

Applying Quality of Life Research

Walter Wymer *Editor*

# Innovations in Social Marketing and Public Health Communication

Improving the Quality of Life for  
Individuals and Communities

 Springer

# Applying Quality of Life Research

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Walter Wymer  
Editor

# Innovations in Social Marketing and Public Health Communication

Improving the Quality of Life for Individuals  
and Communities

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**Part I**  
**Theoretical Developments**

# Chapter 1

## Formulating Effective Social Marketing and Public Health Communication Strategies

Walter Wymer

### 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 in 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

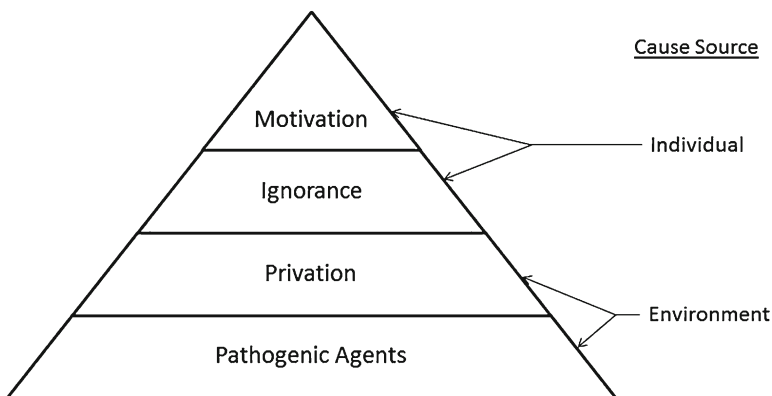


Fig. 1.1 Pyramid model

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.

An interesting but vital cause of the Ebola epidemic is the absence of a vaccine (privatization). We have been aware of Ebola since the 1970s. However, because those people most likely to contract the disease are poor or live in poor communities, there was insufficient profit incentive for the corporate pharmaceutical industry to invest in developing a vaccine (Corsi 2014; Huff 2014).

Examining the problem holistically reveals substantial systemic environmental barriers to preventing epidemics like Ebola from occurring in the future. One remedy requires a reduction in government corruption, where it exists, that produces poverty and inadequate public health care. Greater international cooperation and resource sharing is needed. A change in government policies are required that transfer health care from the public sector to the private sector where priorities are determined by profitability rather than effectiveness and need.

### 3.5.2 Example 2: Tobacco Use

Tobacco companies have known for decades that smoking causes cancer. Yet they have continued to market cigarettes to acquire new customers. Smoking has caused millions of deaths (Kessler 2002).

According to the U.S. Centers for Disease Control and Prevention (CDC), smoking causes cancer, heart disease, stroke, lung diseases, and diabetes. Smoking causes more than 480,000 deaths in the U.S. each year (DHHS 2014). For every person who dies from a smoking-related disease, about 30 more people suffer with at least one serious illness from smoking. More than 16 million Americans suffer from a disease caused by smoking (CDC 2014).

Tobacco is the leading preventable cause of death. Globally, tobacco use causes five million deaths per year, an annual rate that is projected to climb to eight million by 2030 (WHO 2011).

Even though tobacco use is clearly harmful, the tobacco industry still exists. It continues to market its tobacco products. Cigarettes enjoy an interesting characteristic that distinguishes it from other consumer products. This characteristic is that cigarettes, when consumed in the manner intended by the manufacturer, harm consumers. The fact that the industry is permitted to market products that kill consumers is evidence of government failure and corruption.

The tobacco industry aggressively markets its products. It spent \$8.4 billion (about \$23 million each day) in 2011 on cigarette advertising and promotions in the U.S., resulting in the sale of over 273 billion cigarettes to U.S. consumers in 2011 (FTC 2013). In the U.S., more than 3200 persons under the age of 18 years smoke their first cigarette and about 2100 youth and young adults who had been occasional smokers become daily cigarette smokers (DHHS 2014).

The facts make clear that tobacco use in general and cigarette smoking in particular cause a major public health problem. It is difficult to imagine a consumer product that kills millions of people and is not considered to be a problem worth addressing by most elected government representatives. Yet, this is the case.



**Table 1.1** First tobacco causality analysis

Priority order	Causal weighting	Potential success of action (%)	Utility of taking action
Pathogenic agent	1.0	5	0.05
Privation			
Ignorance			
Motivation			

Using the pyramid model, we will consider the public health problem caused by tobacco use. See Table 1.1. First note that the priority order begins at the bottom of the pyramid and works upward. This is the logical order to proceed in the causality analysis. (For brevity, we will combine cigarette smoking and other types of tobacco consumption.)

