SOCIAL MARKETING – TO BE OR NOT TO BE?

A Review of Social Marketing, Mass Media and Health Promotion -
From Theory to Practice.

Dissertation submitted as part of the Master of Public Health Degree

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## Contents

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>vii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>ix</td>
</tr>
<tr>
<td><strong>Chapter 1</strong> Background</td>
<td></td>
</tr>
<tr>
<td>1.0 The Study</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Social Marketing – A Brief Overview</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Social Marketing, Mass Media and Health Promotion in Scotland – A Brief Overview</td>
<td>5</td>
</tr>
<tr>
<td>1.3 Research Questions</td>
<td>7</td>
</tr>
<tr>
<td><strong>Chapter 2</strong> Aims and Objectives</td>
<td></td>
</tr>
<tr>
<td>2.0 Order of Presentation</td>
<td>8</td>
</tr>
<tr>
<td>2.1 Aim of Study</td>
<td>8</td>
</tr>
<tr>
<td>2.2 Objectives of Study</td>
<td>8</td>
</tr>
<tr>
<td><strong>Chapter 3</strong> Methodology</td>
<td></td>
</tr>
<tr>
<td>3.0 Methodology</td>
<td>10</td>
</tr>
<tr>
<td>3.1 Literature Review</td>
<td>10</td>
</tr>
<tr>
<td>3.2 Study Sample</td>
<td>11</td>
</tr>
<tr>
<td>3.3 Piloting the Questionnaire and Interview Schedule</td>
<td>11</td>
</tr>
<tr>
<td>3.4 The Self Completed Questionnaire</td>
<td>12</td>
</tr>
<tr>
<td>3.5 The Qualitative Element of the Study</td>
<td>14</td>
</tr>
<tr>
<td>3.6 Role of Greater Glasgow Health Board within the Study</td>
<td>14</td>
</tr>
<tr>
<td>3.7 Data Analysis</td>
<td>15</td>
</tr>
<tr>
<td>Chapter 4</td>
<td>Literature Review</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>4.0</td>
<td>Introduction to Literature Review</td>
</tr>
<tr>
<td>4.1</td>
<td>What is Social Marketing?</td>
</tr>
<tr>
<td>4.2</td>
<td>Social Marketing – What it is and What it is not</td>
</tr>
<tr>
<td>4.3</td>
<td>The Principles of Social Marketing</td>
</tr>
<tr>
<td>4.4</td>
<td>Customer Orientation</td>
</tr>
<tr>
<td>4.5</td>
<td>Market Segmentation</td>
</tr>
<tr>
<td>4.6</td>
<td>Formative Research</td>
</tr>
<tr>
<td>4.7</td>
<td>Exchange Theory</td>
</tr>
<tr>
<td>4.8</td>
<td>Marketing Mix</td>
</tr>
<tr>
<td>4.8.1</td>
<td>Communicating the Message</td>
</tr>
<tr>
<td>4.9</td>
<td>Objective Setting</td>
</tr>
<tr>
<td>4.10</td>
<td>Evaluation</td>
</tr>
<tr>
<td>4.11</td>
<td>The Competition – What Health Promotion is Competing Against</td>
</tr>
<tr>
<td>4.12</td>
<td>The Role of Media Advocacy</td>
</tr>
<tr>
<td>4.13</td>
<td>Concluding Comments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 5</th>
<th>Results</th>
<th>48</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
<td>Introduction to Results</td>
<td>48</td>
</tr>
<tr>
<td>5.1</td>
<td>Who has Principal Responsibility for Developing and Implementing Mass Media Campaigns in your Department?</td>
<td>49</td>
</tr>
<tr>
<td>Page Number</td>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>What Issues have been Covered by any Mass Media Campaigns Developed and Implemented by your Department between 1996 - 1998?</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>What Media have been used in Media Campaigns between 1996 - 1998?</td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>What ‘Below the Line’ Activities have been used to Complement Media Campaigns between 1996 – 1998?</td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>What Criteria does your Department Consider before Developing a Campaign?</td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>What is the Total Budget your Department has Spent on Mass Media Activity between 1996 – 1998?</td>
<td></td>
</tr>
<tr>
<td>5.7</td>
<td>Who are the Target Groups for your Campaigns?</td>
<td></td>
</tr>
<tr>
<td>5.8</td>
<td>What were the Campaigns trying to Achieve?</td>
<td></td>
</tr>
<tr>
<td>5.9</td>
<td>Does your Department Pre-test Campaign Materials?</td>
<td></td>
</tr>
<tr>
<td>5.10</td>
<td>How were the Campaigns Pre-tested?</td>
<td></td>
</tr>
<tr>
<td>5.11</td>
<td>Have the Campaigns been Evaluated?</td>
<td></td>
</tr>
<tr>
<td>5.12</td>
<td>What Criteria were used to Evaluate the Campaigns?</td>
<td></td>
</tr>
<tr>
<td>5.13</td>
<td>Who Evaluated the Campaigns?</td>
<td></td>
</tr>
<tr>
<td>5.14</td>
<td>Statements Relating to a Social Marketing Approach</td>
<td></td>
</tr>
<tr>
<td>5.14.1</td>
<td>Developing a campaign which reflects the attitudes and values of the target group is of prime importance</td>
<td></td>
</tr>
<tr>
<td>5.14.2</td>
<td>Campaigns should target the widest possible audience to get the best value from a limited budget</td>
<td></td>
</tr>
</tbody>
</table>
Health promotion specialists are the ‘experts’ on the subject/topic of a campaign therefore their role is to ‘inform people what they need to know’

Measuring the success of a campaign is only possible if specific and realistic objectives have been set

Provided campaign messages are accurate, it is more important to consider the target audiences views and opinions than those of professionals working in the field

Marketing and advertising are one and the same thing

The best campaigns can change attitudes and behaviour on their own

People expect too much from media campaigns. They think because a large budget is involved results should be instant

Before deciding to develop a campaign the organisation should ensure it will derive benefits for itself

What are the Main Barriers faced by Organisations when Developing and Implementing Mass Media Campaigns?

