

R. CRAIG LEFEBVRE

SOCIAL MARKETING AND SOCIAL CHANGE

Strategies and Tools for **Improving Health,
Well-Being, and the Environment**

Social Marketing and Social Change

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Strategies and Tools
for Health, Well-Being,
and the Environment

R. Craig Lefebvre

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both the field and us. Bill Novelli, then CEO of Porter Novelli, was an early mentor as I began working with national heart disease education campaigns, and he introduced me to the Washington, DC, social marketing community (small as it was then). Other influences on my thinking have included my colleagues at Heartbeat Wales—John Catford, Don Nutbeam, and Gordon Macdonald—with whom I spent several years teaching a World Health Organization international summer school for health promotion that integrated social marketing into a framework for planning and evaluation. Neil Bracht, John Finnegan, David Murray, and Maurice Mittlemark, then at the Minnesota Heart Health Program, were colleagues with whom June and I spent many hours, days, and weeks talking through theory, practice, and research methods for doing behavior change at the community level—at that point we seemed to be among the few people who dared trying things at scale. Throughout the 1990s and the first decade of the 2000s, other colleagues who have brought their knowledge to my mash-up of ideas have included Alan Andreasen, Katya Andresen, George Balch, Carol Bryant, Doug Evans, Paul Florin, Jeff French, Gerard Hastings, Robert Hornik, Philip Kotler, Robert Lusch, Ed Maibach, Jim Mintz, Richard Pollard, Rebekah Russell-Bennett, Leslie Snyder, and Sharyn Sutton.

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HC/HIT 13	Increase social marketing in health promotion and disease prevention.
HC/HIT 13.1	Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs.
HC/HIT 13.2	Increase the proportion of schools of public health and accredited master of public health (MPH) programs that offer one or more courses in social marketing.
HC/HIT 13.3	Increase the proportion of schools of public health and accredited MPH programs that offer workforce development activities in social marketing for public health practitioners.

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the protocols, and bring the ideas to life in so many different ways. They are the musicians of the social marketing approach. Some use orchestral metaphors to talk about our work in achieving *big* change; I have always preferred jazz ensemble metaphors. The keys to creating change are executing the chords and phrases, allowing for improvisation, and creating and respecting the silences that allow for new ideas and people to participate with us.

The staff at the Pawtucket Heart Program worked 24/7 for many years to conjure up ways of applying and conducting research with a marketing concept or technique in order to reduce heart disease in the Pawtucket community. I copublished and copresented with many of these staff members, but here I want to remember especially Richard (Dick) Carleton and Tom Lasater who made the fateful decision to hire me to be their intervention director and launched this grand journey of mine. Staff whom I remember often and fondly for their efforts there include Annelouise Assaf, Stephen Banspach, Antonio Cordeiro, Kim Gans, Elizabeth Harden, Mary Lynne Hixson, Mary Kay Hunt, Sarah Levin, Paul Loberti, Helen Longpre, Lynne McClements, Susan McCormack, Sarah McGraw, Deborah Nelson, Gussie Peterson, Bill Rakowski, Tony Rodrigues, Denise Roncarati, and Leslie Sennett, among the many staff and hundreds of volunteers who all desired to make a dent in the universe.

Laura Henderson and John Alciati made the offer that brought me from Rhode Island to Prospect Associates in Rockville, Maryland. I do not believe they dreamed that within a few years the company would be identified as one of the preeminent social marketing agencies in the world. But they gave me free rein anyway. Staff were very involved with me in taking social marketing practice to another order of magnitude with clients such as the US Agency for International Development, CDC, National Cancer Institute, National Eye Institute, US Department of Agriculture, and numerous other federal and state government agencies as well as several private sector clients. These staff members included Lori Agin, Lynda Bardfield, Laura Biesiadecki, Doug Evans, John Garcia, Cecile Johnson, Miriam Kamin, Elyse Levine, Deborah Lurie, Nancy McCormick-Pickett, Danny McGoldrick, Winthrop (Win) Morgan, Gael O'Sullivan, Paula Panissidi, Lisa Rochlin, Gary Saffitz, Victor Sierra, Lynn Sokler, Linda Weinberg, Joan Yonkler, and Anna Zawislanski. Whether the issue was tobacco control, mammography screening, school lunch programs and children's nutrition, HIV/AIDS, children's health insurance, Hepatitis C, public health preparedness, *H. pylori* infection, Y2K readiness in the health care sector, or any other cause in

a diverse set of public health issues, these people and more like them were up to the task. Again, just as in Pawtucket, they turned the theories and ideas into research and practice blended with liberal doses of passion.

When the new CEO of PSI, Karl Hofmann, and the COO, Peter Clancy, offered me the chief technical officer position (aka chief maven) at PSI, the world's largest social marketing organization, the task was to harmonize PSI's social marketing practice across fifty-eight country platforms around the world. That task was made easier by a collection of great thinkers and doers who brought more ideas and practices for social marketing. Among the many talented people I worked with there were Moussa Abbo, James Ayers, Sanjay Chaganti, Steven Chapman, Nikki Charmin, Desmond Chavasse, Jennifer Christian, Sally Cowal, Clayton Davis, Daun Fest, Robert Gray, Richard Harrison, John Hetherington, Dvora Joseph, Brad Lucas, Ricki Orford, Frederick Persoons, Manasseh Piri, David Reese, Amy Thomas, David Walker, Barry Whittle, and Megan Wilson. It is a unique organization, one in which people embody the idea that "marketing + passion = results."

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in the world, the one thing that always comes to the forefront in the successful work I have been part of is the passion of the people involved. Practice without it is just going through the motions. My thanks to all the people mentioned here, and also to those inadvertently omitted or yet to come, who demonstrate their desire to do the world one better and choose marketing as the way to do it.

Preface

How can I change the world?

How can we make the world a better place?

Where do we start?

If you often ask yourself questions like these, and keep yourself up at night worrying about the answers, then perhaps you might want to discover how marketing can help you.

“What?!” you might reply. “The marketing that is used to create and sustain the power of multinational machines that the courts now refer to as people? The force behind the rampant consumerism that is ruining our world, people’s lives, and even our souls? That crass, over-the-top, never-ending deluge of blah-blah-blah they call advertising that convinces people to buy things they don’t need or didn’t even know they wanted?”

Or you might say, “Are you referring to the marketing that is the most effective engine of economic development, providing a standard of living for many people that is unsurpassed in human history? The reason why we have so many choices, and at such affordable prices, to satisfy our needs in ways that were unimaginable a generation or two ago? The basis for the development of societies and the interchanges among them?”

Yes, that marketing. As Daniel Pink (2010) has said: “When the profit motive gets unmoored from the purpose motive, bad things are likely to happen.” *Social marketers* use marketing to serve the purpose motive.

The first reaction to the idea that marketing can be harnessed for good is often incredulity. Many people have the belief that marketing has a power that intrinsically corrupts and undermines their core philosophy of building a better world. As I will show in this book, that belief is incorrect.

Social marketing has evolved as well-intentioned people searched for innovative ways to address large-scale health and social issues, a search that began with trying to slow population growth in southern Asia and sub-Saharan Africa through better use of family-planning products and services and reducing the burden of cardiovascular diseases in communities in the United States and other developed countries through reducing risk behaviors. The ways in which marketing can negatively and positively affect society have been a long-running concern in the academic community. Much research has focused on questions about applying marketing to social issues. In contrast to other books you may have read in which social marketing is depicted as a series of steps in a program-planning process and is buttressed by case studies to demonstrate that it works, this book takes a very different approach.

Social marketing is a discipline that has a variety of viewpoints on theoretical models, a multidisciplinary and substantial research base, and applications in many different fields. In this book I outline how these theoretical approaches have developed and are evolving. Psychological, or individual, theories of change must give way to social and community-based ones if we are to cross the micro-macro gap and have scalable impacts on the wicked problems and puzzles we are faced with in all contemporary societies. Previous social marketing textbooks have devoted little, if any, space to describing the research base of the discipline. Indeed, I have had academic colleagues say that social marketing is a practice without evidence. By the conclusion of this book, you may (finally) have a more positive view of the evidence base for social marketing. And as for the topic of practice, I have shifted its scope beyond employing social marketing to change the behavior of groups and segments of people, and I describe in detail how social marketing can change organizations, including your own, and the ways we think about and do innovation and dissemination—areas that receive little notice in the literature of the field or other texts.

