Social Marketing for Behavior Change: Critical Elements for Project LAUNCH Grantees at All Stages

By Rebecca Brookes

This tool has been developed for Project LAUNCH Grantees, and it is intended to be used in conjunction with the webinar titled Social Marketing for Behavior Change: Critical Elements for Project LAUNCH Grantees at All Stages. View the archived webinar. Download the webinar slides.

This tool and the associated webinar are designed to support Project LAUNCH grantee social marketing efforts, regardless of a project’s stage.

By watching the accompanying webinar and utilizing the tool below, grantees will be able to:

- Explain the key elements of social marketing, including exchange, stages of change, and audience-centered planning for all marketing decisions.
- Understand how to use the Theory of Diffusion of Innovations to address factors that will have the greatest influence on the adoption of behavior.
- Translate theories into concrete steps by using a template and an example of a real world national initiative.

This tool provides background information on social marketing theories and concepts, as well as concrete steps for grantees to follow when thinking through and planning social marketing efforts. The steps provided are based on the systematic model for social marketing. An attached example of a national community-based social marketing initiative demonstrates how to use this tool.
Social Marketing for Behavior Change:
Fundamental Behavior Change Theories and Concepts

The following background information will help grantees use the social marketing template that accompanies this document. The webinar will contain more details on and examples of these elements.

Keep in mind that there are hundreds of social marketing/behavior change theories, strategies, and concepts used in public health today. While these approaches represent just the tip of the iceberg, they are commonly used to create effective change.

Promotion is often what people associate with social marketing; this, however, is only a small piece of the picture. Understanding why people are motivated to change (or not change!) is necessary. If you don’t understand that, no brochure or poster will be able to tackle the problem.

Terms briefly explained below include:
- Social Marketing
- Segmentation
- The Social Marketing Mix
- The Transtheoretical Model (or the Stage of Change Model)
- The Theory of Diffusion of Innovations
- Adopter Cycle and Segments
- Concept of Exchange
- Concept of a “Reasonable Ask”

Social Marketing
Eat your vegetables. Pull over to use your cell phone. Stop smoking. Talk to your kids about sex. Each of these actions can benefit an individual or the entire community, but in order to do so, people have to change their behavior.

Social marketing has a focus on population-based behavior change – not increasing awareness, changing attitudes, or influencing perceptions and intentions, as most “health communication” campaigns do.

Social marketing is a process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit. At the heart of the social marketing approach is the understanding of your audiences’ needs and wants, and the commitment to creating programs, plans, and practices to help them solve their problems.
Social marketing practice seeks to integrate research, best practice, theory, audience, and partnership insight to inform the delivery of segmented social change initiatives that are effective, efficient, equitable, and sustainable.

Segmentation
It is impossible to create an effective, personalized social marketing mix for a vague “general public” audience. A criterion of a social marketing initiative is that it uses segmentation to determine the characteristics that you will use to categorize the people within the defined market. There are many ways to segment an audience. The most common are geographic; demographic (age, gender, ethnicity, education level, income level); psychographic (values, attitudes, lifestyles); risk factors; and Stages of Change and adopter segments (both described below).

The Social Marketing Mix
Social marketing uses marketing principles, and one of the key elements of marketing is the Marketing Mix, often called “the 4 P’s”: product, price, place, and promotion. Good commercial marketers know how to manipulate this mix. Social marketing also has a mix which we call SIVA: solution (the equivalent of the marketing product); information (the equivalent of the marketing promotion); value (the equivalent of the marketing price); and access (the equivalent of the marketing place). The mix helps us from falling into the trap of thinking only of communication tactics when thinking of social marketing.
The Transtheoretical Model (or the Stages of Change Model)

The transtheoretical model states that everyone changes on the installment plan, and people’s needs will change depending upon the stage they are in. Behavior change involves progress through six stages of change: Precontemplation, Contemplation, Preparation, Action, Maintenance, and Termination.

As an audience progresses through each of the stages toward Action, their objections to trying the behavior decrease, and their motivation to trying the behavior increases. Early stages may benefit from education and awareness, but by the time an audience reaches the Preparation stage, there will be specific barriers that you must address. You need to know what those barriers are if you don’t want to waste resources.

In Precontemplation, people don’t intend to take action in the foreseeable future. At this stage, people may be uninformed or under-informed about the consequences of their behavior. Alternatively, they may have tried to change a number of times and become demoralized about their inability to do so.

In Contemplation, people intend to change soon. They are more aware of the reasons for changing, but they are also acutely aware of the reasons not to change. This balance between the costs and benefits of changing can produce a profound ambivalence that can keep people stuck in this stage for long periods of time.

People in Preparation intend to take action in the immediate future. They have weighed the pros and cons, and often they need just a little push to send them into action.