How Familiar are you with these Marketing Terms?

Semi Structured Interviews with Three Health Promotion Departments

Why does your Department Run Mass Media Campaigns?

How do you Decide what Campaigns you are going to Invest Money in During any Operational Year?
5.17.3 From your Experience can you Describe what Process you go through to Develop and Implement a new Campaign? 73
5.17.4 How do you Involve the Target Group in the Development of the Campaign? 74
5.17.5 What is the Value of Pre-testing for your Department and Who is Involved? 75
5.17.6 Can you Describe some Activities you use to Complement a Campaign? 76
5.17.7 How do you Evaluate Campaigns? 77
5.17.8 What are the Major Barriers Faced by your Organisation When Developing Media Campaigns? 78
5.17.9 Overall, What have your Experiences of Developing Mass Media Campaigns been like? 79
5.17.10 What are your Impressions of what Marketing is About? 80
5.17.11 Do you think there is a Role for Marketing within Health Promotion? 81
5.17.12 Has Anyone in your Department had Specialist Training in Marketing? 82

Chapter 6 Discussion 84
6.0 Introduction to Discussion 84
6.1 What are the Common Principles Reflected by a Review of Social Marketing Literature? 85
6.2 Customer Orientation 87
6.3 Market Segmentation 90
| 6.4 | Formative Research | 92 |
| 6.5 | Exchange Theory | 95 |
| 6.6 | Marketing Mix | 96 |
| 6.7 | Objective Setting | 98 |
| 6.8 | Evaluation | 100 |
| 6.9 | Are the Principles of Social Marketing used in Practice? | 101 |
| 6.10 | Limitations of the Study | 103 |
| Chapter 7 | **Recommendations** | 105 |
| 7.0 | Recommendations | 105 |
| **References** | | 109 |
| **Appendix 1** | Letter sent with Questionnaire | |
| **Appendix 2** | Questionnaire | |
| **Appendix 3** | Interview Schedule | |
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Summary

Background

Much has been written about the role of social marketing in public health. Critics have argued that there is not a universally accepted definition of social marketing, while supporters argue that public health professionals have failed to fully understand the principles of social marketing to make effective use of them.

The aim of this study was to assess whether mass media activities carried out by Health Promotion Departments in Scotland between 1996 and 1998 were consistent with principles of social marketing outlined by published literature over the past 10 years.

Methods

The study design was descriptive and included analytical elements. Data were collected from 14 out of 15 health promotion departments in Scotland. Quantitative data were collated via a self-completed postal questionnaire and qualitative data were collated principally by one-to-one interviews. A stratified sample was selected for the qualitative element of the study by considering levels of budget spent on mass media activity during the period of interest.
Results

Seven key principles of social marketing emerged, namely:

- Customer Orientation
- Market Segmentation
- Formative Research
- Exchange Theory
- Marketing Mix
- Objective Setting
- Evaluation

Most health promotion departments use elements of a social marketing approach although many are unaware of it. Very few departments use a fully integrated approach as recommended by the literature.

Recommendations

Health promotion specialists need to be adequately trained in the principles, practice and goals of social marketing. The marketing function should be an integral element of an organisations overall activities if the approach is to succeed.
1.0 The Study

The purpose of this study is firstly, to review the literature on social marketing over the past 10 years. Secondly, it will consider how closely practice of mass media activity in Health Promotion Departments in Scotland between 1996 and 1998 reflects the principles highlighted.

The findings of the research will then be used as a basis to recommend future action for health promotion practitioners and other public health specialists who wish to consider using a social marketing model in their work.

1.1 Social Marketing – A Brief Overview

The earliest documented reference to a possible social marketing approach was in the 1950's when the question ‘Why can’t brotherhood be sold like soap?’ was posed (Wiebe, 1952). However, the discipline of social marketing, which was originally adapted from commercial marketing theories and practice, did not develop greatly until the early 1970's. In 1971, social marketing was defined as:

‘the design, implementation and control of programmes calculated to influence the acceptability of social ideas, and involving considerations of product, planning, pricing, communication, distribution and marketing research’ (Kotler and Zaltman, 1971).
Subsequently, social marketing was acknowledged to:

1. be based on consumer orientation i.e. the perceived needs and wants of the target audience.
2. emphasise voluntary exchange between providers and consumers.
3. use audience research to define specific audience segments and provide in-depth profiles of those segments.
4. use formative research to design and pre-test.
5. adopt a range of appropriately priced products and messages (pricing refers to monetary and non-monetary costs of adoption).
6. distribute these products and communicate these messages in locations and through channels that match the target audience's life paths and communication patterns.
7. track the process to assess delivery of, and consumer response to, products and messages.
8. actively manage the process using mid-course corrections to ensure accomplishment of stated objectives.

Adapted from (Lefebvre & Flora, 1988).

Over the years, much has been written about the role of social marketing in public health. One criticism, which has been made by some, is that there is not a universally accepted definition of social marketing. Such a lack of consensus has contributed to misconceptions about the role of social marketing in public health and has probably added to some of the scepticism and criticism directed at it (Ling et al., 1992).

One author is of the opinion that social marketing is a framework in which to approach social or health problems. He concludes that failures in social marketing programmes
are usually caused by health promoters failing to fully understand the principles of social marketing to make effective use of them (Lefebvre, 1992). What is often misunderstood, is the fact that the essence of a social marketing approach is its 'customer orientation'. In other words, programmes should be 'customer driven' and not 'expert lead'. It has also been suggested that customer orientation is potentially social marketing's most important contribution, despite the observation that many public health programmes are 'expert driven'. The authors conclude that if practitioners thoroughly understand the concepts and limitations of health marketing it has the potential of reaching a wide range of people, cost effectively, with programmes that satisfy consumer needs (Lefebvre & Flora, 1988).

At face value, it is difficult for many professionals to imagine how a public health campaign can be 'customer orientated'. However, the role of customer orientation and other key principles of social marketing which include formative research, segmentation, objective setting, exchange theory, marketing mix and evaluation will be discussed in detail in the literature review.

