

Briefing



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Social Marketing

Social marketing has an increasing role to play in health promotion and public health, in particular among 'hard to reach' sections of the community, making it especially relevant to community nursing. This briefing provides essential information on how nurses can get involved.

Changing human behaviour

Introduction

Social Marketing is the systematic application of marketing concepts and techniques in order to achieve specific changes in behaviour, for both individual and wider social good.

In commercial marketing the aim is to drive sales and generate profits, however, the aim of 'social marketing' is to achieve a social good, for example healthier lifestyles among people. Social marketing uses principles and techniques that are familiar to commercial marketing, while adding some new ones of its own. What both commercial and social marketing share is an imperative to change human behaviour. Community nurses are uniquely placed both to inform and deliver social marketing programmes as part of wider health promotion strategies.

Why is it important?

Social marketing can contribute towards achieving health targets and addressing health inequalities. 'Hard to reach' sections of the community have been, by definition, beyond the reach of traditional health education, both physically and psychologically. By targeting a large number of people through varied media, if planned and implemented correctly social marketing can be very effective. Many community nurses are already engaged in social marketing on a day to day

basis, encouraging people to make health choices that are appropriate to their circumstances and needs. Following publication of the Next Stage Review of the NHS and its emphasis on preventative care, this can only become more important in the way that services are delivered.

'We know what's good for you'

Social marketing offers a radical departure from simply 'telling people not to do something', for example to stop eating as much fatty food or stop consuming excess alcohol. This traditional 'expert driven' approach, often relying on fear, offers few incentives to an increasingly sceptical public to change their behaviour, especially if they are in a 'hard to reach' group. For these people, 'we know what's good for you' authoritarian health messages are unlikely to be effective, particularly when the unhealthy products they consume are widely available and highly addictive. In addition, because so many health harms happen slowly and 'silently' – for example the damage done by drinking to excess over several years – they are not easily challenged on a day to day basis.

People are resistant to health promotion messages on many levels. 'Scare tactics' are not considered trustworthy by marketers concerned that people rapidly become hardened

Consumer beliefs and behaviour



to extreme messages or who simply avoid them, because they do not want to be exposed to unpleasant thoughts about their health. People avoid images of sickness, or dismiss them saying 'it won't happen to me.' From a statistical point of view they are probably right, but the overall effect of such choices presents major problems to the NHS. A 2% rise in one's chance of developing liver cirrhosis due to alcohol misuse translates into a huge number of new cases nationwide.

The consumer - or patient-centred approach

All marketing is based on insight into consumer beliefs and behaviour, gained by market research. Commercial researchers gather information exhaustively about consumers' attitudes and buying habits and use this information to predict how they will respond to advertising messages. This information is then used to make advertising more effective and achieve higher sales.

Social marketing also relies on approaching the problem from the consumer's perspective and being responsive to consumers' needs. A good analogy is user involvement in service delivery leading to better clinical models. Campaigners and activists, who have taken a message on board and are passionate about it (whether it concerns health promotion, the environment or other cause) often find it difficult to understand why other people do not feel the same way as they do. It is vital to put one's preconceptions and assumptions about other people's motivation aside. Understanding this gap in perception is the key to effective social marketing.

Gauging people's real beliefs is a complex task. Research should

avoid 'leading questions', i.e. questions that point the subject towards giving a particular answer. Many people will give the answer that they believe the interviewer expects. Well designed questionnaires make it more difficult for people to second guess what the interviewer wants to find out.

The research must find out what would motivate people in order to change their behaviour. 'Ambitions for Health' (see below) talks of 'distilling' this information in order to identify 'core actionable insights' that will then inform appropriate interventions. Through their experience and skill in communicating with patients on a one to one basis, community nurses have a wealth of insight which social marketers can tap into.

Segmentation and targeting

Effective social marketing relies on segmenting the market - i.e. organising people into relevant groups according to their attitudes and likely patterns of behaviour. Private sector marketers use market segmentation in order to target their messages efficiently. Attitudes vary across age, gender, sexuality, religion and social background among other variables. What may appeal directly to a majority of middle aged men is unlikely to appeal to a majority of teenage girls. However, many health behaviours do not fit happily into traditional market segments, so the search is on for ways to segment audiences for social marketing.

Exchange and competition analyses

People usually need to be given a good reason in order to change their behaviour from established patterns. 'Exchange theory' holds that we as individuals have

Influencing attitudes



certain resources (money, time, energy, social contacts) which we are able to exchange for certain benefits. For example, a smoker with grandchildren is more likely to see those children grow to adulthood if he/she stops smoking. Or, if an obese person loses weight he/she will be more able to enjoy activities such as hill walking or cycling. Others will weigh up the alternatives but decide that they are prepared to accept the risks associated with unhealthy behaviour – risk alone will not motivate them to change. This view may ultimately stem from deep rooted low self esteem. People are unlikely to accept the sacrifice of their guilty pleasure unless they appreciate the benefits that a healthier lifestyle brings.

It is also necessary to have a good understanding of what other messages are competing for the audience's attention at the same time. This 'competition analysis' will help determine where, when and how the programme is implemented.