This book is fairly exhaustive in its use of the literature but is also based on my experiences as a theoretician, strategist, researcher, reviewer, practitioner, teacher, mentor, and advocate for social marketing across hundreds of programs and settings. What this means for you is that the content of this book has had a reality check.

For academics—if you are in a school of business, environmental sciences, public health, social work, or other discipline and are intent on contributing to positive social change, and preparing your students to be effective at it, this book

presents a marketing perspective on how to approach health and social puzzles. Yes, there are many other ways of looking at such puzzles, and I hope this book will complement other approaches you use in your work. I also hope that as you read this book, some of the questions I raise might inspire you and your students to develop research studies to more thoroughly investigate these questions. Academic involvement in social change and social marketing is vital if we are to bring the theoretical and methodological rigor to creating evidence that leads to more effective, efficient, sustainable, and equitable programs. The number of chapters in this book will complement most academic schedules, and a chapter a week should work in many instances.

For students—there are many books to choose from to learn about social marketing. This book encapsulates how I have taught my students, by preparing them to be “chefs,” not “cooks.” Most social marketing texts are good at showing you ways to “cook,” or prepare, a social marketing program with a basic menu of steps and tactics. My aim is higher—to provide you with frameworks you can use to create menus, new combinations of tastes, and most important, to assist you to learn a variety of ways to understand and work with the people you wish to serve. You will also get a broad exposure to using social marketing research and applications in many different contexts: the developing and developed worlds, public health and environmental sciences, innovative design research, and case study methodologies to name a few. You will also come away from this book thinking quite differently about communication campaigns and the use of social and mobile technologies for change.

For change agents—even if you are not teaching or taking a course in social marketing, you can pick up this text and apply its contents to your program and in your organization tomorrow. Yes, it addresses history, theory, and research, but throughout you will also find checklists and practical advice and ideas. One intention behind this book is to help you reflect on what’s missing from your organization’s efforts and also what’s getting in the way of its doing better at doing good. How can your project or organization create more effective, efficient, sustainable, and equitable solutions to public health and social puzzles? How can it address scaling up programs and diffusing (or better yet, increasing adoption of) evidence-based practices and policies? You should find some new ideas about possible answers here.

For managers—whether you work in the private, public, or nonprofit (NGO) sector, if your mission is to solve social puzzles then you will find in this

book the ideas that are important for designing, implementing, and evaluating your programs from a marketing point of view. I have carried out much of my work side by side with senior managers in each of these sectors; the questions you have are different from the operational ones other textbooks address. Indeed, the importance of strategic social marketing is a guiding principle for this book. I present a marketing-based, strategic framework for addressing social puzzles that is elaborated in each chapter. You may find the discussions of program monitoring, balanced scorecards, and organizational marketing audits particularly useful. I also dedicate a chapter to the concerns that managers, and people who want to become managers, can or should have when it comes to organizing and implementing big change programs. If nothing else, perhaps this book will help you and your staff to spend more time understanding and really knowing the people you serve and the ones important to your success.

This text will be useful for advanced or graduate-level courses in public health, business management, design, environmental resources management, public administration, public policy, social entrepreneurship, social work, and other disciplines where preparing students and enhancing the skills of working professionals is the goal. Each chapter begins with objectives to help you frame your reading; addresses major concepts and practices in social marketing, illustrated with concepts and findings from the research literature and sidebars with additional examples and information drawn from my blog (*On Social Marketing and Social Change*) and from other authors; and concludes with discussion and reflection questions. It is my intent that you will dig deeply into these questions, learning as much from the resulting reflections and conversations as you do from the book itself.

I hope that many of you will decide to read this book because of your interest in and passion for improving the ways in which you approach changing your own corner of the universe. This book is a distillation of what I have learned in twenty-five-plus years of research and practice in co-creating social marketing. In deciding what to include, and what to leave for another time and place, I have tried to select what is currently important in social marketing, what will matter for the next few years, and most of all, what will improve your ability to innovate solutions to wicked problems. When you finish this book, you will find that the scope of social marketing is broader than using concepts such as the 4Ps and having a set of steps to follow. Indeed, one person who reviewed an early draft of this textbook began the commentary with this story: “Two frogs met in the

woods. One very proudly takes the other to its pond, and shows off the pond. The other frog is very courteous and admires the pond. It tells the first frog that it comes from the ocean, and asks if the first frog would like to see it. They hop through the woods and around a corner to the beach. The first frog sees the ocean—and its head explodes!”

Welcome to my ocean.

*To David and Doreen,
Who changed the context and made this book possible.*

The Author

R. Craig Lefebvre is an architect and designer of public health and social change programs. He is chief maven of socialShift, a social design, marketing, and media consultancy; lead change designer at RTI International; and research professor at the College of Public Health, University of South Florida. His current research focuses on applying design thinking, social media, and mobile technologies in social marketing and public health programs.

An internationally recognized expert in social marketing and health communication, Craig has conducted strategic and empirical work on online, mobile, and social media approaches to health information delivery and health behavior change; the development of marketing approaches for evidence-based public health policies; means of increasing awareness, access, and enrollment among eligible groups in publicly funded nutrition, family-planning, and child health-insurance programs; and over two hundred public health marketing and health communication programs for the Centers for Disease Control and Prevention, the National Institutes of Health, and an array of other federal and state agencies, nonprofit organizations, and corporations. He serves on the editorial boards of the *Journal of Social Marketing* and *Social Marketing Quarterly*, and he is a founding member of the Health Communication and Health Information Technology Focus Area Working Group for the Healthy People initiative, a Fellow in the Society of New Communications Research, and a founding board member of the International Social Marketing Association. He received his PhD degree in clinical psychology from North Texas State University in 1981 and was a postdoctoral Fellow in cardiovascular behavioral medicine at the University of Pittsburgh.

Visit his blog *On Social Marketing and Social Change*, at socialmarketing.blogs.com.

Social Marketing and Social Change

Chapter 1

The History and Domains of Social Marketing



This area in Soweto, South Africa, experiences multiple challenges in housing, health, sanitation, and employment. Picking the right approach to addressing complex problems is part of social marketing practice. (Image courtesy of the author.)

Learning Objectives

- Describe the nature of wicked problems and how they are different from other types of problems.
- Identify five actions that demonstrate an organization may have adopted a marketing orientation or approach.
- Distinguish the ways in which social marketing evolved differently in developing and developed country contexts.
- Discuss influences from the academic marketing discipline that have guided the development of social marketing practice.
- Explain how service-dominant logic can influence how we think about exchanges in social marketing practice.

THE CHANGE WE NEED: NEW WAYS OF THINKING ABOUT SOCIAL ISSUES

One definition of insanity is doing the same thing over and over again but expecting different results. One of the key questions I will continually be asking you to think about in one way or another throughout this book is, can we continue thinking about and trying to solve social and public health issues using traditional paradigms and tools, or will applying a marketing orientation aimed at social innovation lead to original and improved solutions?

Coping with the many challenges confronting our own communities and countries, as well as those that transcend national boundaries, requires the development of new ways of thinking about and acting on them. Economic and policy initiatives are only partial solutions to issues as diverse as safer neighborhoods, childhood obesity, and poverty. Education and information campaigns can go only so far in reducing the use of tobacco products, increasing the use of preventive health services, and engaging parents in their children's education. Laws and regulations improve the safety of our food supply, reduce environmental pollutants, and protect against unintentional injuries involving all types of consumer products—yet they too are only partial solutions.