Action is the stage in which people have attempted and been successful in their behavior change. Hitting the Action stage, however, does not guarantee the behavior will stick. Relapse happens frequently.

In Maintenance, people have applied their behavior change. They are increasingly more confident that they can continue their change.

In Termination, people are sure they will not return to their old habits or behaviors.

Basic research has generated a rule of thumb for at-risk populations: 40% in precontemplation, 40% in contemplation, and 20% in preparation. The people in preparation are your “low-hanging fruit” for behavior change.

Where on the continuum is your intended audience?
The Theory of Diffusion of Innovations
Developed by E.M. Rogers in 1962, the Theory of Diffusion of Innovations is one of the oldest social science theories. It explains how, over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system.

The theory says that if you make the desired behavior change easy, aligned with social norms, and with positive perceived consequences, you will have greater success spreading it across a population. The end result of this diffusion is that people, as part of a social system, adopt a new idea, behavior, or product.

In public health, Diffusion of Innovation Theory is used to accelerate the adoption of important public health programs. The most successful adoption of a public health program results from understanding the intended population and the factors influencing their rate of adoption. In order to understand these factors, you have to understand their perception of whether the action is easy to do, whether it is in line with their perception of social norms, and whether they perceive that it will result in positive consequences for them. You will only understand this through research; you can’t guess.

The Adaptor Cycle and Adaptor Segments
Not everyone will immediately adopt a new idea, even when it has obvious benefits. Over years of research, some fascinating personality traits were identified that help us organize how people will accept a new innovation. Adaptor segments describe five different classifications of individuals based on their willingness to try out a new idea, innovation, or new product.

<table>
<thead>
<tr>
<th>Segments</th>
<th>% of Adopters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovators (venturesome)</td>
<td>2.5%</td>
</tr>
<tr>
<td>Early Adopters (respect)</td>
<td>13.5%</td>
</tr>
<tr>
<td>Early Majority (deliberate)</td>
<td>34%</td>
</tr>
<tr>
<td>Late Majority (skeptical)</td>
<td>34%</td>
</tr>
<tr>
<td>Laggards (traditional)</td>
<td>16%</td>
</tr>
</tbody>
</table>

Innovators are the first individuals to adopt an innovation. Innovators are willing to take risks; they are very social and interact with other innovators.

Early Adopters are the second fastest group to move forward with a new idea. These individuals have the highest degree of opinion leadership among the adopter segments.

Early Majority individuals adopt an innovation after a varying degree of time. They take longer to deliberate and decide.

Late Majority individuals approach an innovation with a high degree of skepticism after the majority of society has adopted the innovation.
The Laggards are the last to adopt a new idea. They typically tend to be focused on “traditions.”

It may seem counter-intuitive to focus on the Early Adopters because they are such a small percentage of the population, but they are the opinion leaders who will influence others and pull other segments along.

The Concept of Exchange
Economic Exchange Theory is the core of marketing—and this includes social marketing. Free exchange takes place when your target audience perceives that the benefits are equal to or greater than the perceived costs. In other words, they must believe they will get as much or more than they give. We must reduce the “cost” by eliminating barriers and increasing the motivation for behavior change to occur.

Too often, we ask people to change based on what we desire. In order to be effective, we must have a comprehensive understanding of what your audience wants in exchange for the behavior. Occasionally, it will be a complete surprise.

Benefits exist in the mind of the audience. They are not tangible things, though tangible items can sometimes capture the essence of a benefit if carefully designed. Benefits tap into the underlying motivations of groups of people (or audience segments). Throughout the social marketing literature, it is clear that health, a cleaner environment, or access to services are not benefits – even though WE might think they are.

Concept of a “Reasonable Ask”
Behavior change is an incremental process that must start with people’s current realities and “stage” people through suggested behaviors that are relevant to their lives. Too often we ask the audience to make a giant leap rather than an incremental step. For example, in working on fertilizer run-off in the Chesapeake Bay, the ideal behavior change would have been to ask people to stop using fertilizer completely. Ideal, but reasonable? Instead, the social marketing initiative asked people to “hold off on the fertilizer until fall” because then the heavy spring rains wouldn’t wash the fertilizer into streets and sewers. It was an incremental step, and it worked.
More Resources

If these very brief explanations have piqued your interest in learning more about social marketing, check out these resources:

Philip Kotler and Nancy Lee have co-authored 10 books on social marketing, the most recent of which is
Social Marketing: Changing Behaviors for Good

Nedra K. (Kline) Weinreich
Hands-On Social Marketing: A Step-by-Step Guide to Designing Change for Good
Second (2nd) Edition Paperback November 12, 2010

The Social Marketing Quarterly, peer-reviewed and published quarterly, is a scholarly, international journal focused exclusively on the theoretical research and practical issues confronting academics and practitioners who use marketing principles and techniques to benefit society.
http://journals.sagepub.com/home/smg

