



SOCIAL MARKETING: TRUE OR FALSE?

Social marketing means using the mass media – true or false?

Social marketing interventions *may* use the mass media – but they don't have to. One of the commonest misperceptions of social marketing is that it simply means social advertising. In fact, social marketing involves thinking about the whole **marketing mix** - of product, place, price, and promotion – and using it in the best way, to deliver the best benefits, to the target group. Suppose that our aim is promote fruit consumption: devising our marketing mix means answering questions such as:

Product: Can we show people other ways of consuming fruit? Can we make fruit more fun? Less messy?

Place: Can we introduce fruit into places people don't usually encounter it? Should we bring fruit to people's doorstep?

Price: Can we make fruit cheaper, or free? Do we need to convince people they won't look uncool snacking on fruit?

Promotion: What messages and images will help?

We can also consider two more P's, of **People** (Which gatekeepers and stakeholders can we recruit to help?) and **Policy** (Can we outlaw junk in school vending machines and stock them with fruit instead? Can we swap confectionery at checkouts for apples?).

Depending on the needs of our target group and the environment in which we're working, not all 'P's' may be necessary. Sometimes promotion doesn't have a role at all in social marketing!

Social marketing means using hard sell approaches – true or false?

Social marketing is about *voluntary* behaviour change, based on *mutually beneficial* exchange. If we want someone to give up, modify or adopt a behaviour, we must offer them something very appealing in return. Hard sell approaches won't work if we aren't genuinely offering something people want. Marketers understand that what people buy - *exchange* money for - is a bundle of benefits. For example, when someone signs up with a motoring school, what they are *really* buying is not a series of lessons but the hope of freedom which a driving licence will bring. The same applies with health behaviours. People smoke or drink because it brings them comfort, relaxation or a sense of identity. Commercial marketers understand this very well. Social marketers understand that we need to identify equally appealing benefits when we ask people to change their behaviour, such as increased satisfaction with life, or a feeling of achievement. It's important to remember that the benefits which experts think are important – decreased mortality, lower cholesterol – may not be the benefits which matter most to our target groups.

Social marketing is a 'downstream' approach – all about individual behaviour change – true or false?

Social marketing *can* be used to address individual behaviour change. But it can also be used upstream: to encourage policymakers to adopt new policies, or organisations to make improvements to their services and practice. Social marketing has been used, for example, to encourage water

companies to fluoridate the water, to promote restructuring of dental anaesthesia services, to persuade GPs to prescribe sugar-free medicines, to encourage the authorities to limit unhealthy marketing, to remove confectionery from supermarket checkouts – and, outwith health, to promote increased use of non-custodial sentences.

Social marketing means marketing the health service – true or false?

Marketing in a non-profit setting – promoting a cancer charity or a health service - isn't social marketing, it's simply marketing. Social marketing is quite different: it is a strategy and framework for *changing health and social behaviours* – whether of patients, consumers, policymakers, professionals or stakeholders – not simply about using marketing tools and ideas to promote the health service. However, a social marketing intervention might *include* making changes to health services: such as making them more accessible and attractive to people so that it is easier for them to change behaviour (see 'marketing mix' above).

Social marketing means having a nice logo – true or false?

Simply having a nice logo with no substance behind it is, to quote Wally Olins, like painting the toilet door when the cistern's broken. First and foremost, social marketers have to meet people's real needs. That said, many behaviours take a long time to change and improving the health of the Scottish people is certainly a long term goal – and consequently we need sustained social marketing efforts. In this context it may well make sense to consider building brands (and developing logos) to generate recognition and a sense of promise. The crucial proviso, as in all branding, is that the promise is backed by delivery. To return to Wally, the beautiful toilet door has to be backed by a fully functional cludgie!

Social marketing is nothing new – true or false?

Yes and no! The idea of trying to influence people to do things by offering them something in return is as old as politics - as are efforts to change and improve society. So in one sense social marketing has been around for years. And public health practitioners, health promoters and social change campaigners have always used many of the tools of social marketing, such as targeting, basing their programmes on people's needs, multiple channels, and so on. Perhaps what is new about social marketing is that it brings all the necessary tools together in a **comprehensive strategic framework** which puts **the target consumer (or stakeholder)** at the centre of our thinking.

Social marketing also brings a commercial marketing insight to health improvement, which is useful when we recall that business has a considerable interest in many of the behaviours we seek to influence. Smoking, drinking and diet, for instance, have generated some of the world's biggest enterprises. This calls for **competitive analysis** and **intelligent critiques**, both of which social marketers are in a particularly good position to provide.

Find out more about social marketing:

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