Another common misperception is that social marketing equals mass communications or advertising. Many practitioners fail to recognise that mass media is a 'tool' that the marketer has at his disposal. In order to achieve the most benefits a mass media campaign should be integrated into a full strategy or 'marketing mix' that ultimately addresses the target groups needs, wants and values (Hastings and Haywood 1991).

Critics of social marketing have accused it of being manipulative and ethically suspect (Wallack, 1990 & Buchanan et al., 1994). However, the literature will demonstrate that
a true marketing approach is driven by the demands, values, needs and wants of the target group.

Despite the arguments quoted by opponents of social marketing, by the 1980's various practitioners succeeded in using marketing principles to great effect in a variety of fields. USAID funded an international social marketing programme to distribute rehydration products to combat the effects of diarrhoea (Walsh, Rudd et al., 1993). The Dominican Republic contraceptive social marketing programme was highly successful between 1984-1989 (Ling et al., 1992). Social marketing programmes to promote contraception are providing protection to over 8 million couples in developing countries which represents 1.5 - 2 million births avoided annually (Altman & Piotrow, 1989). Other examples include breast feeding initiatives in third world countries (Clift, 1989) and the promotion of low fat milk consumption in inner city Latino communities (Wechsler & Wernick, 1992).

As a result of many successful initiatives, social marketing finally became an accepted practice and recognised as a useful tool for public health professionals. However, a clear response still has to be provided to the critics who have claimed that there is no clear consensus about the role of social marketing within public health. The literature review will disentangle the principles of social marketing and the study will provide recommendations of how they could be used in practice.
1.2 Social Marketing, Mass Media and Health Promotion in Scotland – A Brief Overview

Social marketing and health promotion are similar in that both attempt to change behaviour or reinforce existing behaviours (Blair, 1995). Health promoters generally focus on the health needs identified by epidemiology or needs assessment but social marketers would argue that, if the programme delivered is not sensitive to consumers’ needs, it is unlikely to have a positive effect on the target group (Wilson & Olds, 1991).

Mass media activity is often a major area of investment for health promotion programmes and it is known that a variety of activities are undertaken by many health promotion departments in Scotland. Although social marketing techniques can be applied in many contexts – from a strategic organisational perspective to the delivery of individual programmes within a variety of settings, it was considered appropriate to use mass media as the example in this study.

Mass media is an issue that health promotion specialists are familiar with and because of its nature, it has stimulated many debates over the years. It has also been demonstrated that often local area based campaigns are likely to be more effective than national campaigns, as the integration of paid advertising with both unpaid publicity and interpersonal education is more readily achieved (Eadie & Davies, 1992).

Mass media can be defined in various ways but for the purpose of this study, it will be defined as ‘any form of paid advertising’ e.g. television, cinema, radio, press, billboards, buses etc. However, in order to acknowledge the breadth of mass media
activities, consideration will be given to other forms of media used within the context of a campaign or 'below the line activities'. These can be defined as all activities which take place or are developed to support a paid advertising campaign such as personal contact, leaflets, videos, events, public relations etc.

It is unclear how much social marketing practice is currently taking place in health promotion departments in Scotland and it is uncertain how aware practitioners are of marketing techniques to use them effectively.

Communication between health boards exists via a variety of methods but there is no data providing an overview of mass media activity across health promotion departments in Scotland. In addition, there is no formal communication between departments to advise of forthcoming campaigns, nor a mechanism by which boards can share and learn from the experiences of others. This makes it difficult to take the opportunity, when appropriate, to share campaign materials and budgets where boundaries cross. e.g. The use of a radio campaign on Radio Clyde covers several health board areas and, whilst the media may be considered too expensive on an individual board basis, collectively, it could become a cost effective option.
1.3 The Research Questions

A number of questions remain unanswered regarding the current use, knowledge, perceptions and understanding of social marketing principles by health promotion departments in Scotland. Consequently, this study will aim to answer the following research questions:

What are the common principles reflected by a review of social marketing literature over the past 10 years?

Does local mass media activity in Health Promotion Departments in Scotland between 1996 and 1998 reflect these principles?

What recommendations could be considered to improve local mass media activity in Scotland?
Chapter 2 Aims and Objectives

2.0 Order of Presentation

As stated in Chapter one of this report, one of the key purposes of this study was to review the literature on social marketing over the past 10 years. Under these circumstances it was considered appropriate to insert the chapters on Aims and Objectives and Methodology prior to the literature review.

2.1 Aim of Study

The aim of the study is to assess whether mass media activities carried out by Health Promotion Departments in Scotland between 1996 and 1998 are consistent with principles outlined by published literature over the past 10 years on social marketing.

2.2 Objectives of Study

The objectives of the study are as follows:

1. To review social marketing literature over the past 10 years.

2. To extract social marketing principles and recommendations for practice outlined by published literature over the past 10 years.
3. To assess the level of mass media activities and methodologies used by Health Promotion Departments in Scotland between 1996 and 1998, specifically:
   - To assess what criteria are considered when deciding whether to carry out mass media work.
   - To assess the type of mass media work carried out.
   - To establish what was the most commonly used media.
   - To establish what levels of budget have been spent on mass media activities.
   - To consider the role of pre-testing and evaluation in activities.
   - To appraise the extent to which a social marketing approach has been adopted.

4. To identify the barriers health promotion practitioners' face when developing and delivering mass media programmes.

5. To recommend a series of principles that Health Promotion Specialists could apply when undertaking mass media activity at a local level in the future.
3.0 Methodology

The methodology chosen for the study design was descriptive and included analytical elements. Quantitative data were collated via a postal questionnaire and qualitative data were collated via comments in the questionnaire and by one-to-one interviews.

3.1 Literature Review

A key element to this study was a literature review on the subject of social marketing. Searches were conducted using Medline, BIDS, Embase and HEBS on line. As the number of papers was extensive it was decided to limit the search to the past ten years. Key words used in the search were ‘social marketing’, ‘health promotion’, ‘pre-testing’, ‘mass media’, ‘evaluation’ and ‘marketing mix’. Further searches were conducted using authors names such as P. Kotler, R. Lefebvre, J. Flora. K. Tones, L. Wallack, G. Hastings and A. Andreasen.