You may just be learning about these and other types of environmental, health, and social problems. Or you may already be in a position to try to figure

out what to do about one or more of them. Better yet, you may have been working in the social change arena for some time now and you may have a personal appreciation of the definition of *insanity* that makes you feel the need to innovate, to do something differently. Whatever your level of experience, this book is for all of you who are what Bill Easterly calls *searchers*: you want to understand what the reality is for people who experience a particular problem, find out what they demand rather than only what can be supplied, and discover things that work. You see adapting solutions to local conditions as more important than applying global blueprints, and you value people's satisfaction with the offered solution, not how well crafted the plan was and whether it received all the necessary resources (Easterly, 2006, pp. 5–6). Most of all, you have a bottom-line philosophy that you want to experience results that make you feel your life has been well lived. You have a hunger for doing something creative, amazing—something that will make a difference and perhaps change the world—and for being able to enjoy your work and someday look back and say, “Yes, I did that!” (MacLeod, 2011, p. 9). I propose to each of you that by reading this book, studying it, and trying out some of the ideas in your own work, you will become a better searcher and be better able to satisfy some of that hunger.

The use of marketing principles and practices in the private sector has been demonstrated to be among the most important tools for solving the core business problem of achieving organizational success (generating profits) through satisfying consumer wants and needs. Marketing goes beyond advertising and sales. When applied as intended, it becomes a systematic way for management to structure its relationships with consumers and stakeholders, from the products and experiences it offers, the structure of the incentives and costs associated with those products and experiences, and their accessibility, to how they are promoted in the marketplace with an ever-expanding palette of communication tools. This same marketing management approach should be adopted in the analysis, planning, implementation, and sustaining of programs aimed at social problems. We need to consider our particular environmental, public health, or social issue as our core business issue, or passion if you like. To solve it we must consider how people we work with, and serve, will also be satisfied. Thus, unlike other social change approaches—and indeed, unlike the view some people have of social marketing that mischaracterizes it as a top-down (or command-and-control) approach to and philosophy of change—the core of the marketing discipline is achieving social goals by meeting people's needs, helping them in solving problems, and

enabling them to achieve their aspirations for themselves, their families, and their community.

Social marketing, the application of the marketing discipline to social issues and causes, provides a framework for developing innovative solutions to social problems that have long perplexed and frustrated society. It has emerged from business marketing practice as a social change tool uniquely suited to achieve social profits by designing integrated programs that meet individual needs for moving out of poverty, enabling health, improving social conditions, and having a safe and clean environment. Marketing principles are embedded in such success stories as the Positive Partnership Program's work to enable poor people who are HIV positive in developing countries to earn a sustainable income (Melnick, 2007), the reduction in teenage smoking rates resulting from the truth[®] Campaign (Farrelly, Nonnemaker, Davis & Hussin, 2009), the improvement in children's food choices and what they eat in schools through Team Nutrition (Lefebvre, Olander & Levine, 1999), and the reduction of childhood deaths from malaria through the distribution of insecticide-treated mosquito nets in endemic countries (Schellenberg et al., 2001). Indeed, when we examine some of the better known and successful public health programs over the past three decades, the principles of social marketing are being applied by agencies around the world, including the US Agency for International Development and the Centers for Disease Control and Prevention in the United States, the Department for International Development in the United Kingdom, the Department of Health in England, KfW Entwicklungsbank in Germany, the Public Health Agency of Canada, the Canadian International Development Agency, the Ministry for Foreign Affairs in The Netherlands, the Ministry for Health and Ageing in Australia, and The Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. Social marketing is embedded in national health promotion and disease prevention strategies in Australia (Commonwealth of Australia, 2010), England (Department of Health, 2011), and the United States (US Department of Health and Human Services, 2010).

To begin to understand how marketing applies to any specific environmental, health, or social issue you can think of, consider that individuals in most societies do not live solely in an economic marketplace in which monetary transactions for goods and services reign supreme and rational decision making is believed to be the norm. Instead, people's everyday lives include exposure to all types of ideas and behaviors, whether transacted directly with their family and friends or

vicariously through television and the Internet. The recognition that these marketplaces of ideas and behaviors also exist, and that they are subject to such forces as proximity and access, incentives and costs, role models and social norms, health and digital literacy, and the quality of their communication environment, illuminates how programs that focus on only economic levers or education or laws and their enforcement fail to achieve all the social good that is intended. Similarly, understanding that both individual change and social change are the result of a marketplace of ideas and behaviors that are, in turn, constantly being shaped by the activities of public, private, and civil society actors means also understanding that all of these actors must become part of sustainable, long-term solutions and not merely minor players in short-term campaigns—if they are engaged at all.

Social marketing was developed as a method to achieve broad change among populations and to have a positive impact on people's health and well-being. It is aimed at achieving social impact through the application of marketing concepts and techniques to social issues ranging from the prevention, detection, and treatment of diseases to environmental sustainability and social justice. It is not a theory of behavior change but rather a systematic approach to thinking about and solving the wicked problems our world faces. This chapter considers the question of why organizations might use social marketing. It then traces the development of the discipline as it evolved in developing countries as a practical approach to solving public health issues, and in developed countries as an academic discipline that grew around an interest in the intersection of marketing and society and in a practice aimed at different types of public health concerns. The chapter ends with a discussion of some of the latest developments in the marketing discipline and the new ways they offer to think about how we can use marketing for improving the welfare of people and advancing social good.

WICKED PROBLEMS AND THEIR SOLUTION

In many disciplines the dominant model for defining and solving problems features a scientific-rational approach that assumes every problem is definable, understandable, and consensual (that is, everyone can agree on the causes and proposed solutions). This approach has worked quite well in many cases involving developing mass transportation, preventing infectious diseases, providing clean

water and sanitation, and improving access to health services (though there is clearly a need to further improve access and equity for all people everywhere). Rittel and Webber (1973) distinguished between these *tame* problems, with clear causes and solutions that can be achieved by these deductive approaches, and *wicked* problems, which are diabolical in their ability to resist the usual ways of resolving problems. A wicked problem involves complex issues and defies complete definition, its stakeholders have different ideas about what the real problem is and what the solution is, there is no final solution, and given that any solution will generate further issues, that solution is merely the best that can be done at that time. For example, the Australian Public Service Commission (APSC) (2007) notes in its publication *Tackling Wicked Problems: A Public Policy Perspective*, that issues as diverse as climate change, obesity, indigenous disadvantage (disparities between native populations and majorities), and land degradation are complex, or “wicked,” policy problems (see also Batie, 2008; Brown, Harris & Russell, 2010; Kreuter, De Rosa, Howze & Baldwin, 2004): “Usually,” the commission says, “part of the solution to wicked problems involves changing the behaviour of groups of citizens or all citizens. Other key ingredients in solving or at least managing complex policy problems include successfully working across both internal and external organizational boundaries and engaging citizens and stakeholders in policy making and implementation. Wicked problems require innovative, comprehensive solutions that can be modified in the light of experience and on-the-ground feedback. All of the above can pose challenges to traditional approaches to policy making and programme implementation” (p. 1).

From my perspective this statement offers a compelling rationale for using social marketing approaches: they are important for improving social welfare, the well-being of people, and the health of our planet. It also propels the idea that social marketing can and should look beyond behavior change because this is not its only contribution to social change (whether achieved through communication, incentives, or policy). This statement also underscores that single solutions will not form foundations for true and lasting solutions (if indeed such solutions are even possible).

The APSC identified three ways to address wicked problems. The first is through *authoritative* (or top-down) strategies in which a group or individual takes on the problem and all other stakeholders agree to abide by its decisions. This group or individual may be an expert, be significantly positioned in a bureaucracy or hierarchy, or have coercive powers (such as a court or regulatory

CHARACTERISTICS OF WICKED PROBLEMS

- Wicked problems are difficult to clearly define.
- They have many interdependencies and are often multi-causal.
- Attempts to address wicked problems often lead to unforeseen consequences.
- Wicked problems are often not stable (they are often continually moving targets).
- They usually have no clear solution (since the problem itself is not definitive or stable).
- They are socially complex.
- Wicked problems hardly ever sit conveniently within the responsibility of any one organization.
- Wicked problems involve changing behavior.
- Some wicked problems seem intractable and are characterized by chronic policy failure (that is, they continue to present themselves despite many attempts to address them, sometimes over decades).

