To my wife, Rebecca, for her love, patience, and support, and to Sammy and Miriam, for bringing joy to all the days.

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L.D.
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In the nineteenth and twentieth centuries the most important improvements in the public’s health may have come from innovations in plumbing and general sanitation, and in inoculation against disease. These environmental changes may have had more impact than the curative work of doctors. Many other successes in public health have contributed to increasing the life span of the average American by about 30 years over the past century. We can see some of these successes, for example, through decreases in infant mortality, the management of AIDS, the increasing use of seat belts, and the decrease in smoking rates from about 50% of the adult population in 1970 to about 20% today.

But all is not positive. The state of the public’s health is not as good as it could be. As some changes have led to longer and healthier lives, others have led to a diminution of health. Labor saving devices, leisure products, and easily-accessible, good-tasting, unhealthy food have led to a new class of health issues. For example, about 65% of the U.S. population now is overweight or obese.

Clearly there is a relationship between positive and negative developments in public health. As one set of problems was conquered, leading to a longer and potentially healthier life, new issues arose that threatened the previous gains.

We can attribute the successes to a variety of public health practices in law enforcement, message campaigns, and environmental changes. While social marketing has had some impact in each of these three strategic categories, it has been underutilized as a way to manage behavior. It is possible that future environmental breakthroughs may come from social marketing, wherein strategies can be developed, for example, to make it easier for people to eat well and put more physical activity into their lives.

Marketers generally believe that almost everybody does almost everything out of immediate self-interest. Many public health message campaigns tell people what they should be doing to achieve long-term good health, when these people are merely seeking a nice appearance, less hassle in their lives, or a quick sugar fix to pick them up in the afternoon. This has led to disconnects where people tend to know what they should be doing to improve their health and are motivated to do so but aren’t following through. For example, while 78% of adults feel that obesity is a serious problem, only 38% consume the proper level of produce; while 58% want to lose weight, only 27% are seriously trying to do so. Perhaps we need a better understanding of self interest.
Social marketing offers a planning tool based on the use of marketing research to define targets, specific desired behavioral outcomes, an increase in benefits that reinforce self interest, and a way to decrease the barriers that inhibit behavior. Commercial marketers are adamant about focusing on behavior, on setting specific goals, and on measuring results. These foci can offer potentially major contributions to a public health practice, which often neglects each of these. Marketing works as a result of listening carefully to what consumers say, but too often public health efforts are paternalistic in telling consumers what they ought to do, rather than first listening to what people want for themselves.

The marketing model can work well in combination with the epidemiologic model of public health. While epidemiologic research is well suited to defining health problems and broad classes of affected people, marketing research provides insights on how the environment needs to be changed so that behavior can follow. While epidemiologic research gives insight to a top-down model of soliciting behavior, marketing research gives insights for a bottom-up participative perspective.

The current definition of marketing is based on creating, communicating, and delivering value to the target while developing long-term relationships. Creating deals with the development of desired benefits; delivering concerns the reduction of the barriers that keep people from behaving; communicating concerns informing and persuading in the interests of motivating behavior.

So we have three important questions before us: Why are people behaving poorly with respect to their own health? Why has the field of public health not had more consistent successes? What can we do about these problems? Marketing Public Health tries to answer these questions by considering both the pitfalls currently existing in public health practice and the potential for moving forward using social marketing. This combination of analyzing pitfalls and recommending practice gives Marketing Public Health its strength.

One of the disconnects of health practice concerns preventative care versus curative care. In the United States, vastly more money is spent on curing, while a vastly greater impact is made through preventive practice. Perhaps this is because curative medicine shows immediate response at a visible individual level, while the impact of preventive medicine is much more difficult to observe. Marketing Public Health tries to show how marketing can be used to move the field of public health forward, in addition to showing how to use marketing to remedy specific public health problems.

In order to solve public health problems, there needs to be a proper understanding of the issues that led to today’s problems before strategic solutions can be proposed. Marketing Public Health begins with a cogent layout of the underlying issues before moving on to a discussion of strate-
gic and tactical contributions from social marketing. Without having a clear understanding of the state of the government and its health policies, the potential solutions would have less context and less value. Readers will benefit from the careful exposition of current public health practice (as put forth in the first half of the text), as a base for understanding the strategic and tactical practice of social marketing (as described in the second half).