The purpose of the literature review was to extract social marketing principles and recommendations that could be used in health promotion practice. The literature demonstrated consistencies in several key issues relating to carrying out a social marketing programme. The review also focused on the critics of social marketing and many of their arguments have been acknowledged and addressed. As social marketing can be applied to many aspects of health promotion practice, it was decided to focus on
the example of mass media and consider how social marketing practice is applied in this area of health promotion.

3.2 Study Sample

The study collected data from 14 out of a possible 15 Health Promotion Departments in Scotland. Greater Glasgow Health Board was considered an exceptional case in this study and was only considered in certain elements of the study. The rationale for this is outlined in section 4.6 below.

A stratified sample was selected for the qualitative element of the study. The Boards were stratified by considering the level of budget spent during the three year period on mass media work from information collated by the questionnaire. As a result three departments were selected. One was a high level user of media that had spent over £120,000 during the three year period, one was a medium level user of media that had spent between £60,000 and £90,000 during the three year period and one was a low level user that had spent less than £30,000 during the period of interest.

3.3 Piloting the Questionnaire and Interview Schedule

Prior to piloting both questionnaires informal advice was sought by two members of Greater Glasgow Health Board’s evaluation team and one other colleague who had vast experience of administering questionnaires. They provided invaluable feedback on the layout and content of the questions. They also were able to comment on the draft letters of introduction, which were sent with the questionnaires.
The questionnaires and letters for the quantitative element of the study were piloted with the Head of Health Promotion within Greater Glasgow Health Board and three staff members who had experience of developing and implementing mass media campaigns. One staff member at Greater Glasgow Health Board piloted the questionnaire for the semi-structured interview.

Both questionnaires were piloted to check for understanding and clarity. The quantitative questionnaire was also assessed for ease of completion. Part of the piloting included mocking up the questionnaires to consider methods of analysis. Both pilots included a section on 'other questions that would be useful to ask' in the event that key elements had been omitted. The questionnaires were modified slightly as a result of the piloting, but on the whole they were considered easy to complete and comprehensive.

3.4 The Self Completed Questionnaire

A self-completed postal questionnaire was sent to all 15 health promotion departments in Scotland. (Refer to Appendix I for copy of the questionnaire). The purpose of the questionnaire was to establish:

- What mass media activity had taken place between 1996 and 1998 inclusive.
- Which staff members had principal responsibility for developing and implementing mass media campaigns.
- What media was most commonly used.
- What other activities have been used to complement mass media campaigns.
- Which criteria are considered prior to deciding whether to develop a campaign.
- What level of budget was spent on mass media activity.
To what extent mass media campaigns had been pre-tested and evaluated.

What have been the main barriers faced when developing and implementing mass media campaigns.

The extent to which social marketing principles are reflected in campaign work.

The questionnaire was divided into two sections. The first provided general information about mass media activity drawing out both knowledge and attitudes towards social marketing. The second section addressed individual campaigns in more detail.

The questionnaire was sent to heads of departments and others identified by the heads of departments who have a remit for mass media activity. In total, twenty five questionnaires were dispatched (including one to the Senior Officer for Marketing at Greater Glasgow Health Board). Eleven were sent to heads of departments and fourteen were sent to other named contacts. Contact was made by telephone to the heads of departments prior to sending out the questionnaires in an attempt to familiarise respondents with the study. The questionnaire was sent with a personalised covering letter and replies were invited by reply paid envelope. A closing date was set two weeks after posting. Non responders were followed up by telephone.
3.5 The Qualitative Element of the Study

A qualitative element was carried out to provide the opportunity to explore some of the key elements of interest in more detail. A second contact was made by telephone to the heads of department. The head of department then decided who would be appropriate to interview and as a result 5 interviews were conducted with 1 Health Promotion Manager, 1 P.R. Manager and 3 Senior Health Promotion Officers. The interviews were semi-structured but all covered the same key elements (Refer to Appendix 2 for a copy of the Interview Schedule).

The one-to-one interviews were conducted by the author and took place in the interviewees’ offices, lasting approximately 30 minutes. The interviews were recorded using a tape recorder.

3.6 Role of Greater Glasgow Health Board within the Study

It was considered that bias would occur if Greater Glasgow Health Board participated in all elements of the study:
♦ The author is employed by Greater Glasgow Health Board to develop and implement mass media campaigns.
♦ The author has experience and interest in marketing techniques.

However, Greater Glasgow Health Board has spent £290,000 on mass media work during the period of interest. It was therefore considered appropriate for Greater Glasgow Health Board’s experience to be acknowledged in the factual elements of the
quantitative study i.e. they could respond to all questions that did not require personal opinions (questions 1 – 7 within section 1 of the questionnaire and all of section 2). Their experience was also described within the discussion section.

3.7 Data Analysis

Analysis of the quantitative data was handled using SPSS. Descriptive information was collected and analysed. A Likert rating scale was used for a series of statements relating to attitudes towards social marketing.

Qualitative data were collated from the questionnaires and the semi-structured interviews. The interviews were fully transcribed and for each key question posed, illustrative responses were then collated to inform the reader. These were recorded according to whether the respondent was a high level user, a medium level user or a low level user. It was recognised that the interview material should have been fully analysed but this was not possible in the time available for the study.
Chapter 4  Literature Review

4.0  Introduction to Literature Review

The literature reviewed for this study focuses on social marketing over the past ten years. The review aims to extract the key principles of social marketing that are referred to frequently in the literature and to justify and explain their relevance to a social marketing model. The review will also consider extraneous factors that health promotion is competing against and the views of the critics of social marketing, some of whom remain unconvinced that it is a useful model for public health practice.

The literature on mass media, which could have been a secondary feature of the review, is too extensive and therefore for the purpose of this study only a few examples will be quoted where appropriate.