In our first causal analysis of the tobacco public health problem, notice that tobacco is viewed as a pathogenic agent. Its consumption causes harm. Hence, if tobacco were not marketed (made available and promoted) to consumers, the public health problem would not exist. Therefore, tobacco as a pathogenic agent is given a causal weighting of 1.0 in Table 1.1.

Removing tobacco from the marketplace would solve the public health problems caused by tobacco consumption. The government could ban tobacco cultivation, tobacco product manufacturing, tobacco marketing, and tobacco importation. Even though banning tobacco is the rational action to remove such a harmful consumer product from the marketplace, getting the government to protect the public health of its citizens by banning tobacco may be quite difficult. It appears that Bhutan is the only nation to have banned tobacco by making smoking in public and selling tobacco illegal (Weiner 2005). For a variety of reasons, governments do not want to ban tobacco (Debate.org 2014; Yahoo Answers 2006). Therefore, the potential for success of a public health communications campaign resulting in a government ban of tobacco is given a meager 5 % chance of success.

Even though banning tobacco would solve the public health problem, it would be very difficult to achieve this outcome (only a 5 % probability of success). Therefore, it would not be a wise course of action for social marketing and public health professionals to commit their time and resources to achieve a total tobacco ban. The causal weighting (1.0) multiplied by the potential success of action (0.05) results in a utility of taking action of 0.05 (5 %).

In the second causal analysis, we will examine the utility of taking action to overcome privation barriers to smoking cessation. This is presented in Table 1.2.

Privation causes to the public health problems caused by tobacco smoking suggest that if smoking cessation products and services were easier to acquire and use, those people who wanted to quit smoking would have greater assistance to help them quit. We have given privation a causal weighting of 0.10, which can be interpreted to mean that about 10 % of the public health problems caused by smoking are caused by the absence of products and services to help smokers quit. The potential

**Table 1.2** Second tobacco causality analysis

Priority order	Causal weighting	Potential success of action (%)	Utility of taking action
Pathogenic agent	1.00	5	0.05
Privation	0.10	20	0.02
Ignorance			
Motivation			

**Table 1.3** Third tobacco causality analysis

Priority order	Causal weighting	Potential success of action (%)	Utility of taking action
Pathogenic agent	1.00	5	0.05
Privation	0.10	20	0.02
Ignorance	0.01	70	0.01
Motivation			

success of taking action on removing privation barriers is given a 20 % probability. The utility of taking action means that if resources are devoted to overcoming privation barriers, the reduction in the public health problems caused by smoking is likely to be reduced by 2 %.

In the third analysis, we will examine the utility of taking action to remove ignorance barriers that contribute to the public health problems associated with tobacco consumption. This analysis is included in Table 1.3.

The third causal analysis presented Table 1.3 gives ignorance a causal weighting of 0.01. This means that about 1 % of the public problems caused by smoking are caused by ignorance among some members of society. The weighting is very low because it is commonly known that cigarette smoking is harmful. Most countries even make sure such a warning is printed on cigarette packaging. However, it is likely that some ignorance remains. For example, some people may not understand that smoking causes many other health problems besides an increased future probability of acquiring lung cancer.

In the U.S., in the 1960s, smoking rates were about 42 %. However, around 1965 public health officials became aware that smoking causes cancer. They advocated policies to educate citizens about the dangers of smoking. Over the years, public ignorance about the dangers of smoking has largely been removed. Currently, about 22 % of Americans are smokers. The decline of smoking rates in the U.S. has declined from 42 % to 22 % (Ashton and Stroom 2014). Because public education has occurred during a period in which laws were passed (1) to restrict the age at which people could buy cigarettes, (2) to increase cigarette prices due to increase cigarette taxation, and (3) to place restrictions on cigarette marketing to children and on television; it is difficult to attribute a portion of smoking rate declines to reducing ignorance.

**Table 1.4** Third tobacco causality analysis

Priority order	Causal weighting	Potential success of action (%)	Utility of taking action
Pathogenic agent	1.00	5	0.05
Privation	0.10	20	0.02
Ignorance	0.01	70	0.01
Motivation	0.89	15	0.14

The potential success in improving public health by overcoming ignorance barriers associated with smoking is assigned a probability success of action of 25 %. This means that a well-resourced and well-implement public health communication campaign has a 70 % chance of removing the ignorance still remaining in society about the public health problems caused by smoking. The utility of taking action (0.01) is the product of the causal weighting (0.01) and the potential success of action (0.70). This means that a successful public health communications campaign overcoming ignorance barriers would likely result in a 1 % decline in smoking.