Michael L. Rothschild  
*University of Wisconsin*
This book draws on the work of scholars and practitioners in a range of disciplines. Their inspiration, ideas, and experiences were invaluable to us. We especially thank those who allowed us to share some of their work through examples and case studies included in this volume.

Our editor at Jones and Bartlett, Mike Brown, was the driving force behind both the original and the second edition of this book. The staff of Health Unlimited and Health Unlimited Rwanda, particularly the contributing authors for Chapter 7—Narcisse Kalisa, Prudence Uwabakurikiza, Samuel Kyagambiddwa, Jeannette Wijnants, and Stephen Collens—were kind enough to take time from their vital health promotion work to share their experiences for the benefit of our readers. Erin Fortunato spent months researching and preparing Chapter 8. Our special thanks to Eve Siegel for the cover design for this second edition.

Finally, we are indebted to the many family members who put up with our distractions and mumblings during the year we spent preparing this second edition.
The events of September 11, 2001 changed the nation in many ways. One of those changes, unfortunately, has been a diversion of public health focus to the threat of bioterrorism and a resulting decrease of attention to, and resources for, public health epidemics that are real and ongoing threats representing the major causes of death in the nation.

In 2001, an anthrax scare prompted a large-scale smallpox vaccination campaign that was implemented in response to a completely unproven threat (Dowling & Lipton, 2005). The campaign cost more than $0.6 billion and resulted in the deaths of three healthcare workers. On August 29, 2005, Hurricane Katrina made landfall along the Central Gulf Coast and caused massive devastation along the coastlines of Louisiana, Mississippi, and Alabama. Literally thousands of vulnerable and helpless Americans were left to die in the streets due to lack of medical attention and a dismal failure of the nation’s ability to respond appropriately and effectively to a very real and imminent health threat (Dowling & Lupton, 2005). These events have only highlighted the complete mismatch between the most pressing health threats our nation faces and the areas of focus for allocation of public health resources and preparedness.

In 2006, while the nation may be prepared for an imagined and theoretical smallpox attack against the country, there is little question that we are ill-prepared to prevent, monitor, and respond to the real and possibly imminent threat of an avian (“bird”) flu pandemic. The diversion of resources to bioterrorism preparedness in the wake of September 11 represents a disaster for public health in the United States (Cohen, Gould, & Sidel, 2004). Chronic disease epidemics are raging, newly emerging infectious disease threats await, and yet funding for public health programs is being cut in order to secure short-term financial savings and allow politicians to boast that they are not raising taxes.

On February 6, 2006, President George W. Bush announced his proposed budget for fiscal year 2007. As the nation braced for a potential bird flu pandemic, its President cut funding for the Centers for Disease Control and Prevention (CDC)—the nation’s leading public health and prevention agency—by 2% (American Public Health Association, 2006). Accounting for new spending for flu preparedness and response, however, the proposed CDC budget for its vital and existing chronic and infectious disease prevention and control programs was cut by 4.5%. Proposed funding for the CDC’s Preventive Health and Health Services Block Grants was eliminated, as was proposed funding for the universal newborn hearing screening program and the urban American Indian
health program. The proposed budget also cut, although did not completely eliminate, funding for the Children’s Health Insurance Program, which provides insurance to millions of low-income children. Fiscal year 2006 had already seen the elimination of CDC’s Verb campaign, an effective effort to promote physical activity in order to address the nation’s burgeoning obesity epidemic, as well as severe cuts to Medicaid.

As we enter the new millennium, the public health community faces unprecedented threats to its funding, its ability to appropriately and effectively respond to existing and imminent crises, and its very existence at the national, state, and local levels. It is no longer enough for public health professionals to work to protect the health of the public. Public health practitioners must work to protect the survival of public health as an institution.