Source: Adapted from the Australian Public Service Commission, 2007.

agency does). While these solutions might be efficient and timely, this group or individual may not bring a broad perspective to the issue and its proposals might alienate stakeholders, who then offer only tepid commitment to implementing the proposed solutions.

The second approach to addressing wicked problems is through *competitive* strategies in which stakeholders follow a *win-lose* search for power, influence, and market share. Though such competition can result in innovative approaches to solving wicked problems, excessive consumption of resources in the struggle and a stalemate if no group emerges a clear winner are significant disadvantages.

The third solution, the one supported and endorsed by the commission in its report, as well as by social change agents around the world, is the *collaborative*

model. This model has been found to be the most effective in dealing with wicked problems. In the collaborative model, power is dispersed among many stakeholders, part of the solution lies in behavior changes made by stakeholders and citizens, and there is a *win-win* view of problem solving (in contrast to the competitive win-lose view). The collaborative approach will increase transaction costs and can sometimes lead to conflict and stalemate as well. But the advantages are that more comprehensive and effective solutions are generated with broader support for their implementation.

These three approaches are not mutually exclusive, nor is the finding that the collaborative approach is often better meant to imply that the collaborative approach is always better. What the ASPC stresses is that the textbook approach of defining a problem and progressing through an orderly and linear process to understand it, gather the evidence and analyze the data, consult with stakeholders and partners, identify objectives, design an intervention, and assess performance targets is an inadequate way to think about wicked problems. The social context and complexity of wicked problems means that linear thinking will be inadequate; it cannot deal with the interactivity and uncertainty of the causal factors, policy objectives, and possible solutions. The linear problem-solving process is more suited to laboratories, where many “extraneous” variables can be removed or controlled for in the analysis and solution. The fact that wicked problems have a social context highlights the need to reach out and engage stakeholders and others in scoping the possible causes of and solutions to problems, and not just to pretest options with these groups and individuals.

You can think about the difference between tame and wicked problems as similar to the difference between mathematical problems and jigsaw puzzles. A mathematical problem has one correct answer, and our job is to learn how to solve the problem using the one approach that leads to the one correct answer. A puzzle, however, starts with a mess of pieces in the middle of the table with no clear end in sight and no clear place to begin. Puzzle solvers have to start somewhere, but any piece might do. As they become more proficient, puzzle solvers learn how to frame the puzzle first (start with the pieces that have straight edges) and put together elements of the puzzle separately as the pieces seem to fit. But the greatest insight into solving a puzzle comes from knowing what it will look like when it is completed (that is, having the picture of the completed puzzle). Having this picture of the future in mind as we start solving a puzzle allows us to use what Martin (2009, p. 65) refers to as our *abductive* reasoning

skills: imagining what could be and then taking the steps to make that picture come to life. Indeed, when one reviews how collaborations succeed or fail, a common ingredient of their success is the ability of all the participants to create a shared vision of what the future will look like under different scenarios. (Imagine several people sitting around a table full of puzzle pieces, and each person has a different picture of what the pieces will ultimately form. How do you think that process will unfold?) As you begin this book, take some time to think about what the future might be like from your point of view or from the perspective of your organization. If you imagine the future, you can begin to change it.

Linear models for solving problems are not relevant to most social issues of our time. Wicked problems require innovative and flexible solutions, yet most programs are locked into highly regimented and prescribed step-by-step processes that might work for people doing experiments or changing a discrete behavior for a while but that have little validity in the messy world we live and work in. Social marketing, as I will demonstrate in this book, provides a framework for and a variety of approaches to solving environmental, health, and social puzzles (and the tame problems too). Yes, we can continue to pick around the edges of issues such as overconsumption, climate change, tobacco use, malaria control, poverty, and obesity with what worked in the past for different types of problems—but only at the risk of becoming inconsequential to real change. Or we can start thinking about using social marketing as a planned approach to social innovation. Another way of thinking about social marketing is as the application of marketing principles to shape markets that are more effective, efficient, sustainable, and just in advancing people's well-being and social welfare.

WHY USE SOCIAL MARKETING?

There are a number of ways this book could address the question of why we should use social marketing. It could refer to a number of review articles documenting social marketing's positive impact on a wide variety of health problems, something I will return to later. But spurring you on to learn why social marketing is so important will, I presume, require something much more relevant than an academic presentation.

Among many professionals who use social marketing in their public health and social change work, the parsimonious answer to *why* is this: *social marketing is*

a systematic management process for the strategic allocation of resources to address large-scale health and social problems.

Indeed, among commercial organizations, nongovernmental organizations (or NGOs, a term I will use to refer to all not-for-profit, civic society, voluntary, and other groups not controlled by either corporate or government interests), and public sector (governmental) organizations, the adoption of a marketing orientation is considered an essential component of modern economies (Shoham, Ruvio, Vigoda-Gadot & Schwabsky, 2006). Shoham et al. (2006) note two broad approaches to defining a *marketing orientation*. The first is the generation of market information that is disseminated and responded to across the organization. An analogue for many social marketers would be the epidemiological and research studies that are widely known and used across their agencies.

The second approach to defining marketing orientation is where many organizations fall short: using an approach that is also customer and competitor focused and is coordinated across the organization's functions. That is, scientific data and various types of community assessments are transformed into programs that are responsive to customers' needs and lives, take into account the activities of other organizations and a variety of competitive forces in the environment that could impede or facilitate progress toward socially beneficial goals, and are coordinated across organizational functions and program areas. To expand on this latter point, a social marketing orientation is not represented by the mere existence of a social marketing officer or department. A social marketing orientation is a systematic and pervasive approach to leveraging an agency's resources to achieve broad-based social change in the service of public health, environmental, and other socially beneficial goals. The tension that a marketing orientation exposes is balancing the scientific evidence and data with the subjective perspectives and insights of people in real-world contexts (cf. Sutton, Balch & Lefebvre, 1995).

The adoption of a marketing orientation has been well researched among private sector organizations, where it has been found to enhance employees' sense of belonging and feelings of making worthwhile contributions to achieving organizational objectives. These effects are subsequently seen in higher levels of teamwork, in organizational commitment, and in a sense of esprit de corps (Shoham et al., 2006). In an analysis of 1,589 NGOs in Australia, New Zealand, Spain, the United Kingdom, Canada, and the United States, Shoham et al. (2006)

found a positive correlation between adoption of a marketing orientation and higher ratings on performance measures. Interestingly, the effects of adopting a marketing orientation on subsequent performance were more pronounced among NGOs than among for-profit firms and were greater in non-US countries where the marketing orientation, even in the private sector, is relatively underdeveloped.

Dearing et al. (1996) provide more specific answers to the question of why use social marketing from a study they did among twenty organizations that conducted HIV prevention programs in San Francisco. Interviews with representatives from each agency found that social marketing concepts and strategies were used in 62 percent of the programs (see table 1.1 for terms and definitions of the key concepts and strategies).

At the time of this research, San Francisco was both an epicenter for HIV infection and one of the most successful cities in sharply reducing new infections. Dearing and his colleagues found that staffs who were more effective in conducting HIV prevention programs developed them with “eyes wide open” with respect to data gathering ahead of time (environmental scanning), segmented their high-risk audiences (rather than lumping them together as one priority population), used marketing principles to develop programs and as a way to allocate agency resources (marketing mix, or 4Ps, approach), and conducted research and evaluation through the life cycle of the project. These are concepts and strategies that will repeat throughout this book.

So why use social marketing in your program or organization? Four reasons form themes that will come through in this book:

1. To facilitate value for individuals, sponsoring organizations, stakeholders, and society in meeting their individual and collective objectives.
2. To integrate evidence-based practice, social-behavioral theory, and insights from people we seek to serve into effective programs and offerings.
3. To design more effective, efficient, sustainable, and equitable approaches in order to enhance public health and social welfare.
4. To facilitate scalable change among individuals, organizations, social networks and social norms, communities, businesses, markets, and public policy.