In the fourth analysis, we will examine the utility of taking action to remove motivation barriers that contribute to smoking rates in our society. This analysis is included in Table 1.4.

The fourth causal analysis presented in Table 1.4 assigns motivation a causal weighting of 0.89. This is a very high assignment of the causality of the public health problem to individual motivation. Recall, however, that in our initial analysis we assigned all of the causality to cigarettes as a pathogenic agent. That is, if cigarettes did not exist, there would by definition not be a public health problem caused by cigarettes. However, because of the economic and political influence of the tobacco industry (an example of political corruption), we concluded that it would be virtually impossible to remove cigarettes and tobacco products from existence. Hence, we continued onward in our analysis to identify areas in which we could have a greater effect in addressing this public health problem.

Note that the weights assigned to privation, ignorance, and motivation barriers to resolve this public health problem total to 1.00. We have essentially disregarded eradicating cigarettes from consideration. The next logical greatest contributor to this public health problem is individual motivation. Individuals choose to smoke of their own volition. Hence, smokers are motivated to smoke and lack the motivation to quit smoking.

This is a simplistic conclusion, of course. We know that smokers may have some personality trait differences from nonsmokers. We know, for example, that some people are more sensitive to social influences than are other people. We also know that individuals are exposed to ubiquitous tobacco industry marketing from cradle to grave (a pathogenic agent).

Regular smoking is a reinforced behavior. For example, smoking is associated with drinking alcoholic beverages. When individuals go to clubs (bars and pubs) with friends, smoking may accompany drinking as a custom. Hence, smoking becomes associated with drinking, both of which are reinforced behaviors, potentially addictive, and difficult to discontinue once addiction in vulnerable people has been established (Anonymous 2007; Bien and Burge 1990).

As another example, nicotine, one of the more potent chemicals in tobacco, is thought to be addictive and produces a biological effect from its consumption. There are socio-psychological reinforcers from smoking as well as biological reinforcers. Regular smokers develop an identity as a smoker; it is who they are, part of their self-image. Smokers may be part of social networks of other smokers. Smoking is part of this type of social network’s identity, one of its norms (Jarvis 2004; Pomerleau et al. 1993).

Motivating individuals sufficiently to quit smoking and to resist the various reinforcers long enough for them to become permanent nonsmokers is challenging. For people who smoke regularly, the benefits of smoking outweigh the costs. The skeptical reader may counter-argue this point, arguing that the potential for acquiring cancer and other health problems far outweighs any benefits from smoking. However, this is obviously not the case from the perspective of smokers. Otherwise, they would not smoke. A simple cost versus benefit analysis will clarify this point.

In Table 1.5, we see a simple listing of a smoker’s perceived benefits and costs from smoking. A disinterested person who is a nonsmoker may look at Table 1.5 and notice that the costs related to the potential for health problems is so great that all other considerations become meaningless. (This attitude accounts for the promotion of “white knuckle abstinence”.) Note that the costs and benefits are based on the perspective of the individual smoker. Also note that people are not always purely rational decision makers. (Otherwise, we would all be trim athletes who would never buy a sports car or a time-share condo.) People, in fact, are often emotional decision makers (Camerer et al. 2005; Loewenstein and Lerner 2003). From the perspective of a teenage smoker, feeling confident and attractive from smoking may feel quite valuable.

From the perspective of the smoker, quitting smoking would involve forgoing the benefits in order to avoid the costs listed in Table 1.5. It may further help the skeptical reader to realize that the perceived value of the costs and benefits are weighted with respect to time. That is, a benefit or cost that is experienced immediately is weighted higher than if it were to be experienced in the future. Note that the benefits are generally experienced in the near term, whereas the health problems are experienced in the distant future (Wymer 2011). Even though smokers know there is link between smoking and cancer, they tend to minimize the health risk of smoking (Weinstein 1998). It is difficult to imagine an individual feeling sanguine about smoking if the

**Table 1.5** Costs and benefits of smoking

Costs	Benefits
Price of cigarettes	Feeling of relaxation
Inconvenience of not being allowed to smoking in various locations	Confident, independent self-image
Bad breath	A shared common interest in friends
Stained teeth	Helps curb food appetite, keeping body weight down
Potential health problems	Gives something to do with hands, helps with nervous energy

**Table 1.6** Costs and benefits of not smoking

Costs	Benefits
Weight gain	More money for other purchases
Withdrawal and nervousness	Better health
Social awkwardness or isolation	

odds of waking up the next morning with cancer were one in four. It would be similar to playing a game of Russian roulette. With respect to Russian roulette, because the odds of losing are strong and the consequences of losing are great (and experienced immediately), few are motivated to play. However, with smoking, individuals are able to lower their perception of the risk because the consequences of losing are experienced in the distant future. Hence, smokers continue to play.