Changes in the social, political, and economic environments in which health care is delivered present a direct threat to the survival of public health. Public health programs must now compete vigorously for public attention and resources. Even within the category of public health funding, practitioners must convince policy makers and the public that bioterrorism and other emerging threats require supplemental funding, and not simply a shift in funding from critical existing programs to the threat of the month. Strengthening the public health infrastructure so that it can respond to any threat has been overlooked for far too long.

This threat to the survival of public health comes at the same time as these changes in the social, political, and economic environments also present a direct threat to the public’s health itself. Unhealthy lifestyles and behaviors and deteriorating social and environmental conditions threaten the public’s health. As the chief causes of death in the United States have gradually shifted from communicable illnesses to chronic diseases, lifestyle and behavioral risk factors, as well as social and environmental conditions, have become the key determinants of the public’s health. In contrast to its successes in controlling infectious diseases, the public health movement has been ineffective in controlling the emerging chronic disease epidemic. Programs intended to change individual behaviors and lifestyles have often been ineffective, and public health professionals have not fully accepted the role of advocating for changes in social conditions and social policies. As a result, the public health community is equipped neither to confront existing public health crises, nor to prevent new ones.

Despite these threats, there are tools available to help the public health profession save itself and enable it to confront existing and emerging public health crises. There are public health initiatives that have successfully changed societal behaviors, improved social conditions, reformed social policies, and retained and even increased funding for public health programs and departments.
The common feature of many of these initiatives is public health practitioners’ strategic use of marketing principles to promote social change. Understanding and applying marketing principles is essential for public health practitioners to successfully confront the imposing challenges they face—challenges to both the public’s health and to the survival of the public health profession. However, public health practitioners are not typically trained in the principles of marketing.

*Marketing Public Health: Strategies to Promote Social Change (Second Edition)* is designed to help public health practitioners understand basic marketing principles and strategically apply these principles in planning, implementing, and evaluating public health initiatives. We hope that this book will provide public health practitioners at all levels of government and in the private sector with a valuable tool to create and deliver more effective initiatives to change individual behavior, improve social and economic conditions, advance social policies, and compete successfully for public attention and resources.

We argue that the key to creating and running effective public health programs is to abandon the traditional practice of deciding what policy makers, or the public, ought to want, and then trying to sell it to them in the absence of significant demand. Instead, public health practitioners must first learn the needs and wants of their target audience (policy makers or the public) and understand their motivation, opportunity, and ability to engage in our desired behavior (changes in individual health behavior or the adoption of public health programs and policies). We must then create product offerings that increase opportunities to engage in the behavior, increase skills, and/or increase motivation. Often this means addressing the social, economic, and policy environments. Successful product offerings provide compelling benefits, increase convenience or access, and, when necessary, reduce barriers. Rather than appealing exclusively to the benefits of improved health, public health practitioners must learn to identify benefits that are salient and compelling to the target audience and then create and deliver product offerings that provide these benefits. Compelling benefits often are tangible and immediate and/or connected to powerful and influential core values: freedom, independence, autonomy, control, fairness, democracy, and free enterprise.

In this *Second Edition*, we have not only brought the material up to date, but have tried to make it come alive in a more meaningful way for current public health students and practitioners. Examples from areas of public health interest that have arisen only in the past few years (e.g., bioterrorism, SARS, West Nile virus) are included throughout. A new case study from the field of international health aims to give this edition more relevance to the global practice of public health and to widen its scope beyond the borders of the United States. All-new case studies from front-line programs help illustrate the principles and strategies discussed in the book.
in a way that makes it immediately apparent to readers how the material can be used in modern, real-life public health marketing efforts.

This edition has been influenced both by changes in the marketing environment and also by the latest thinking among marketing and social marketing researchers and practitioners. Discussion of current emphases, such as building relationships with audiences rather than managing individual transactions, using the power of branding, and ensuring that audience self-interest is considered and addressed, have been incorporated into the book in both its narrative and its case studies and examples.

The book is organized into two parts. Part I explains the reasons why the understanding of marketing principles is necessary for the public health practitioner to effectively confront these challenges. It outlines the major marketing principles that public health practitioners need to understand and illustrates the application of these principles to public health problems through examples within the chapters and two case studies presented separately.