Implementation

A social marketing programme should have SMART (specific, measurable, achievable, realistic and timed) aims. The programme may include a whole range of joined up health promotion activities. Media routes will need to be considered at the design stage and will be tailored according to the target group ('channel analysis' or 'marketing mix'). Media campaigns should be subjected to audience testing before implementation ('formative research') to ensure key messages are understood and to obtain baseline data for attitude and behaviour.

Many people resent the intrusion of unwanted messaging. Unusual, unexpected and creative ways of

delivering messages are more likely to make an impact and 'new media' are particularly useful in reaching young people. However, traditional media should not be overlooked, particularly if they are cost effective and popular. 'Hard to reach' groups may be more receptive to messages that are attractive and visually appealing and this is at the heart of the consumer-driven approach. Effective communication is also based on the principle that people need to see a message repeated a number of times, ideally in different formats, before they are likely to notice it or consider acting upon it. For this reason it is important that activity is sustained over time.

Human behaviour is also influenced by social norms – social rules enforced by consensus. There is increasing evidence from the US that promoting healthy social norms (and challenging unhealthy ones) can have a positive effect on target groups.

Evaluation: how do you know it is working?

In order to demonstrate its effectiveness to commissioners and other stakeholders, social marketing activities must be able to show that they influence the attitudes or behaviour of the target group. Plans should be put in place to gather data about changes in behaviour in the target group over time (longitudinal data). It is not enough simply to gauge whether a campaign was noticed. Post-evaluation is needed to determine how messages are received and to detect areas of strength and weakness. If demographic information is collated, this will also show what sections of the community are most affected by the intervention, and which are least.

Box 1 Websites that use social marketing principles include:

- www.drinkaware.co.uk
- www.takelifeon.co.uk
- www.bbc.co.uk/wales/health/
- www.condomessentialwear.co.uk
- www.thecalmzone.net/
- www.malehealth.co.uk
- www.ruthinking.co.uk
- www.talktofrank.com

It can be difficult to prove that changes are the result of the social marketing rather than external factors. Research can be time consuming, challenging to organise and expensive and for this reason it is sometimes left out of health promotion plans. However, for any health professional simply to rely on intuition or a 'common sense' approach is very risky – it may lead to conclusions that are inaccurate or in some cases seriously flawed. Organisations that just rely on common sense in their social marketing are likely to be seriously underperforming.

The Department of Health and 'Ambitions for Health'

The Department of Health has been committed to social marketing since the publication in 2004 of the White Paper 'Choosing Health: making healthy choices easier'. The White Paper sets out the importance of using a social marketing approach to encourage positive health behaviour. There is an increasing understanding that world class commissioning depends on accurate insights into consumer attitudes and behaviour and that this information is necessary in order to develop effective services.

The National Social Marketing Centre is a partnership between the Department of Health and the National Consumer Council. It has been established to assist the Department in delivering its national social marketing strategy and to build capacity and skills in social marketing in the state and voluntary sectors. In July 2008 'Ambitions for Health: a strategic framework for maximising the potential of social marketing and health related behaviour' was published.

Limits of social marketing

There are clearly some aspects of commercial marketing that have no place in the public sector. More seriously, there are a number of major challenges to effective social marketing, including lack

of agreement about messaging between different agencies (for example, a police force and a health service may have completely different challenges related to alcohol, one based on law and order, the other on long term health harms, and it might be confusing to the public if they were brought into one programme) and conflicting public policies (for example, the loss of school playing fields to housing development). Add to this competition from relentless unhealthy lifestyle pressures, unhelpful celebrity role modelling and media hype. For every message telling a person to avoid fatty food they will see numerous messages from fast food companies telling them how delicious and convenient it is.

Critics of social marketing also include those who believe that more interventionist policies to change human behaviour are necessary, for example higher taxes on cigarettes, shorter pub licensing hours, and stronger enforcement. The key message is that one intervention alone is unlikely to succeed – social marketing is not a panacea or a substitute for quality service delivery.

Conclusion

Social marketing demonstrates faith in human nature and the ability of people to change. Community nurses, being in the community, have a key role to play in the scoping, development, delivery and evaluation of social marketing. They provide health information, encourage patients to rediscover a healthy lifestyle and support them in making step by step changes for the better. Their insight is also vital in identifying what approaches may work best at local, regional and national levels.

Reviewed by: Rebecca Humphreys, Health Improvement and Protection Directorate, Department of Health.

Box 2 Ambitions for Health

'Listening is the bedrock' in 'a new social movement for health'. The document contains a wealth of examples and describes four new programmes:

1. Health Capacity – to increase skills and knowledge in social marketing among health professionals
2. Health Insight – to undertake consumer research and obtain insights
3. Health Innovations – to put core principles into action and to share knowledge
4. Health Partnerships – to support grassroots partnerships in delivering health promotion

Further information

Ambitions for Health, Department of Health, 2008 http://www.dh.gov.uk/en/PublicHealth/ChoosingHealth/DH_086106

High Quality Care for All – NHS Next Stage Review Final Report, 2008

Evaluating Outcomes, Briefing No.9, QNI, 2008

National Social Marketing Centre, www.nsms.org.uk

Institute for Social Marketing, www.ism.stir.ac.uk

Social Marketing Downunder www.socialmarketing.co.nz

Health Canada www.hc-sc.gc.ca/ahc-asc/activit/marketoc/index-eng.php

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