TABLE 1.1 Selected social marketing concepts and strategies found to result in more effective HIV prevention programs

Descriptive term	Definition	Examples
Environmental scan	A means of understanding the nature and extent of the problem as well as external influences that may affect intervention viability and effectiveness.	Use epidemiological data to identify demographic groups at highest risk for contracting HIV. Develop an understanding of state government funding priorities and targets.
Audience segmentation	A means of identifying subgroups that share specific characteristics useful for designing program offerings. These subgroups are referred to as <i>priority groups</i> .	Focus not on all at-risk persons for HIV infection as one group but specifically on young, African American, male injection drug users who are homeless and work in the sex industry, for example; or focus on Native Americans, on acculturated versus recent immigrant Latinos, on gender orientation, or on women: “We only approach kids who are homeless and shoot up.” “You cannot just provide AIDS prevention to women. It’s absolutely meaningless. . . . I have worked on outreach projects where we really didn’t treat the women any differently than the men. We might as well have just stood out in the street and ripped up the money.”
Marketing mix	The practice of tailoring offerings to each segment or subgroup, using the 4Ps approach: <i>Product</i> —the physical items, services, and behaviors offered by the organization and its partners. <i>Price</i> —the financial, psychological, social, opportunity, and other incentives and costs associated with	“We designed our kit to be discrete enough to fit into one’s pocket.” “We can’t ask our clients to do that yet.” “Everything is provided free of charge.” “We have found bus shelters to be a good place for ads because people,

TABLE 1.1 (Continued)

Descriptive term	Definition	Examples
	<p>using the product or service or engaging in the behavior.</p> <p><i>Place</i>—the distribution of products and services so that they are available and accessible to the priority groups. Also ensuring that opportunities and places are available to try and then support new behaviors.</p> <p><i>Promotion</i>—the communication strategies and tactics that are aimed at increasing awareness, attitudes, perceived norms, self-efficacy, and intentions to try program offerings (the products, services, and behaviors that are suggested; cf. Fishbein & Yser, 2003).</p>	<p>while waiting for their bus, have something to read.”</p> <p>“We act on the principle that peer relationships are the only things that work.”</p> <p>“And the more marginalized you are, the more important it is that people be like you when they approach you for any reason. So the men who work in our outreach program are all gay or bisexual men. Most are in recovery themselves so they understand what those issues are about.”</p>
Formative, process, and outcome evaluation	A systematic analysis of program offerings before final development and implementation (formative research), distribution and uptake by priority groups of program offerings (process evaluation), and effects of offerings on targeted behavioral outcomes, disease, or mortality (outcome evaluation).	<p>“We took three designs of the brochure into the streets to see what the kids (priority group) thought of them.”</p> <p>“We gave away more than 10,000 brochures last year.”</p> <p>“Six months after our program started, we recorded a 15 percent decrease in shared needle use.”</p>

Source: Dearing et al., 1996.

WHAT IS SOCIAL MARKETING?

In its most elemental form, *social marketing* is the application of marketing principles and techniques to foster social change or improvement. Examples of some of these applications are related to active living communities (Maibach, 2003), disaster preparedness and response (Guion, Scammon & Borders, 2007; Marshall et al., 2007), ecosystem and species conservation (Boss, 2008; Jenks, Vaughan &

Butler, 2010), environmental issues (Geller, 1989; Maibach, 1993), development of volunteer or indigenous workforces (Boehm, 2009; Roncarati, Lefebvre & Carleton, 1989), financial literacy (Lee & Miller, 2012; Lusardi, Keller & Keller, 2008), global threats of antibiotic resistance (Edgar, Boyd & Palamé, 2009), government corruption (Kindra & Stapenhurst, 1998), improving the quality of health care (Chang et al., 2007; Shaller et al., 2003), injury prevention (Smith, 2006), landowner education (Tyson, Broderick & Snyder, 1998), marine conservation and ocean sustainability (Bates, 2010), patient-centered health care (Evans & McCormack, 2008), public health challenges (Grier & Bryant, 2005; Ling, Franklin, Lindsteadt & Gearon, 1992), reducing health disparities (Williams & Kumanyika, 2003), sanitation demand (Jenkins & Scott, 2007), sustainable consumption (Peattie & Peattie, 2009), transportation demand management (McGovern, 2005), water treatment systems (Mintz, Bartram, Lochery & Wegelin, 2001), and youth gambling problems (Messerlian & Derevensky, 2007), among other social needs.

The use of social marketing in public health programs is common. Over fifteen years ago Glanz, Lewis, and Rimer (1997, p. 29) found social marketing to be among the most frequently cited theories or models used among the 497 intervention studies they reviewed. Social marketing is not only a popular framework for many people who work in public health and related fields but also, as I noted earlier, has become part of national strategies aimed at improving public health and social welfare. Canada was among the pioneers in this regard. The Social Marketing Unit was created in 1981 as part of the Health Promotion Directorate of Health Canada. Its chief aim has been to develop multifaceted social marketing campaigns “to inform, educate and encourage Canadians to make proactive changes in their behaviours for the betterment of themselves, those they care for and for their community” (Mintz, n.d.). In the United Kingdom, the National Social Marketing Centre was created in 2006 to support the implementation of social marketing programs in all health promotion activities of the National Health Service. As French (2009) noted with respect to this development: “Social marketing represents an attractive approach to tackling behavioral issues for governments because it sets out a transparent technical approach based on evidence and insight generation, which is subsequently tracked and evaluated and modified as required.” In Australia, social marketing approaches were included in that country’s National Preventative Health Strategy (Preventative Health Taskforce, 2009), designed to tackle obesity and the use of alcohol, illicit drugs, and tobacco.

In December 2010, the US Department of Health and Human Services released *Healthy People 2020*, a document that set out the national objectives for preventing disease and promoting health for the next decade. For the first time, these objectives included increasing social marketing in health promotion and disease prevention. *Healthy People 2020* sets these specific objectives:

- Increase the proportion of State health departments that report using social marketing in health promotion and disease prevention programs.
- Increase the proportion of schools of public health and accredited master of public health (MPH) programs that offer one or more courses in social marketing.
- Increase the proportion of schools of public health and accredited MPH programs that offer workforce development activities in social marketing for public health practitioners.

Notable examples of the surge in interest in social marketing outside the field of public health are the recommendation of the Australian Institute of Criminology (Homel & Carroll, 2009) that social marketing principles should be applied to crime prevention, and the identification by the Worldwatch Institute (2010) of the social marketing approach as a way of transforming cultures from consumerism to sustainability. Indeed, as social marketing is coming into its own (even as some people misappropriate the term by using it to describe *social media marketing*, or marketing through web-based social network sites), it is common to find references to social marketing in requests for proposals and other types of procurements from government agencies for both domestic and international projects, social marketing divisions and departments in leading advertising and public relations agencies, and nonprofit and private agencies devoted to applying social marketing to social problems and behavior change programs (cf. Andreasen, 2002).

A HISTORICAL PERSPECTIVE

The history of social marketing is usually told from the marketing, or academic, perspective in developed countries. This tradition overlooks the international contributions to the development of social marketing; it also omits an essential

dynamic of social marketing. That dynamic is the tension between the practitioners who continue to push the practice of social marketing to solve numerous health and social puzzles and the academic marketers who debate whether these applications fit their definitions of social marketing (Lefebvre, 2011a).

The development of social marketing has followed two routes. The first one can be traced through business systems and related academic research beginning in the early 1900s, when economic theory diversified from an exclusive focus on production and the creation of economic value to also include distribution and regulatory systems and the marketing of products (see Wilkie & Moore, 2003, for an extensive review of these developments). Over the next decades, marketing became increasingly concerned with its relevance to managers and managerial functions. By the late 1960s, scholars began exploring the extension of marketing beyond commercial applications in order to address the needs of nonprofit organizations, educational and cultural institutions, and the planning of social change programs (Kotler, 2005). Throughout the evolution of the marketing discipline, the interface of marketing with social issues has been of interest; marketing has also been deeply involved with the consumerism movement (cf. Bloom & Gundlach, 2001a). Since the 1980s, marketing scholars have increasingly specialized according to their interests, levels of analysis, and research methods. Social marketing has evolved into an identified subgroup that focuses on social issues along with public policy, marketing ethics, macromarketing, consumer economics, and international consumer policy (Wilkie & Moore, 2003).