4.1  What is Social Marketing?

The original social marketing model was developed in the early 1970's and although the underpinning principles described have evolved, in essence little has changed since. (One early definition by Kotler and Zaltman is described in Chapter 1, page 1). Having reviewed the literature over the past ten years, the first impression is that some authors discuss elements of a social marketing approach (Cameron & McGuire, 1990, James et al., 1996) while a few describe the essence of a fully integrated approach (Hastings & Haywood, 1991, Blair, 1995 & Morris et al., 1994). This may have contributed to
some of the criticism directed towards social marketing that no clear consensus about its role within public health exists.

Readers are unlikely to have access to all of the key papers that describe the fully integrated social marketing approach. ‘Dipping’ in and out of the literature will possibly result in a tainted and not fully informed view of what the model is really about.

The major task now is to clarify what social marketing is and also what it is not:

Social marketing is a framework or structure in which to approach social and health problems (Lefebvre, 1992). It is a research driven and consumer orientated process that responds to consumer wants, needs, expectations, satisfactions and dissatisfactions. It’s long term aim intends to change individuals’ behaviour (Kotler & Roberto, 1989, Novelli, 1990 & Andreasen, 1995). It attempts to persuade specific target audiences to adopt an idea or practice through a range of approaches. These include consumer analysis, market analysis, segmentation of the audience, a voluntary exchange between the organisation and the consumer, development of a marketing mix and evaluation which should be pulled together in an integrated and planned framework (Ling et al., 1992, Walsh et al., 1993 & Andreasen, 1997).

Marketing theory can be applied to many different situations. These range from a strategic organisational perspective to the delivery of a wide variety of individual programmes e.g. the development of a prenatal weight gain intervention programme (Brown et al., 1992), the marketing of traffic safety across Europe (Barbas & Horn, 1993) and an investigation of male attitudes towards marketing communications from
In whatever context social marketing is applied, practitioners globally are still in agreement that the fundamental characteristics of a social marketing model are as true today as they were in the early 1970's i.e. social marketing uses audience research to shape behaviour change programmes that are responsive to the target audiences' needs and values. Social marketers do not assume that if something is healthy people should want it. Marketers consider 'how can we make people want it?' (Ling et al., 1992). The essence of the approach is the commitment to deliver programmes which are 'customer driven' and not 'expert lead' (Wilson & Olds, 1991).

4.2 Social Marketing – What it is and What it is not

Many misperceptions exist about social marketing, the most common of which are that marketing equals advertising, sales and promotion. Detailed on the next page is a table which summarises what social marketing is and what it is not (adapted from Lefebvre et al., 1995).
### Social Marketing:

<table>
<thead>
<tr>
<th>What Social Marketing is.</th>
<th>What Social Marketing is not.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A framework or structure to approach, understand and develop social and health problems.</td>
<td>A theory for health promotion.</td>
</tr>
<tr>
<td>A tool that can be used for health promotion.</td>
<td>The exclusive province of health promoters.</td>
</tr>
<tr>
<td>A framework to target the environment including social institutions and structures.</td>
<td>Social control.</td>
</tr>
<tr>
<td>A method of empowering people to be totally involved and responsible for their well-being.</td>
<td>Only focused on changing individuals’ beliefs, attitudes and behaviour.</td>
</tr>
<tr>
<td>A problem solving process that may suggest new and innovative ways to approach health and social problems through environmental changes and public policy.</td>
<td>‘Health education’ with new words and phrases.</td>
</tr>
</tbody>
</table>
| A comprehensive strategy for effecting social change on a broad scale that requires careful planning, research and management to implement effectively. This strategy includes:  
1. A consumer orientation that realises organisational goals.  
2. An emphasis on voluntary exchanges of goods and services between providers and consumers.  
3. Research in audience analysis and segmentation.  
4. The use of formative research in product or message design and pre-testing of these materials.  
5. An analysis of the distribution or communication channels.  
6. Use of the ‘marketing mix’ (the ‘4 p’s’: product, price, place and promotion).  
7. A process tracking system with both integrative and control functions.  
8. A management process that involves problem analysis, planning, implementation and feedback functions. | Production or sales oriented.  
An approach that suggests that it is good to try to be all things to all people at any given time.  
A reliance on mass media to communicate to target audiences.  
Posters, leaflets and promotions.  
A degree of planning and actions that may be disruptive to the agency and staff behind the programme. |
4.3 The Principles of Social Marketing

An overview of what social marketing is and is not has been considered, therefore it is now appropriate to establish what the literature review highlights as the common principles. These principles do not appear in full in every paper published on social marketing but are quoted regularly on an individual basis, in two’s or three’s or as a demonstration of a fully integrated approach. The language used to describe these principles varies but the essence of their meaning remains constant. The principles are outlined below and will be discussed separately in the following sections.

- Customer Orientation
- Market Segmentation
- Formative Research
- Exchange Theory
- Marketing Mix
- Objective Setting
- Evaluation

4.4 Customer Orientation

Customer orientation is at the heart of a social marketing approach. It means that a programme, service or organisational goal should be delivered using the intended target group as the focus for all activities. Their needs, wants, values and attitudes should be of primary concern (Kotler & Roberto, 1989, Hastings & Haywood, 1991, Lefebvre et al., 1995 & Manoff, 1997). A shift to a consumer orientated approach means
marketing a consumer want or need. It is therefore, essential to supply a product or service which satisfies the wants or needs of that consumer (Manoff, 1997).

Social marketing programmes are 'customer driven' and not 'expert lead' (Wilson & Olds, 1991). It has been observed that many health promotion programmes are delivered which the target group clearly does not wish to engage with e.g. smoking (Tones, 1994). This results in a constant tension between the values that the 'experts' wish to reinforce and the values that are relevant to the target audience. There is a need to acknowledge that individuals have different perceptions than an organisation and often a variety of reasons underpin their choice whether to adopt a healthy behaviour such as not smoking. It is important that these reasons are valued and acknowledged by the 'experts'. Effective two way communication with the target group allows the 'experts' to consider how an audience reacts and why they perceive things in certain ways (MacAskill & Hastings, 1991).

