two categories represent classes of individual variables. The analysis should begin at the bottom and work upwards, and this is how these categories will be described next. Once variables that contribute to the social health problem are identified, they then become barriers which need to be overcome in a public health or social marketing campaign.

3.1   Pathogenic Agents

Pathogenic agents refer to variables present in the environment that cause or contribute to an unhealthy condition. The potential list of pathogenic agents is large, but an example might be the presence of toxins in the ecological or biophysical
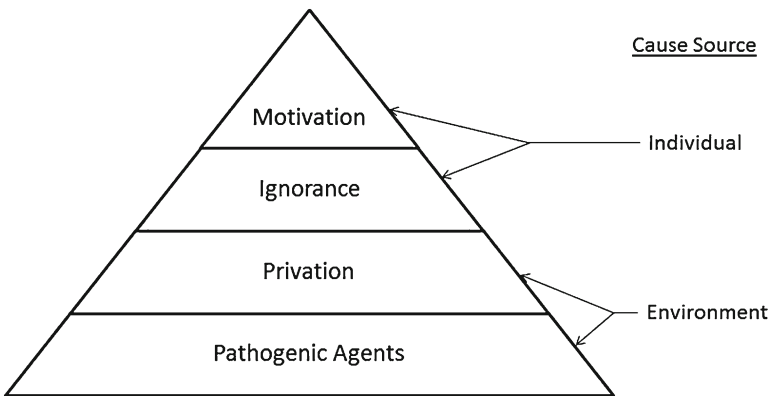

Fig. 1.1 Pyramid model

environments. Toxins in the soil, air, or water may create an unhealthy condition. For example, living close to a petrochemical plant has been shown to increase cancer risks (Belli et al. 2004). Regulations to reduce the carcinogenic waste of petrochemical facilities may be needed to improve the community's health and, therefore, quality of life.

Another example deals with childhood obesity, a social problem serious enough in America to be included in a presidential State-of-the-Union Address (Obama 2010). Obesity is a complex social problem, but research finds that food industry product offerings and marketing activities are a major contributing factor (Chopra and Darnton-Hill 2004; Kessler 2009; Nestle 2007). Regulations and laws may be needed to change food industry practices.

Achieving changes to public policies, regulations, or laws to deal with pathogenic agents may require lobbying and activism (Wymer 2010). Affected industries will most likely resist reform. This is especially the case in America, where corporations have the right to speak freely on political issues, lobby government, and to make unlimited, anonymous donations to the election campaigns of their patron political officials (Liptak 2010).

3.2 Privation

The presence of a privation barrier indicates that one or more variables are absent from the environment, variables that are required for people to live with good health and well-being. For example, what if the program's objective is to reduce infant mortality in a community in which mothers lack access to proper sanitation? Obviously, improper sanitation creates a pathway for disease. Removing privation barriers will usually requires intervention by government, nongovernmental, or private sector organizations.

3.3 Ignorance

In some cases, individuals may not know enough about an issue to take corrective measures to protect themselves. For example, when individuals consider buying a new home, how many check to see how close the home is to a high-traffic road, high-voltage electric lines, or cell phone towers, all of which are linked to increased cancer rates (Draper et al. 2005; Reynolds et al. 2004; Wolf and Wolf 2004)?

3.4 Motivation

Sometimes, individuals are insufficiently motivated to make a lifestyle or behavioral change that would improve their health and quality of life. In affluent countries, most people know that eating more vegetables, smoking less, drinking less, and exercising more would be good for them. Yet, they do not make these changes but instead retain their less healthy behaviors.

3.5 Using the Pyramid Model Holistically

Identifying the causality of social and public health problems is not always a simple process. There may be multiple causal influences. The causes may have different levels of influence. Hence, once the various causes are identified, they should then be weighted with respect to their proportion of influence to the social or public health problem.

3.5.1 Example 1: Ebola Epidemic

For example, at the time of this writing over 13,000 people have contracted Ebola during 2014. Obviously the root cause is the Ebola virus (a pathogenic agent). The spread of the current epidemic, which is concentrated in western Africa (primarily Sierra Leone, Liberia, and Guinea), is primarily a public health resource problem. That is, countries like Liberia tend to have too few public health resources (a privation barrier). There are too few health care workers with proper training and equipment, too few well-equipped hospitals, and too few medicines. The impoverished conditions of affected populations, especially in the rural areas (which have even less access to medical care) contribute to the epidemic (Fox 2014).

Because the disease has such serious consequences for its victims, people are highly motivated by fear and concern for family members to avoid contracting the disease. Whereas people may have been ignorant initially about how the disease spreads, it is common knowledge now that the disease is spread through exposure to bodily fluids of an infected person. People's inability to get sick family members into rapid isolation and intensive medical treatment continues to contribute to the epidemic (Anonymous 2014).

With respect to the Ebola epidemic, the major causes are environmental. The reason the Ebola pathogen has been successful is chiefly due to privation. The various privation variables are chiefly due to government failure. The governments of the affected West African nations have failed to alleviate their poor public health conditions. The governments of other nations have failed to assist affected West African nations.