The second route for the evolution of social marketing came out of the challenges confronting public health and social change practitioners around the world. In many cases managers of public health and social change programs were instrumental in searching for innovative answers to age-old problems. They were also among the seekers of more effective and efficient ways to implement large-scale public health and social welfare programs. It is from this perspective that we continue the story.

The Beginnings of Social Marketing Practice

Phil Harvey (1999) provides a rich narrative describing how Peter King and his colleagues responded to the Indian government's desire to reduce population growth in India in the mid-1960s (when there were more than twelve million births each year). It was clear that with too few doctors and with clinics

concentrated in urban areas, any program that could make a dent in persuading over 500 million citizens to use birth control would have to go beyond traditional medical practices. Knowing that the government lacked the expertise to create a demand for family planning and also the distribution system to make family-planning products (such as condoms, intrauterine devices, and birth control pills) widely available, King and his colleagues at the Indian Institute of Management seized on the idea of promoting and distributing family-planning products through commercial rather than medical networks. *Proposals for Family Planning Promotion: A Marketing Plan* (Chandy et al., 1965) laid out the essential ideas for the social marketing of contraceptives, with sections of the proposal titled

Conducting consumer research

Sourcing the products

Branding and packaging

Advertising and promotion

Distribution

Pricing

Cost-benefit analysis

Although both the Indian government and foreign donors responded favorably to the plan, government agencies had to be reorganized to support and manage such an extensive marketing effort. After that reorganization a pilot project was carried out for approximately two years, distribution companies were lined up, advertising agencies were identified and funded, and nearly 400 million identically produced and packaged condoms were made by six manufacturers and delivered to the Indian government. It was not until 1968 that the Nirodh condom marketing program was finally launched. Early evaluations of the project found that the social marketing, community-based distribution model was more cost effective than clinic-based distribution activities in terms of couple-years of protection offered per dollar of investment and that there were higher utilization and less wastage of condoms through free as opposed to paid distribution channels (Black, 1976; Talwar, 1979).

Phil Harvey and Tim Black took the ideas of the Nirodh project and applied them in Kenya. It was at this time that Harvey rejected the idea that *gratitude* was

part of a helping marketing exchange with people who wanted family-planning products, commenting, “I would never be comfortable providing help to people in ways that suggested they should express gratitude. . . . I found such relationships demeaning, and yes, immoral” (Harvey, 1999, p. 18). Rather, Harvey and Black focused on developing commercial transactions for condoms and other family-planning products in which prices were set at nominal levels. Most often the full costs of the program, including advertising, promotion, distribution, and management were subsidized through donor grants and contracts (Harvey, 1999, pp. 1–25). Harvey described his and Black’s contraceptive social marketing (CSM) approach as informing people about the advantages of birth control through mass media efforts as well as other communication channels, educating people about specific methods, and offering low-priced contraceptive brands.

A key feature of these early social marketing approaches is the central importance of a product that could be offered in a commercial and tangible exchange with people. The principle of offering tangible products for some payment, however minimal, has been extended to many types of commodities including other family-planning products, oral rehydration solutions, and insecticide-treated bed nets (ITNs). This conceptualization and practice of social marketing has both critics and defenders (see, for example, Curtis et al., 2003; Lengeler, Grabowsky, McGuire & deSavigny, 2007). In response to criticism and the changing realities of the public health marketplace in developing countries, many practitioners of the CSM model have embraced behavior change and service delivery models as necessary to accomplishing their health missions. For example, behavioral interventions and voluntary HIV testing clinics now complement CSM programs, and are also used independently, for HIV/AIDS prevention. Significantly increased funding for and supplies of ITNs and long-lasting insecticide-treated nets (LLINs) through the Global Fund and many donor organizations and countries has made it more feasible to distribute them at no cost to prevent malaria (cf. Brugha, 2001; Curtis et al., 2003).

Beyond Contraceptive Social Marketing

Another pioneer in the application of marketing techniques to social issues in developing countries was Richard Manoff. In his wide-ranging book *Social Marketing: New Imperatives for Public Health* (1985), he stated: “Social marketing is more than research, product design and distribution, diffusion of information,

or the formulation and implementation of a communication strategy. It may include introduction of the new product (e.g., oral rehydration (ORT) salts), the modification of existing ones (e.g., iodized salt), restricted consumption of others (e.g., cigarettes, infant formula), and promotion of structural change in existing institutions (e.g., food stamps, hospital practices). Social marketing may be exclusively educational (e.g., sodium reduction) yet still be obliged to do missionary work with food companies for sodium-reduced products” (pp. 50–51).

In contrast to the social marketing work described by Harvey (1999), which centered on family planning, Manoff’s portfolio had a much more diverse set of public health issues, including antidiarrhea campaigns, nutrition programs, immunization campaigns, food supplementation products, and increasing the prevalence of breast feeding. These experiences led him to talk about the social marketing product as an innovation that solves a problem for a consumer or “*requires the adoption of a new behavior*” (Manoff, 1985, p. 108; emphasis added). Indeed, Manoff spent little time focusing on issues of pricing and distribution of products. Rather, his belief was that “*design of messages is the major task of social marketing. When improperly executed, it can constitute social marketing’s critical weakness*” (p. 156; emphasis in the original). This focus on messaging, or communication, has continued to be an organizing principle for behavior change communication specialists in developing countries, as well as for many social marketing campaigns in the developed world.

Harvey and Manoff describe two perspectives on social marketing that exist to this day. On the one hand, Harvey represents the social marketing approach that aligns with the commercial sector and in which tangible products, pricing, brands, and distribution are core components. Manoff, on the other hand, presents an approach to social marketing that focuses on government and NGO action, the use of mass media, and the designing and testing of messages as the key task. Yet what is clear in both of their accounts is an unwavering focus on understanding people, responding to their needs, and measuring success in terms of meeting people-focused objectives, not production targets.

The Evolution of Social Marketing in Developed Countries

The practice of social marketing evolved in developed country contexts from a more explicit academic lineage. Shaw and Jones (2005) identify the emergence of the *marketing management school* in the 1950s and 1960s as a milestone event for

the marketing discipline. Many of the concepts social marketers now hold dear—consumer orientation, audience segmentation, the marketing mix—were introduced with the aim of addressing the question, primarily from the seller’s perspective, of how an organization should organize and market its products and services. It was in this vein that Kotler and Levy (1969) proposed expanding the marketing concept beyond commercial businesses to include nonprofit organizations. Lazer (1969) was simultaneously proposing the use of marketing management to achieve positive societal impacts in addition to helping to meet business goals. It was with the backdrop of the social upheavals of the late 1960s in the wake of the assassination of Martin Luther King Jr., the nascent interests in environmental issues (Earth Day was first observed in 1970), and rising consumer activism that Philip Kotler and Gerald Zaltman (1971) proposed and defined a marketing approach to planned social change: “Social marketing is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research” (p. 5).

Since this definition first appeared, most authors in the field have neglected both Harvey’s and Manoff’s work and have attributed the origins of social marketing to this definition (see, for example, Andreasen, 1995; Lefebvre & Flora, 1988; Kotler & Lee, 2008; Donovan & Henley, 2003, 2010; and also table 1.2). One notable exception to this trend is Hastings (2007, p. 9), who favors the definition of social marketing prepared by Lazer and Kelley (1971, p. ix): “Social marketing is concerned with the application of marketing knowledge, concepts and techniques to enhance social as well as economic ends. It is also concerned with analysis of the social consequence of marketing policies, decisions and activities.”