However, a social marketing approach recognises that health promotion cannot abandon its ideals on the basis that the target group may not always be receptive to its messages (Tones, 1994). Organisations must have their own vision and goals and a compromise is needed to try and consider how the messages could be made more attractive to target audiences (refer to section 2.7 for further discussion).

Another area of potential conflict for health promoters is the fact that agendas are often set and prioritised by governing bodies. Political priorities often outweigh those of public health (Hastings & Haywood, 1994) and there is a genuine need to consider who the customer really is (Tones, 1993 & Smith, 1997).
Health promoters often deliver programmes to satisfy the needs and agendas of the government as opposed to the target group for whom the message is intended. There are many examples of campaign messages that have been diluted for fear of offending segments of the population who are not within the target group. One such example is a radio campaign to promote the use of emergency contraception in Rotherham and surrounding areas. The Broadcast Advertising Clearance Centre rejected the original message and the ‘acceptable’ advertisement, which was finally broadcast, was much less explicit with no mention of emergency contraception (Hall & Milner, 1996). Content that is controversial can ultimately scare away government bodies and often topics are addressed in a conservative way that will not have the desired effect on the target audience.

A clear understanding of how the target group think and feel about an issue, using customer orientation, can help health promoters develop the most appropriate strategy e.g. it is known that 40% of young people who take up smoking are likely to be under sixteen. Their interest is usually social, smoking to belong, to rebel, to express their individuality, to take risks or to appear grown up and cool (Hastings et al., 1997). Up until the age of twelve or thirteen young people generally have anti-smoking values. However, it is shown that young people pass through a stage where their negative thoughts become more nonchalant (Gray et al., 1996). It is widely known that there is a strong relationship between smoking and image and consequently tobacco companies use sophisticated marketing programmes to ensure that their products are appropriately branded and positioned in the market place. In order to respond to these pressures, health promoters have to learn to put smoking within the context of the real world in which young people live (Gray et al., 1997).
Some authors consider that health needs assessment is a more efficient and useful mechanism to understand the needs of the consumer. The purpose of needs assessment is to identify risk groups and needs within that group (Montazeri, 1997). It considers the relationships between health problems in a community and attempts to match available resources to deliver the best possible outcome (Pickin & Leger, 1993). Needs assessment may tell public health specialists what the problem is and the extent of the problem but it does not consider the issues that underlie them from the public’s perception.

An example of a needs assessment conducted in the North of England confirmed that women ‘needed’ cervical screening. Rates were well below the national average, although service provision was similar to other areas. Further research from the consumers’ perspective showed that these women had little motivation to go for smears, the benefits were felt to be negligible, the process unpleasant and their relationship with the health service and health professionals too flawed (Hastings & Haywood, 1994). This example demonstrates that it is only when the service is considered from the consumers’ viewpoint that the underlying reasons for the problem can be understood and an appropriate solution can be developed.

A study to determine how needs assessment is being used to improve health in Scotland showed that only 32% of the GP’s who responded consider the consumers’ opinion as one of their information sources (Hanlon et al., 1998). This paper outlines many limitations with existing practice but if needs assessment is to make an impact on the health of the nation, the framework that is finally used would benefit greatly by making the views of consumers a higher priority. This view is endorsed in a previous
publication which suggests that consumer needs have to be matched with the professionals’ capacity and willingness to respond (Hastings & Haywood, 1994).

Effective consumer orientation has to be backed up and supported by the organisation that is developing the programme (Wilson & Olds, 1991, Hastings, 1994, Smith, 1997 & Manoff, 1997). If a true social marketing approach is to be used the organisation has to be prepared to adapt to respond to the needs of the target group, which could mean changing how or where the programme or service is to be delivered. It also involves taking the target audiences’ views and perceptions about an issue seriously, whether or not they concur with the views of the ‘experts’ in the field.

4.5 Market Segmentation

The major goal of market segmentation is to identify similar or homogeneous groups of people at whom programmes can be targeted (Blair, 1995). Audience segmentation and audience profiling establish the starting point for a social marketing effort by considering who is being asked to change and from what baseline. Once these issues are established an appropriate strategy can then be developed (Maibach & Holtgrave, 1995).

Programmes are much more effective when they are aimed at specific target groups. Many campaigns have failed because they attempt to reach too many groups, the wastage becomes very large and the messages diluted (Mintz, 1989). Sometimes campaigns are targeted at the ‘general population’ or broad sections of a population in an attempt to reach as wide an audience as possible. An example in practice was a study, which assessed the impact of two serial mass media based campaigns to promote
physical activity. After the first phase there were significant increases in walking, particularly amongst older people (Owen et al., 1995). On closer examination of the results, neither of the campaigns had any impact on the age group between fourteen and thirty. This suggests that the campaign messages were not appropriate for this age group and the campaign organisers would have benefited from either targeting older people or developing a different set of messages for the younger age groups.

Two campaigns developed by HEBS (The Health Education Board for Scotland) – one entitled ‘Puppet’, the other entitled ‘Hospital’ were aimed at the ‘general population’. One of the conclusions of an evaluation of the campaigns suggested that whatever type of campaign was chosen in future, the topic and message should be acceptable to the audiences (Montazeri et al., 1996). It could be argued that it would be impossible to fulfil this recommendation when the target group consists of the ‘general population’. These campaigns were developed nationally but if they are to succeed at regional level, local tactics, local materials and consideration to the needs and agendas of the participating organisations and target groups would have to be made a priority (Pasick & Wallack, 1989).

The BBC/REA Health show attracted an audience of over eight million viewers in 1992 and demonstrated how a large audience could be reached quickly. Despite a popular format, the majority of viewers were in the ABC1 categories and were predominantly women, over 45 who already had an interest in health issues. This was not the target group the HEA wanted to reach. It was also argued that the one off show had little practical follow up apart from a booklet (Wallace, 1993). Many lessons have been learnt from the experience with more recent programming by the BBC being more
sensitive to other segments of the population, especially those who were physically inactive or had a desire to eat more healthily.