Part I is divided into three sections. The first section (Chapters 1–3) describes threats to the public’s health and establishes that changing individual behavior, social and economic conditions, and social policy are important to successfully confront the chronic disease epidemic (Chapter 1). It illustrates the difficulties of promoting these social changes discussed in Chapter 2 and also demonstrates how public health practitioners can use basic marketing principles to structure interventions that will facilitate social change (Chapter 3).

The second section (Chapters 4–6) describes threats to the survival of public health as an institution. It establishes that learning how to effectively market public health programs and policies, and the idea of public health itself, is essential to confront challenges to public health’s survival. It shows why marketing public health programs and policies is profoundly difficult (Chapter 5), but demonstrates how public health practitioners can strategically apply basic marketing principles to promote public health programs and policies (Chapter 6).

The third section (Chapters 7 and 8) presents two case studies. In Chapter 7, guest contributors Narcisse Kalisa, Prudence Uwakurikiza, Samuel Kyagambiddwa, and Jeannette Wijnants illustrate the innovative use of marketing principles to promote healthier sexual behaviors among women in Rwanda. In Chapter 8, guest contributor Erin Fortunato examines the framing of public health as an institution. She uses the Congressional debate over funding for CDC’s budget to identify the current strategies that are used to frame public health, analyzes and evaluates these strategies in light of the principles outlined in Chapters 1–6, and then recommends ways to more effectively frame public health in the future.

Part II discusses how to apply the principles presented in Part I in planning, developing, implementing, evaluating, and refining public health.
efforts to change individual behavior or to promote the adoption of public health programs and policies. Examples within chapters, and case studies at chapter ends illustrate key points.

Part II is divided into three sections that correspond to the stages of a marketing effort (planning; development, testing, and implementation; and assessment). Section I (Chapters 9–12) provides background on the basic marketing principles that a public health practitioner must understand and presents a process for planning public health efforts based on these principles. It begins by presenting key marketing concepts and discussing how they apply to individual and policy changes (Chapter 9). It then presents a strategic planning process (Chapter 10) and describes how some commonly used formative research techniques can be used to support the strategic planning process (Chapter 11). The final chapter in the section (Chapter 12) discusses how to frame and deliver messages about the social change so that they are relevant, compelling, and actionable for target audiences.

Section II of Part II (Chapters 13–15) covers the process of developing and implementing the tactics, or components, involved in an initiative. Chapter 13 discusses translating the strategic plan into specific tactics and a carefully timed implementation. Because public health marketing efforts often involve working with other organizations, Chapter 14 describes the various roles that partners, allies, and intermediaries can play in an initiative and provides suggestions for developing and managing productive relationships. Chapter 15 provides guidance on developing and assessing mass media and other promotional activities and materials.

The third section of Part II (Chapters 16–18) discusses tracking, evaluating, and refining social change efforts. Chapter 16 discusses approaches to tracking and monitoring implementation of marketing efforts and discusses how to use the information to make improvements. Chapter 17 discusses issues in assessing the outcomes of marketing-based efforts using traditional approaches to summative evaluation and presents some techniques for assessing outcomes and using the results to make program refinements. The final chapter in the section (Chapter 18) discusses a number of theories of behavior change as well as common marketing research methodologies-focus groups, in-depth interviews, observational techniques, surveys, and quasi- and true experiments—and details how to plan, conduct and report on studies using these methods.

Although marketing principles have been applied to some efforts to change health-related behaviors for many years, the integration of marketing principles into day-to-day public health practice is a new concept, and one that has not yet been fully developed. These principles can provide powerful tools for influencing all the factors that contribute to social change: the individual, the environment, and social policy.

This book is a first attempt to describe how marketing principles might become part of public health practice and be used to develop and
implement more effective public health initiatives. If our ideas stimulate further thought, research, and, most important, experimentation among public health practitioners, we will have achieved our goal. It is our hope that the efforts that come from practitioners who read this book will provide far more answers to the difficult questions we pose here than does the book itself. For in the final analysis, the experience of public health practitioners will teach us to develop and implement more effective programs to promote social change and improve the quality of life today and tomorrow.

References