If you look at the Kotler and Zaltman definition more closely, and compare it to the definitions found in table 1.2, it is apparent that an enormous shift in emphasis has occurred from using social marketing as a way of promoting ideas to seeing it as a methodology for changing behavior. One reason for this shift lies in the types of problems social marketing has been applied to in developed countries: the prevention, detection, and treatment of cardiovascular diseases and cancers. Especially in the prevention arena, developing scalable approaches to detecting and controlling high blood pressure, high blood cholesterol levels, and breast cancer; reducing risk behaviors including cigarette smoking and eating high-fat and high-calorie foods; and encouraging healthier behaviors such as

TABLE 1.2 Social marketing definitions, 1985–2010

Manoff, 1985	“Social marketing is the adaptation of marketing to public health imperatives . . . it is a strategy for translating scientific findings about health and nutrition into education and action programs adopted from methodologies of commercial marketing.”
Kotler & Roberto, 1989	“A social-change management technology involving the design, implementation, and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters.”
Andreasen, 1995	“The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.”
Kotler, Roberto & Lee, 2002	“Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole.”
Donovan & Henley, 2003	“The application of the marketing concept, commercial marketing techniques and other social change techniques to achieving individual behaviour changes and social structural changes that are consistent with the UN Declaration of Human Rights.”
Smith, 2006	“A program management process designed to influence human behavior through consumer-oriented decision-making leading to increased social benefit.”
Serrat, 2010 (Asian Development Bank report)	“Social marketing is the use of marketing principles and techniques to effect behavioral change. It is a concept, process, and application for understanding who people are, what they desire, and then organizing the creation, communication, and delivery of products and services to meet their desires as well as the needs of society, and solve serious social problems.”
Dann, 2010	“[T]he adaptation and adoption of commercial marketing activities, institutions and processes as a means to induce behavioral change in a targeted audience on a temporary or permanent basis to achieve a social goal.”

leisure time physical activity led to solutions focused on changing behaviors to improve health status.

Fine (1981) has been one of the few writers to acknowledge the importance of ideas and social issues as products that are traded in a marketplace, which he referred to as a “concept industry.” He saw the way ideas solve problems as similar to the way that products satisfy needs and desires, and he demonstrated the application of marketing to social issues such as increasing productivity in industry through improvements in the quality of the labor supply, increasing and expanding ideas of what constitutes safe driving, and reforming the education system. However, there has been limited acceptance of the notion that ideas are the province of social marketing (see Andresen, 2006). Instead, what occurred was the introduction and acceptance of behavioral psychology into social marketing, beginning with Lefebvre and Flora (1988): “Social marketing is an invaluable referent from which to design, implement, evaluate, and manage large-scale, broad-based, behavior-change focused programs” (p. 300).

Despite early calls for social marketing to be concerned with social and population-based change, by Kotler and Zaltman (1971), Lefebvre and Flora (1988), and Walsh, Rudd, Moeykens, and Moloney (1993), many definitions of social marketing that emerged over the next two decades promoted a variation of the theme of *individual behavior change for the common good* (see, for example, Andreasen, 1995; Kotler & Lee, 2008; Siegel & Lotenberg, 2007). One outcome of adopting this individualistic approach was the charge that social marketing is another form of “blaming the victim,” a criticism leveled against programs that aim for only individual levels of change and neglect social determinants and ecological models of behavior, health, and well-being (Brieger, Ramakrishna & Adeniyi, 1986; Gielen & Sleet, 2003; Wallack, 1989). Another consequence has been the allure of developing mass media campaigns in which persuasive appeals are aimed at individual behavior change. As Wallack (1989) explains, these types of programs share certain characteristics:

- Problems are conceived as primarily individual-level matters, and knowledge, attitudes, and behaviors are analyzed and explored in order to create interventions to change them.
- Planners of these programs share the mass media fantasy that any social or health problem can be addressed adequately so long as the right message is delivered to the right people in the right way and at the right time.

- Approaches focus on individual choice and the responsibility to engage in healthier or more prosocial behaviors, to the exclusion of broader social and political contributions and influences.

A third and related effect of the focus on individual change has been that few social marketing projects have attempted to influence social determinants and social contexts, and projects have paid little attention to the development of public policy approaches to market-based solutions (Lefebvre, 2011a; Marmot, 2004). In response to the restricted scope of social marketing programs, Lefebvre (2009a) called for the recognition of social marketing as a social change tool for achieving social profits. Hastings (2007) embraced the notion of social marketing as a way to realize social goals and also to analyze the social consequences of marketing policies, decisions, and activities. Similarly, Donovan and Henley (2003) took issue with the prevailing individually focused efforts and saw “the primary future goal of social marketing as achieving changes in . . . social determinants of health and well-being” (p. 6). In their subsequent book Donovan and Henley (2010) went further to describe social marketing as seeking to not only “*inform* and *persuade*” people but also to “*legislate*” to achieve social goals when the evidence, resources, nature of the problem, and prevailing norms allow it (p. 20; emphasis in the original). As we move through this book, I will build on these ideas and unfold a broader perspective on social marketing.

Other Marketing Influences on Social Marketing

Shaw and Jones (2005) identified several other marketing concepts that are relevant to the development of social marketing thought, research, and practice and that will form a context for discussions later in this book. These concepts are described in the following paragraphs.

Marketing Systems

The *marketing systems* approach takes a systems-based orientation to marketing issues, as opposed to the more functional approach of marketing management. It had only a small and transitory following in the marketing discipline after it was introduced, being superseded by the marketing management and consumer behavior schools. Yet I believe that in our current environment, in which systems

MAKING CONSUMER RESEARCH RELEVANT TO SOLVING SOCIAL PROBLEMS

Transformative consumer research (TCR) is a movement supported by a task force that was established within the Association of Consumer Research to encourage, support, and publicize research that benefits quality of life for all people engaged in or affected by consumption trends and practices across the world. Unlike many academic groups that are content to accumulate knowledge about problems through research and theoretical contributions, TCR scholars have the aspiration to also apply this knowledge to helping to solve problems. They are also committed to keeping a clear focus on the “life world of consumers,” understanding that such a focus is the way to achieve maximal meaningfulness, relevance, and usefulness of their research—or what they term “practical wisdom.”

TCR scholars are being encouraged to descend from their ivory towers and engage with social change agents through the adoption of five potential paths to the improvement of consumer and environmental well-being. Pioneers on these different paths might be involved with *revelatory* and *incendiary research* to inspire widespread social interest and involvement, *policy research* that aligns with key political decision makers, *participatory research* that partners with people who are affected by the social problem being investigated, and *coalition research* with organizations committed to alleviating the social problem. TCR may make substantive contributions to the work of social change. In their search to fulfill their mandate to share their insights with all those who can benefit from them, these TCR researchers, as well as others who confront the challenges of disseminating results to priority groups, policymakers, and practitioners, will benefit from applying many of the social marketing principles addressed in this book.

Source: Based on Mick, Pettigrew, Pechmann & Ozanne, 2011.

thinking permeates new approaches to the complexities of addressing public health and social issues (see, for example, Pearce & Merletti, 2006; Trochim, Cabrera, Milstein, Gallagher & Leischow, 2006), social marketing can offer unique and innovative solutions within a framework of marketplaces and market-based systems. In chapter 2, I look at how marketing systems thinking can be applied to the health information marketplace.

Consumer Behavior

In social marketing the influence of *consumer behavior* research is reflected in the selection and use of theories to guide the conceptualization of the problem, determine goals, generate possible solutions, and design an evaluation. Health promotion and social marketing rely heavily on psychological approaches, such as the health belief model, theory of reasoned action, stages of change, and social-cognitive theory (Glanz, Lewis & Rimer, 1997; Lefebvre, 2001). There has been growing recognition of the value of incorporating other types of theories and models into social marketing practice, including community-based models of change (McKenzie-Mohr, 2011; Bryant et al., 2009) and social mobilization (McKee, 1992); theories focused on social determinants, social capital, and social networks (Lefebvre, 2011b); design thinking; and behavioral economics (Lefebvre & Kotler, 2011). I will outline these models of consumer behavior in chapter 3.