There is no one correct way to segment an audience but large populations are often targeted by demographic variables such as gender, age, socio-economic status and education (Slater & Flora, 1991). However, many authors acknowledge that health promoters need to become more sophisticated in the criteria that are considered for segmenting an audience (Freimuth & Mettger, 1990, Slater & Flora, 1991, Walsh et al., 1993, Maibach et al., 1996, & Andreasen, 1997). Other factors that should be considered include psychographic variables (Walsh et al., 1993, Tones, 1996). These are often used by market researchers to identify target groups who share similar patterns of social attitudes, beliefs and behaviours (Slater & Flora, 1991).

There are many groups which could be identified from within larger groups and if an effort is made to understand them better, more appropriate strategies could be developed to reach them (Andreasen, 1997). It may be useful to consider who will actually use the product or service, who is the decision maker within the group and who are the key people who can influence the decision maker.

Another method of segmentation is to consider what stage of behaviour change the target group is at. Health messages should be tailored to take account of the transtheoretical model of behaviour change i.e. precontemplation, contemplation, action and maintenance (Prochaska et al., 1992). Consideration should be given to how the target groups perceptions change as individuals move through the different stages of behaviour adoption (Sangl & Wolf, 1996 & Andreasen, 1997).
Successful segmentation of an audience can have enormous benefits to the marketer if they also ensure that each identified market segment has sufficient value to justify the organisation investing time and money in.

4.6 Formative Research

In commercial marketing, formative research aims to provide an objective base for strategic decision making. It is considered vital to help define the problem, define the strategy, create the proposal, pre-test the concepts and test the effectiveness of what has been developed. Formative research is considered important because the effectiveness of decisions taken at later stages of campaign or programme development are dependent on the decisions that precede them (Eadie & Smith, 1995).

Questions that should be answered during the process of formative research include:

- What is the problem that the programme seeks to address?
- Which strategy will maximise effectiveness?
- What are the communication objectives?
- What is the central programme message and tone of voice?
- Who is the target audience?
- Which media will provide the best combination of coverage and reach?
- What developmental and evaluation procedures should be built into the programme?
- What budget and time frame is required to achieve the objectives?

Adapted from (Eadie and Smith, 1995).

However, in practice, many public health and health promotion programmes consider
that defining the problem and developing appropriate aims and objectives to respond to them, is secondary to the more creative elements required to develop and design programmes (Passick & Wallack, 1989).

Even social marketers, who endorse the principle of formative research, could be criticised for not spending enough time and resources on this crucial element (Andreasen, 1997). As a result the extent and quality of consumer research varies greatly in practice across social marketing programmes in health (Walsh et al., 1993). Good research is expensive and time consuming but is usually only a small percentage of the overall programme budget (Nelson, 1995). In practice, when limited resources are available, formative research is not considered the priority when distributing the budget (Novelli, 1997). Practitioners need to build in appropriate budget for research, which should be an integral part of a strategic planning process and not added on as an afterthought (Eadie & Smith, 1995).

Genuine concern exists about the lack of relevant secondary data sources to support a social marketing effort. In addition, the collation of valid and reliable primary data relating to complex segmenting issues is an area that requires significant investment and expertise (Maibach & Holtgrave, 1995).

Pre-testing is often the stage that health promoters become involved in formative research but there are still occasions when materials are developed and released, without a clear understanding of how they will be received and understood by the target audience (MacAskill & Hastings, 1991). The role of pre-testing is to assess whether the creative idea that has been proposed is relevant, understood and engaging to the
target audience (Eadie & Smith, 1995). It is important to consider how the target group receives the message and it should reflect the values and language used by them (Fraser et al., 1997). Methodologies used for pre-testing include semi-structured interviews and focus groups. Focus groups provide the marketer with a valuable insight into how the target audience perceives the problem, the solution and the proposed strategy. The perceived problem by the organisation is often not the real problem that concerns the target group. If their perceptions are not taken into account, the proposed strategy for the programme can fail at an early stage (Manoff, 1997).

One good example of pre-testing was a childhood immunisation campaign where the target audience’s views of the concepts, messages and ideas were considered. The focus groups helped get answers to what may motivate mothers to bring their children for immunisation. It also provided an opportunity for them to communicate their fears e.g. discomfort for the child and common misperceptions e.g. the importance for rubella immunisation for boys as well as girls. These discussions allowed the messages to be refined to take on board the needs and feelings of the target group (McGuire, 1990).

Focus group research suggested that teenagers wish to gain control over their lives and as a result it was thought that this would make them responsive to a counter advertising strategy aimed at exposing the marketing strategies used by the tobacco industry. A proposed advertising campaign was developed and pre-tested with members of the target group. The results showed that the creative executions were too sophisticated for the audience of teenagers. This experience demonstrated the importance of involving
the audience throughout the creative development of a campaign to ensure that they remained the focal point of the strategy (McKenna & Williams, 1993).

Marketers should give further consideration to the role of pre-testing as most audiences are placed in a reactive rather than proactive role. It is often the case during pre-testing, that the target group are asked to give feedback on the messages and strategies that have been developed instead of them being involved from the beginning of the creative process (Freimuth & Mettger, 1990). If the target group is involved from the conception of the strategy, this will in effect form the basis of ‘relationship marketing’. This involves talking to, listening to, understanding, involving and going back to the target group at every stage of the process to monitor progress and amend the strategy as appropriate (Fraser et al., 1997). In this way the target audience have a feeling of ownership and empowerment in the process, perhaps resulting in more loyalty to the programme. The example cited above would have benefited greatly from involving the teenagers in the creative process rather than asking them to react to messages and materials that had already been developed (McKenna & Williams, 1993).

Formative research helps establish which approaches and concepts to try. Concept testing helps to refine them and pre-testing allows the target audiences reactions to be monitored. These phases of research are very important because they can help avoid programme or campaign failure due to audiences’ negative reaction or acceptance of the messages (Walsh et al., 1993).