The Social Marketing Association of North America (SMANA) is a membership organization serving the professional needs of behavior change agents in Canada, the Caribbean, Central America, Mexico, and the United States. They advance behavior change for social good.
https://smana.org/

The USF (University of Southern Florida) Social Marketing in Public Health Conference (#SMC2018) will arm participants with the tools and techniques to develop effective behavior change programs and campaigns. As well as expert speakers, cutting edge content, and lively discussions, there is great networking.
The 25th Annual Conference will be held in Clearwater Beach, FL, June 29 - 30, 2018. The conference is preceded by several training opportunities.
https://thesocialmarketingconference.org/
It is probable - and highly recommended - that primary research with your audience will be necessary to answer any or all of the above questions. An inaccurate guess can derail your initiative.

Where in the process to do research depends upon your knowledge of the audience. You may want to **begin** with research, or you may develop a series of assumptions and **take those assumptions into research** to check them.

**STEP 5 - Define the Social Marketing Mix based on the results of the research.**

<table>
<thead>
<tr>
<th>THE SOCIAL MARKETING MIX</th>
</tr>
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<tbody>
<tr>
<td>Solution (Product)</td>
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<tr>
<td>Value (Price)</td>
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<tr>
<td>Costs/barriers and</td>
</tr>
<tr>
<td>benefits</td>
</tr>
<tr>
<td>Costs</td>
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<tr>
<td>Benefits</td>
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<tr>
<td>Access (Place)</td>
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<tr>
<td>Information (Promotion)</td>
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**STEP 6 - Outline PROGRAM IMPLEMENTATION strategies and ongoing adjustments/course corrections, which will lead you back to the top of this template to adjust and/or include additional audience segments.**
Background on *Real Life. Real Talk.*
Discomfort with talking about sexuality creates barriers to education, medical access, and policies that support healthy sexuality. *Real Life. Real Talk.* was a multi-city pilot initiated by Planned Parenthood Federation of America with funding from the Ford Foundation to increase honest talk about sex and health by engaging parents and caregivers in community events, education, and resources.

*Real Life. Real Talk.* was based on the belief that a root cause for the lack of healthy sexuality in the U.S. is stigma and shame about sex in our culture. The thesis was that, if stigma is reduced, we reduce a primary barrier to sexual and reproductive health access and education, and therefore eventually reduce rates of sexually transmitted infections, HIV/AIDS, and unintended pregnancy.

*Real Life. Real Talk.* combined community organizing and collaboration, education, community events, and promotion in an intervention that addressed the entire social marketing mix. Through building local grassroots partnerships and providing a host of coordinated local educational events, including repeated offerings of *Sex Ed for Parents™, Real Life. Real Talk.* sought to reduce the public's level of shame, intolerance, and avoidance and, subsequently, to increase openness, acceptance, and engagement about issues of sexual health.

*Real Life. Real Talk.* is an example of community-level social marketing that evolved for continuous improvement. *Real Life. Real Talk.* maintained an iterative design and implementation process. It allowed each community to embrace engagement on its own terms, and, as a result, each community contributed unique cultural elements.
STEP 1 – Describe your primary audience using specific segmentation (no “general public”). Where on the Stage of Change Model do they fall? Which Adopter Segment are they?

Parents/caregivers of children eight to 18 were the primary intended audience because research demonstrated they were very concerned about the existing environment around sex and health, and because if motivated, this group could make the biggest difference in changing that environment.

We focused efforts on parents who were already engaged in some aspect of their child’s life (school, faith-based, community organizations) because they were in the Preparation Stage of the Stage of Change Model and Early Adopters for this behavior change. While this group may have been relatively small compared to all parents, they were influential. Focusing on them was high leverage for behavior change and helped us focus resources.

STEP 2 – Describe the first step(s) you want this primary audience to take. Think in terms of steps and not a giant leap. This is an action that your audience will perceive as reasonable for them.

The first step for parents was to attend a session of Sex Ed for Parents, a fun crash course in their teen’s reality. In order to make the request more reasonable for them, we tried to piggyback these events onto existing meetings and gatherings.

As the initiative gained momentum, there were other spin-off events and activities, but this was the first step. Gradually, over months and years, a cadre of very engaged parent champions emerged, and they were given other steps to take (for example, to facilitate Sex Ed for Parents among their friends at house parties).
STEP 3 – Describe how you will address the factors that will have the greatest influence on their willingness to adopt this behavior.

Which credible sources/partners need to be involved for your audience to be most willing to participate?

Formative research demonstrated that community partnerships were essential to the credibility of the program, as well as the ability to publicize events and resources. *Real Life. Real Talk.* managers, based at Planned Parenthood affiliates in each test site, created coalitions of likely and unlikely partners before interventions with parents could begin (“unlikely partners” constituted organizations that in the past had not or would not have worked in a coalition with Planned Parenthood). Parents said that schools and medical associations were particularly important partners.