It is important to realize that smoking cessation is a different behavioral routine than smoking. From the perspective of the smoker, not smoking is a changed behavior that has its own set of costs and benefits. We will illustrate this in Table 1.6.

To become a nonsmoker, an individual's benefits are essentially the avoidance of the costs associated with smoking. An individual's costs are essentially derived from resisting the various reinforcers of smoking (social, psychological, and biological). Given the principle that what is experienced in the near term has greater weight than what is experienced in the far term, note that the costs are experienced in the near term and the main benefit, better health (compared to contracting a smoking-related disease 20 years in the future) is experienced in the far term. Considering the costs and benefits of smoking and not smoking, with consideration given to the time weighting, it becomes easier to understand why smokers continue to smoke.

Now that we have discussed how social marketers and public health professionals can assess the causes of public health problems and, thus, barriers to their resolution; it is appropriate to discuss communication tactics for acting upon the causality analysis. The public health communication strategy utilized should be influenced by the category of cause that has been presented in the pyramid model.

## 4 Public Health Communication Strategies

It's all about the outcomes!

One of the key reasons that the field of social marketing has been lacking in providing effective campaigns to solve social problems is that the social marketing practitioners and scholars have tended to be more concerned about their tactics than their outcomes (Wymer 2011).

Early social marketing research applied commercial marketing concepts to the amelioration of social problems (Rothschild 1999). Unfortunately, there are marked differences between an economic phenomenon defined by a buyer-sell dyad and a public health phenomenon defined by citizens responding to the environment in which they live. Social marketers have been relatively ineffective because they have

been misapplying one set of tactics to a variety of social problems in order to achieve their desired outcomes (Peattie and Peattie 2003). The main point is that the corrective tactics to achieve the desired outcomes should be derived from the causes of the public health problem. The tactics should be determined by the public health causal analysis. Traditionally, social marketing have had a fixed tactical model that they applied regardless of the nature or cause of the public health problems, often resulting in ineffectiveness (Wymer 2010).

- Tactics to solve public health problems should be derived from the causal analysis of the public health problem.

#### ***4.1 Communication Strategies for External Causes***

Generally, if a primary cause of a public health problem is caused by a pathogenic agent or privation, government action is required. The reason for government action is that, often, large resource levels are needed or new laws and regulations (or meaningful enforcement of existing laws and regulations) are required to address the public health problem.

For a privation example, there may be impoverished communities that have high rates of infectious diseases because they lack resources to produce clean drinking water and effective public sewage removal systems. Government intervention may be required to provide the resources to build the necessary infrastructure and to ensure that proper health standards are maintained.

For a pathogenic agent, industry activities (production and marketing) often emit toxins into the physical environment or the industry markets unhealthy products (alcohol, cigarettes, unhealthy food and beverages). Government involvement is needed to protect public health. Government is often needed to restrict the actions of harmful industries. Unfortunately, governments are often hesitant to act in the public interest if the needed actions are opposed by business interests and their wealthy owners (Gilens and Page 2014; Wymer 2010).

To influence governmental change, public health communication strategies need to assume the perspective of activists or advocates. Many social marketers are quite reluctant to consider social movement marketing because it is markedly different from the traditional, commercially-oriented business paradigm. Nevertheless, if one is serious about solving externally-caused social problems there are often few alternatives. (Admittedly, for some contexts in which privation is the cause a social entrepreneurship paradigm may prove effective on a small scale.)

##### **4.1.1 Changing Public Policy: Issue Marketing**

The goal of issue marketing is to influence government or corporate policy indirectly by changing public attitudes, beliefs, or opinions about a cause. For example, an advocacy group may want a corporation to change its practices or a government

to pass a law or regulation. The advocacy group may feel the best or only way to attain this goal is to influence public opinion, which will pressure the corporation or government to act. Issue marketers can face several hurdles in accomplishing their aims:

1. The public may not know about the issue.
2. The public may have forgotten about the issue.
3. Public opinion on the issue may have been influenced by the opponent's propaganda.
4. The public may believe the issue is unimportant.
5. The public may not know enough about the issue to have formed an opinion.
6. The public may disagree with the social marketer about the need to act on the issue.