Macromarketing

Micromarketing focuses on analyzing transactions at the individual or household level—individual-level approaches in public health and social change can be analogous to this commercial marketing approach. *Macromarketers*, in contrast, ask questions about such things as the ways the marketing system affects society and the ways society affects the marketing system. For example, Cummings, Morley, Horan, Steger, and Leavell (2002), Grier, Mensinger, Huang, Kumanyika, and Stettler (2007), and Hastings, Anderson, Cooke, and Ross (2005) note how corporate marketing practices have significant impacts on smoking initiation among teens, children's consumption of fast foods, and young people's drinking of alcohol. And each of these consumer behaviors has an extraordinary influence on the risk of morbidity and mortality from a variety of diseases that significantly affect not only individuals' and families' lives but also the productivity of businesses, the economic cost of health care, and other costs to society, including the lost opportunities when resources that could have gone elsewhere are directed toward preventing these health behaviors and treating their consequences. Rather than focusing on changing individual behaviors, the *social macromarketer* or *critical marketer* studies how to reduce the influence of these types of corporate marketing on behaviors and social norms and how to restructure marketing

systems to avoid the untoward consequences that society currently experiences from these types of business activities. Indeed, when this discussion looks later at the ideas of critical marketing and demarketing, we will see how these larger questions can help to frame the types of questions and solutions social marketers pose.

The Exchange Concept

The idea of *exchange* has evolved in marketing from the initial notion of two parties exchanging tangible goods or services for money to the idea that a transaction can consist of the exchange of anything of value between two parties—including gossip, wedding vows, or text messages (Fine, 1981; Shaw & Jones, 2005). Ridley (2010) has proposed that exchange is the foundation and driving force of social evolution, as it has allowed specialization of skills and thus fostered interdependence among people that leads to the creation of markets of all kinds.

Some authors have identified the exchange concept as a core element of the social marketing approach (Lefebvre & Flora, 1988; Hastings, 2007; Lee & Kotler, 2011), whereas others have been silent on the question (Andreasen, 1995). Hastings (2007, p. 30) notes that in its essence an exchange relationship must be one that is mutually beneficial to both parties. The exchange process, he argues, does not have to be seen as one in which there is a “winner” and “loser” (also known as a *zero-sum* outcome) but can be described as a situation in which both parties achieve a win-win outcome by meeting consumer needs and organizational objectives (Lefebvre, 1992). Yet Hastings (2007) also acknowledges that the exchange relationships most social marketers are confronted with are not the more tangible economic ones found in the commercial marketing sector but ones in which they are “forever selling unseen benefits such as not getting cancer or avoiding a traffic accident” (p. 20). He avoids the more difficult issue of delineating how an organization that sponsors a social change program immediately benefits from a transaction (exchange) in which it is asking its clients or stakeholders to change their behaviors by, for example, not smoking or not texting while driving.

In contrast, Donovan and Henley (2010) consider the necessity of including the idea of exchange in their definition of social marketing and conclude, like Elliott (1991) before them, that it is not needed. Elliott notes the “intellectual contortions” that are required to create exchanges in most social marketing

programs where adoption of new ideas and practices is the goal, not a reciprocal transaction between two parties. As Lefebvre (1992) framed exchange: “Social marketing involves consumers exchanging resources for new beliefs and behaviours . . . the strategy is to create an awareness among consumers that they have a problem and then offer the solution” (p. 157). Lee and Kotler (2011) simply noted that exchange occurs when members of the target audience perceive that the benefits equal or exceed the costs they associate with performing a behavior (p. 15).

Elliott’s point is that when exchange theory is offered as a mechanism for a social marketing approach, it inevitably describes intrapersonal or internal exchanges, such as occur when one gives up unhealthy behaviors in order to achieve either short-term or long-term benefits. He suggests that the term *match*, or *fit*, is more appropriate for social marketers to use for their programs (cf. Kotler & Roberto, 1989, p. 28). That is, social marketing programs seek to match their offerings with the realities of consumers’ lives. I agree with Elliott (1991) and Donovan and Henley (2010) that the traditional notion of tangible exchange is not of vital importance to social marketing thought or practice. And as Lefebvre and Rochlin (1997) noted in their review, using exchange theory as an explanatory concept for behavior change has very little empirical support.

Service-Dominant Logic

The *service-dominant logic* (S-D logic) model has created much interest in academic marketing circles as an alternative to the classic exchange concept. It offers an approach to thinking about social marketing that aligns with other shifts in social sciences and social technologies (Lefebvre, 2007). The development of S-D logic stemmed from dissatisfaction with the 4Ps framework (described as “merely a handy framework” of managerial decision-making variables by Day and Montgomery, 1999) and the traditional idea of exchange. Constantinides (2006), for example, summarized over forty papers that have been critical of or presented alternatives to the 4Ps marketing mix framework. The reasons the 4Ps marketing mix and exchange frameworks have been found to be limited include the following:

The producers of goods, services, and behavioral offerings rarely involve or interact with customers in designing the marketing mix elements. The 4Ps

are decided upon by planners and managers, perhaps “tested” with customer groups, and then “launched” at them.

Marketing activities have shifted from one-off transactions or exchanges to dynamic and tailored interactions aimed at building relationships and engaging with customers over longer periods of time.

The services that are becoming the primary drivers of economic activity have characteristics—for example, *people* or *participants*, *physical evidence* (of their value), and *processes* (of service delivery)—not addressed by the traditional 4Ps.

Consensus is growing among academic and commercial marketers that the 4Ps marketing mix idea of forty years ago is no longer as relevant for current markets, customers, or marketers. Some social marketers have embraced these same concerns and issues (Hastings, 2003; Lefebvre, 2007; Marques & Domegan, 2011; Peattie & Peattie, 2003).

A different worldview of marketing is emerging, one that seems well suited to social marketing programs. In a seminal article, Vargo and Lusch (2004) state, “The purpose of marketing is to mutually serve.” These authors proposed the concept of service-dominant logic to reflect a change in perspective from one that sees value embedded in an organization’s offerings as value-added or functional utility to one that appreciates that value is co-created in collaboration with people formerly known as customers. The fundamental assertion of S-D logic is that all exchanges are service based (see the following list). Because the classic analyses of exchanges had focused on the immediate exchange of money for products (a *goods-dominant logic*), the value the product provided to a person after the transaction was completely ignored. What S-D logic shows us is that a tangible (product) or intangible (service, behavior) offering has value only when a customer “uses” it; that is, it provides a service by improving the condition or well-being of the person in some way. A person does not buy a hammer for its functional characteristics, for example, but for the value it provides in use. Similarly, people are not going to behave differently because of “baked-in” or persuasive benefits such as longer, healthier, or sexier lives. They will behave differently when they find that using the new behavior (or ceasing to use an old one) leads to what they define for themselves as value or a benefit.

THE TEN FOUNDATIONAL PREMISES OF SERVICE-DOMINANT LOGIC

1. Service is the fundamental basis of exchange.
2. Indirect exchange masks the fundamental basis of exchange.
3. Goods are a distribution mechanism for service provision.
4. Operant resources (knowledge and skills) are the fundamental source of competitive advantage.
5. All economies are service economies.
6. The customer is always a co-creator of value.
7. The enterprise cannot deliver value, but only offer value propositions.
8. A service-centered view is inherently customer oriented and relational.
9. All social and economic actors are resource integrators.
10. Value is always uniquely and phenomenologically determined by the beneficiary (experienced in use) (Vargo & Lusch, 2008, p. 7, table 1).

S-D logic has at least five implications for social marketing in the future:

1. Instead of seeing exchanges as the giving of something for the receipt of something else (value-in-exchange), as is understood in the application of the goods-dominant logic model, we should view exchanges as a mutual sharing of knowledge and resources among the social change agency, the priority group of customers, and other actors or stakeholders. This process is referred to as the co-creation of *value-in-use*.

2. S-D logic shifts us from a production or top-down orientation of trying to create what we believe will be of value to people (that is, benefits) to a customer perspective in which these people bring skills and competencies and become co-creators of value. Each customer uniquely discovers and experiences value when he or she uses our offering, whether it be a new behavior, product, or service—value is not achieved through how creatively we “package” that offering or how persuasively we “sell” it.