Partners include:
- arts organizations
- churches, temples, and faith leaders
- libraries
- businesses
- government officials and agencies
- medical and health organizations
- radio and television stations
- schools and education organizations
- social services agencies

Describe the perceived barriers (from the point of view of your primary audience), and how you will address them for self-efficacy, alignment with social norms, and perceived consequences.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy – can I really do this?</td>
<td>Emphasize that parents are the expert on their child, and that this fun workshop will provide them with the information they’ve been missing about being a teen in the twenty-first century. Parents were given an opportunity to explore and identify their values; learn about the latest research in brain development; hear from experts in the fields of sexuality, media, medicine, and parenting; and learn about</td>
</tr>
<tr>
<td>Barriers</td>
<td>Solutions</td>
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<td></td>
<td>similarities and differences between the parents’ teen experience and being a teen today. Promotions highlighted testimonials from parents who said how easy and fun the workshop was.</td>
</tr>
<tr>
<td>Social Norms – is this socially acceptable?</td>
<td>Events at schools, faith-based organizations, and community partners (like libraries, Boys/Girls Clubs) and having credible community partners sponsor events assured parents that they were attending something socially acceptable and safe.</td>
</tr>
<tr>
<td>Perceived Positive Consequences – will I get something good from being involved?</td>
<td>Workshop materials were light-hearted and fun, and the promotional materials emphasized that. One material the parents loved — and was therefore featured in promotions — was the “IM to English Dictionary.”</td>
</tr>
</tbody>
</table>

STEP 4 – Describe the Exchange for this audience. What benefits do you promise if they engage in the behavior?

Research demonstrated that many parents were concerned about the influence of modern media and the internet on their families, and they felt they lacked resources to help them navigate conversations with their children or peers. Parents said they didn’t understand the reality of teen life in the twenty-first century, and this lack of information created a barrier to talking with their children.

Therefore, in exchange for the increase in peer-to-peer conversations we wanted, we offered parents what they wanted: support to raise sexually healthy children in what they perceived as today’s sex-saturated culture, as well as inside information about being a teen today. One of the benefits promised was *Sex Ed for Parents*, the “crash course” on teen relationships, sexuality, and the media for today’s mixed message culture. This involved experts who discussed sexual health topics with an emphasis on current media and the internet.

Other promised benefits, based directly on research, included a new way to be involved with their child, “knowledge cash” they could share with other parents, and a chance to network with other parents.
We engaged 400 parents per pilot site in formative research to arrive at the Exchange and to check our assumptions on barriers and solutions. When *Sex Ed for Parents* and promotional materials were eventually developed, we pre-tested them with the audience to make sure our approach was appropriate and effective (we learned it wasn’t always appropriate or effective and had to make several adjustments).

### STEP 5 – Define the Social Marketing Mix based on the results of the research.

<table>
<thead>
<tr>
<th>Social Marketing Mix</th>
<th><em>Real Life. Real Talk. Social Marketing Mix</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solution (Product)</strong></td>
<td>Attend a sponsored event, like <em>Sex Ed for Parents</em>, a course in teen realities and parenting strategies (Eventually, attend other spin-off or special events)</td>
</tr>
</tbody>
</table>
| **Value (Price)** Costs/barriers and benefits | Costs  
- 90 minutes of time  
- Parents admit they don’t know everything 
Benefits  
- Tools and support to talk about healthy sexuality  
- Inside information about their child’s world  
- Knowledge they can share with other parents  
- A chance to network with other parents |
| **Access (Place)** | Credible venues for parents (schools, libraries, medical facilities, places of worship, friends’ houses, etc.) Resources also available online Piggy-backing on existing meetings and gatherings made access easier |
| **Information (Promotion)** | Promotion by partners in a variety of vehicles (newsletters, church bulletins, flyers, websites) Pre-tested TV, radio, and print materials Earned media strategies Public events taking place in public spaces (like the central square in Tucson) |
STEP 6 – Outline PROGRAM IMPLEMENTATION strategies and ongoing adjustments/course corrections, which will lead you back to the top of this template to adjust and/or include additional audience segments.

We were continuously incorporating feedback from our audience and making adjustments. For example, we altered the product for specific audiences such as:

- grandparents who are raising their grandchildren
- queer parents
- parents of children in middle school
- *Sex Ed for Parents Jr.* for parents of children in elementary school
- Spanish-speaking audiences
- mothers and daughters
- fathers/male caretakers
- abbreviated version for parent/teacher organizations, medical institutions, and “lunch and learn” sessions

We created a train-the-trainer approach to further disseminate *Real Life. Real Talk.* throughout communities. For this we “went back to the drawing board” with this template with new audiences, exchange, barriers/solutions, and social marketing mix.

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