The public level of knowledge and attitude about the issue will determine the appropriate marketing tactic.

For example, most of the world knew for many years that apartheid existed in South Africa. However, in the 1980s, human rights groups became more focused on bringing apartheid to the world's attention. Human rights organizations appealed to governments to oppose the apartheid government but were generally unsuccessful until the news media began to inform the public on a regular basis about what was happening in South Africa. Over time, public opinion began to turn against the white minority South African government. This development led to various advocacy groups' pressuring corporations to stop doing business with South Africa. Later, the governments of some nations issued trade sanctions against South Africa.

Because of South Africa's poor image in the world and the poor economic environment caused by the sanctions, social conditions in South Africa actually worsened for a time. In 1989, sanctions hurt the economy further, the national currency (the rand) collapsed, and reformist F. W. de Klerk came to power. Afterward, virtually all apartheid regulations were repealed, political prisoners were released, and negotiations about forming a new government began. Free elections in 1994 resulted in a victory for the African National Congress, and Nelson Mandela became president.

What would have happened if activists had not been successful in attracting media attention to the problems of South Africa? What would have happened if the public had shown little interest in the early news reports? This example of successful issue marketing was effective because conditions favored the development of a virtuous cycle, in which public concern was aroused about the issue, which in turn stimulated business and government to act. Our discussion will now focus on how the virtuous cycle was created. Figure 1.2 represents issue marketing communication patterns in an issue marketing campaign.

Issue marketers present their case to government officials (policy makers). In some instances, one or more officials champion the issue by encouraging a change in policy (legislative or administrative) and by communicating their support for the issue to the public through the media.

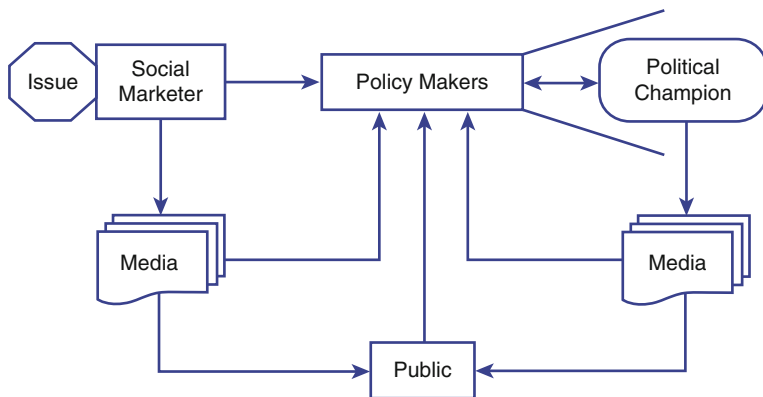


Fig. 1.2 Issue marketing communication patterns

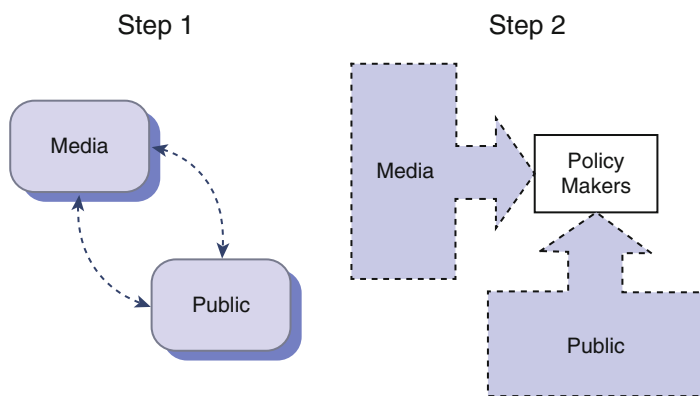


Fig. 1.3 Interrelationships between media, public, and policy makers

Issue marketers also try to build public awareness and support for the issue by presenting their case to the public through the media. This implies that the media find the issue marketers’ case newsworthy. If the public supports the issue, that support can influence government officials to reform policy.

Although issue marketing could be affected by an appeal to a government official who immediately supports the issue and implements policy reform, it is generally the case that policy makers are influenced by public opinion. The success of issue marketers’ efforts, therefore, depends on their ability to influence public opinion. For issue marketers to influence public opinion, a virtuous cycle must be created. As depicted in Fig. 1.3, if issue marketers can gain the attention of the media and if the media report the issue to the public and if the public shows interest in the issue, a virtuous cycle can begin.



In Step 1 in Fig. 1.3, the media report on the issue. Assuming the media's audience shows interest in more reporting on the issue, a positive feedback loop (virtuous cycle) can develop in which the media's reporting increases the public's interest, which increases the media's reporting on the issue, and so on. If Step 1 is successful, the media will add a new story to their reporting: the public's growing interest in the issue. As the media's reporting on the issue continues and their reporting on public interest in the issue grows, policy makers begin to focus on the issue as a growing concern (Step 2). Policy makers also perceive an increasing level of constituent support for the issue. If public support continues to grow, policy makers will eventually experience sufficient influence to support the issue.

Issue marketers are challenged to present an important and credible case to the media. If the issue experiences growing support, a faction of policy makers will probably oppose it. The opposition will develop a strategy to present its case to the public through the media, which may create a public debate about the merits of the issue.

Interest in issue marketing is growing among social marketers. In the following section, we will discuss more emerging issues in social marketing.

#### **4.1.2 Online Advocacy**

The development of the Internet and related technologies has been a catalyst for civic engagement in democratic societies. It used to be that organizations had to wait for a mainstream media to cover their causes in order to spread their messages. Internet technologies, such as social media, empower ordinary people to spread the message themselves. When public health and social marketing professionals want to change public policy, they must often have to assume the role of advocate or activist in order to have any meaningful effect. Therefore, our discussion will have the social marketing or public health professional assume the role of an activist trying to affect the desired change by promoting a social movement.

We will use the terms online activism and online advocacy interchangeably. When we use these terms, we are referring to online tactics individuals and organizations use to work towards social change or a change in public or government policy. These tactics are aimed at building grassroots support for a cause, media relations, and lobbying politicians.

The Internet offers several advantages. It's available to a good proportion of the population. It's convenient and easy to use. It allows for rapid, inexpensive communication. It allows for individuals to network for collaboration. Three technologies that are important tools for online activists are e-mail, websites, and e-newsletters.

For example, in the U.S. the volume of email Members of Congress receive has increased fourfold in the last 10 years to over 200 million messages a year. About 90 % of communications sent to Members of Congress is now in the form of e-mail. The proportion of Americans who are contacting Congress has increased 18 % since

2004, representing 44 % of the voting age population (approximately 100 million adults). Over 80 % of individuals sending their Congressional representatives e-mail were prompted to do so by an interest group.

Activists face challenges in furthering their causes. They must educate people, inspire them to take action, let them know what they can do to get active and give them the tools to make real, sustained change. Some examples of the tools they use are:

1. Send emails to Members of Congress or Members of Parliament
2. Print out flyers and other online materials and distribute locally
3. Provide resources for their members, such as having research available on issues and votes of legislators
4. Online forums and webchats
5. Encouraging members to use information to write articles, Op-Eds, Letters to Editor in their local newspapers

We will discuss some of the various tactics and online tools available to public health communication strategists. Because technologies and applications change regularly, we will avoid in-depth discussions of specific about specific applications like Twitter or RSS feeds. We will, however, discuss their appropriate use for online advocacy. The interested reader can readily find resources for using a specific application through simple Google, Yahoo, or MSN searches.

Activist groups will find that the most effective strategy is one that combines both the communication power of the Internet with the interpersonal power of face-to-face advocacy. For example, MoveOn.org has found that it is easy for politicians to ignore mass generate emails, but difficult to ignore a petition when presented in person. MoveOn.org has found that a holistic, integrated approach works best.

For advocacy to be effective, it must be done in an integrated manner. In the online format, this implies that tactics using e-mails, websites, and e-newsletters must work together using a focused message strategy. Integration also requires online tactics to reinforce offline tactics. Offline tactics include telephone calls to politicians, personal visits to their offices, editorials in newspapers, and so forth. The combined, integrated use of offline and online tactics has a greater effect than either could achieve alone.

Online activism should work in concert with real-life, on-the-ground activism. Facebook, Pinterest, Twitter, and Flickr are useful in building relationships, helping essential resources to be found, enabling news and ideas to be shared easily. It is important that these tools not detract from on-the-ground activism.

Changing public policy is the consequence of citizen action. Advocacy groups much gain support for their causes from a variety of constituencies to be effective. However, they typically have fewer financial resources than government and corporations, and often find it difficult to disseminate their messages (Waters and Lord 2009). Developing relationships with likeminded individuals is one of the most important determinants of advocacy success.

Online activism helps to give more citizens more power to work collaboratively in making social change. It allows for much easier communication among a large

number of people. Simply being able to communicate, however, is insufficient. Online tools enhance activists' ability to develop stakeholder relationships through which it achieves its goals.

Activists rely on growing grassroots support from citizens. Individual citizens have little power, but working together, they can change their society. Online technologies allow citizens to exchange information easily and find other, likeminded individuals.

By communicating with the organization's members regularly, advocacy groups learn as much as possible about their motivations and interests. They use this knowledge to communicate to members in a meaningful and relevant manner, which increases participation and loyalty. One method of doing this is by collecting emails of website visitors (that is, building a list) in order to send them periodic updates on the organization's activities. Having an RSS feed that visitors can subscribe to is another effective way of staying in touch with supporters.

Successful advocacy campaigns are viral, meaning that the grassroots communicating is grown by member-to-member recruitment. The organization should encourage its members to send messages to their friends and make it easy for them to do so. Many activist organizations that effectively encourage their members to help recruit new members find that about 10 % of members taking action during a campaign are new members. New members are helpful in future campaigns, they help replace former members who have become inactive, and there are a resource for donations and volunteering (Bhagat 2005).

To become viral, an advocacy organization needs to successfully self-promote its cause. The first step in self-promotion is being a resource. The advocacy organization that has the best organized, most easily accessed and most complete source of information of the cause of interest will attract the vast majority of visitors interested in the issue. The website that becomes the definitive site for a specific issue will be linked to from other sites having links related to the cause.

Once the organization has rich and meaningful content on its website, it should submit its site to the major search engines, like Google, Yahoo, and MSN. Although the search engines will eventually scan the site to index its content, submitting it instead of waiting on the search engines' software to find the site will allow this to happen much quicker. It is also useful to submit pages on the website that related to specific issues. Finally, when making substantive updates on the organization's website, it is a good idea to submit it to the major search engines so that the website will be indexed with the new information.

In order to give visitors to the website an incentive to return, the content must be updated periodically to be current and dynamic. Developing podcasts and video segments are a good way to give visitors fresh content that can educate and that they can use. Be sure to let people know that the information on the site is being maintained. Highlight new material, perhaps by having a "What's New" section on the front page.

Experts who can write columns are useful in putting new content on the website. Online editions of major newspapers use this technique effectively by promoting

their regular columnist and featuring their columns on regular days. For example, one columnist or a given topic should be featured every Monday.

Relationships with politicians are important in helping the activist group to further its cause. If a politician cares about a specific cause, she will want to have a relationship with the activist community. Politicians who care about the cause can be important champions who can bring attention to the cause.

Most politicians, whether or not they care about a cause, do care about their relationships with their own constituents. Where an activist organization can be most effective is in encouraging its members to communicate with their elected officials in support of the cause. Politicians may ignore communication from activist organizations or individuals who are not their constituents. However, they are less likely to ignore communication from individuals who are eligible to vote for them. This is especially true as the number of constituents supporting a cause increases.

Activist organizations can most effectively influence a politician by developing a grassroots movement within the politician's geographical constituency. Members in that area can send the politician messages that voice their advocacy of the cause. Some online activists create email messages which members forward to their government representatives. When politicians receive a large number of the same email (although from different people) they treat the messages as a single message. It is better to have members use their own words when communicating with their representatives, although the organization can suggest talking points. The effectiveness of sending email messages to political leaders is greatly improved by having members place phone calls with their government leaders, meeting with them in person, talking with them at events, or sending editorials to newspapers in the politicians' districts.

Activist organizations should use a variety of pathways for promoting its mission and attracting attention to its website. All communications from the organization should contain its URL (website address). Disseminating press releases helps get the organization's message out. The organization can send its press releases directly to journalists. Online press releases can be distributed through gateway sites, such as P.R. Newswire or PRWeb, which can be captured by news aggregating sites like Google News.

Journalists are bombarded with quantities of information. Therefore, it is important to write concisely, with facts. As mentioned previously, having the definitive website on a specific issue allows reporters a location for more detailed information. Chapter 4 discussed having a section of the website dedicated for journalists. On that section, press releases, fact sheets, and reports could be organized by topic and date. There should be easy to find links to advocacy issues. The section should allow journalists to add their email addresses to a list for future press releases. Because most busy journals use Blackberries and iPhones, they receive much of their email as text messages. Therefore, email messages should be brief to catch the reporter's interest. She can then go to the website for the full release if interested. Finally, contact information that reporters can use for follow-up questions should be available.

When representatives of the activist organization make speeches, they should be recorded as podcasts. If these speeches are properly sorted on the website, interested persons can find it easily. Links to recent speeches should be highlighted on the front page.

Media alerts are an excellent means of sending summary news releases to members of the media to allow them to efficiently determine if developing a story on your news release is of interest to their audience. A media alert is a memo-style announcement that provides basic information to the press about an event and its details. Media alerts are written so that reporters can promptly understand the essentials. The alert should begin by answering the “Who” question in bold font. Next, the alert should address the “What” question, that is, describe what will happen at the event. The alert should go on to answer the “When,” “Where,” “Why,” and “How” questions. Only essential information is included in the alert, which ends with contact details for the person with whom to communicate for further information (Bhagat 2005).

### Collaborating with Other Organizations

Building coalitions with other advocacy groups concerned with the same issue can bring greater public attention to the cause and help motivate change (Sabatier 2007). The “Stop AETA” campaign is a recent example of how a lack of coalition building can impede the desired change. In October 2005 the U.S. Congress was considering the Animal Enterprise Terrorism Act (AETA). AETA was the result of successful industry lobbying attempting to prevent animal rights protestors from engaging in activism opposing industry. Opponents of the proposed law worried that legal, non-violent activism would be categorized as terrorism and be punished severely. More than 250 different organizations opposed the proposed law. Unfortunately, their efforts failed and the law was passed with overwhelming support in Congress. Professors Richard Waters and Meredith Lord analyzed the activities of these organizations and concluded their inability to stop this industry-protective law cloaked under the fear of terrorism was the result of the groups failing to work together in an effective coalition (Waters and Lord 2009).

Professors Waters and Lord recommend that activist organizations focus on building and maintaining relationships with other similar organizations for more effective collaboration and, ultimately, success. Based largely on the work of Grunig and Grunig (1991), Waters and Lord’s relationship strategies include access, assurances, networking, openness, positivity, and sharing of tasks. Each strategy will be discussed below.

Access refers to ensuring that collaborating groups have the ability to quickly contact key decision makers in each organization. Partners must be willing to engage in dialog regarding complaints or questions. Promptly responding to email messages or being easily reached for a telephone conversation enhances access among collaborating groups.

Assurances refers to building a culture among collaborating groups that communicates that each group's concerns are valid and that collaborating groups are committed to maintaining the collaborative relationship. Groups can allow members of theirs and partnering organizations to submit their concerns on their websites through feedback forms. Websites should inform visitors that the organizations will not sell or spam their email addresses.

For the efforts of collaborating activist groups to be productive, they must network effectively. Effective networking is established through the number and quality of contacts among members of the collaborating groups. Collaborating groups can feature their network on their websites by communicating that they are part of a network, working together for change, and featuring links of collaborating organizations.

Openness refers to collaborating organizations directly discussing their relationships, both the nature of the relationships and how to make them more productive. Openness also refers to the free disclosure of thoughts and feelings among members across the groups. Greater disclosure enhances trust.

Positivity refers to efforts of collaborating organizations to make their interactions pleasant for participants. This implies that the organizations are working towards making the relationships more enjoyable for collaborating partners. Organizations should aim for their interactions to be unconditionally constructive. One dimension of positivity is the ease of use of organizational websites. This can be achieved by ensuring that navigation is easy, inclusion of a sitemap, and the availability of a search engine. For more information on improving websites, please refer to Chaps. 3 and 4.

Sharing of tasks implies that when decisions are made that impact multiple organizations, responsibilities pertaining to those decisions are equally shared. Collaborating organizations jointly solve problems. Through the use of online technologies, collaborating organizations can encourage members to become involved in advancing their message.

### Factoring in the Opposition

The anti-methamphetamine campaign in the state of Montana provides an example of an effective public health communications campaign. The *Montana Meth Project* is a nonprofit organization that was created to develop and implement a public health communication campaign to reduce youth and young adult drug use of methamphetamine (Montana Meth Project 2012).

The public health communication campaign featured a series of television, radio, and print advertisements (see <http://www.montanameth.org/Our-Work/view-ads.php>) aimed at youth that depicted very frightening consequences of Meth consumption. The campaign has been quite successful (Morales et al. 2012), perhaps because of the disgust-evoked fear appeals of the ads inoculated youth and young adults in Montana from social influences that encourage meth consumption.