The issue of evaluation of programmes or campaigns will be addressed separately in section 2.10 of this chapter.
4.7 Exchange Theory

One of the goals of a marketing approach is to achieve a ‘win - win’ situation between the target group at which the programme is being directed and the organisation marketing the programme or campaign (Lefebvre, 1992). An ‘exchange’ takes place when the marketer proposes or delivers something for the benefit of the consumer and they subsequently choose to accept it (Hastings & Haywood, 1994). Consideration has to be given to weighing up the ‘cost’ and ‘benefit’ involved in accepting the offering of the marketer. Using smoking as an example, the ‘cost’ to the smoker could potentially be to give up a social activity and relinquishing a coping mechanism. The ‘benefits’ accrued might include money, better health and a reduction in the risk of contracting serious diseases (Walsh et al., 1993 & Andreasen, 1997). In addition, the organisation should also accrue some ‘benefits’ and these could include an improvement of the health of the population, attraction of further funding or a positive profile and credibility with the target group (Lefebvre, 1992).

Some authors have not included the role of providing ‘benefits’ to the organisation when discussing the ‘exchange theory’:

“Social marketing seeks to influence social behaviours not to benefit the marketer but to benefit the target audience and the general society” (Kotler & Andreasen, 1991).

Others have suggested that an organisation will be successful if:

“They satisfy their customers rather than their own needs” (Hastings, 1994).
These arguments are valid up to a point, but perhaps not realistic in practice. An organisation must have its own vision and be aware of the parameters in which it can operate. It should certainly maintain a customer focus to its work but it should not aim to satisfy the needs of its customers to the exclusion of meeting its own needs as there will always be a mismatch between supply and demand (Hastings & Haywood, 1994). What is more appropriate is the acknowledgement that a compromise will have to be reached.

Branding is an example where exchange theory can by used. It can make the benefits more immediate and seem more tangible to the target audience (Keller, 1998). The tobacco industry recognises that the branding of their products can have great influence, particularly over young people. Smokers of the key brands use advertising to reinforce their decision about what to smoke and why. The advertising reassures them that they have made the right decision to smoke and the chosen brand reinforces their chosen image and identity. Although the tobacco industry can be criticised for exploiting young people’s needs, young smokers are using tobacco to help them build and create their own identity (Hastings & MacFadyen, 1998).

HEBS (Health Education Board for Scotland) campaign on walking featuring Gavin Hastings was successful in raising awareness and improving knowledge but had little impact on changing behaviour (Wimbush et al., 1998). Despite winning advertising awards, it could be argued that although a huge budget was spent on the campaign and the development of a phone line, little effort was made in comparison with supporting activities at a local level such as providing incentives to make people become more active. The ‘exchange’ was simply not attractive enough to make people act.
If the ‘exchange’ theory is to be effective, it requires shared experiences, flexibility and compromise. It is important for health promoters to listen and take on board what the target audience says if, in return, the goal for the organisation is to change attitudes and behaviour (Hastings & Haywood, 1991).

4.8 Marketing Mix

The marketing mix consists of a range of activities that are blended together to influence demand for a product or service. The mix is commonly referred to as the ‘4 P’s’ of marketing. The concept involves developing the right product or service, providing it at the right price in a place where the target group can gain easy access and promoting it in a way that is clear and motivational to the target audience (Wilson & Olds, 1991 & Hastings & Haywood, 1994).

The ‘product’ could be defined for example as ‘good health’, acceptable levels of drinking or condom use. The ‘price’ may represent what has to be given up in order to accept the health promoter’s offering and is discussed in more detail in section 4.7, page 31 on ‘exchange theory’. ‘Place’ considers how the target group is reached or where distribution of materials should be made. It may be where the target groups frequent on a regular basis or via events. ‘Promotion’ is how the marketer communicates with the target group. It may include advertising, Public Relations, sponsorship, point of choice information, helplines, leaflets, personal contact, promotions and incentives. Whatever marketing mix is selected, it should be developed with a view to satisfying the needs, wants, perceptions and values of the target group (Hastings & Haywood, 1991, Arnold-McCulloch & McKie, 1995).
The literature review found very little written about the 'product', the 'price' and the 'place' except for references made to them by authors describing a fully integrated social marketing approach (Hastings & Haywood, 1991, Walsh et al., 1993, Blair, 1995). It is not surprising that the main focus highlights the use of mass media, which has often been equated with marketing. The literature highlights many issues about the use of mass media but only the key observations are highlighted for the purpose of this study.

Mass media campaigns are useful for putting across a simple message, providing basic information and raising awareness of an issue (Pasick & Wallack, 1989). It is also the only intervention that can reach large numbers of people from all social classes quickly (Reid, 1996). It is widely documented that advertising cannot be expected to work effectively in isolation. It is more likely to have an impact when combined with community based interventions and a simple and appropriate 'call to action' (Redman et al., 1990, Tones et al., 1990, Murray et al., 1994, Downie et al., 1996). Advertising also cannot be expected to work if the service that is being promoted is inefficient or the target group is let down by an inappropriate 'call to action'. Credibility will be lost and no amount of advertising will compensate. In addition, it cannot create demand when it does not exist in the first place, as the public will remain indifferent and non-responsive (Farbey, 1994, Brown, 1996).

It has been noted that more effective campaigns use multiple media such as television, radio, magazines, cinema, billboards etc. The timing of a campaign is important and should be developed using key marketing principles such as customer orientation,
audience segmentation, formative research, pre-testing with modest objectives being set (Tones, 1996).

It is a misperception that television is only possible at a national level. A local AIDS prevention commercial in East Cumbria Health Authority was developed, implemented and evaluated for a budget of £18,000. The campaign was created by a group of young designers from the local art college as part of their curriculum, and close consultation and involvement with the local TV station enabled the authority to produce a quality commercial that appealed to the target audience (Hayton et al., 1993).

Radio is often a media that is under utilised but in fact is a personal form of communication that is available to the masses. Messages can be repeated regularly at a relatively low cost and audiences can be targeted by the programming patterns that form during any given week (James, 1989). It is an extremely useful medium in developing countries where TV is not the norm e.g. 75% of young people tune in to the local radio station in Kampala which has been used to great effect to educate, inform and provide advice on sexual health (Carlisle, 1997).

A study in Australia showed that 63.3 million people attended the cinema in 1994. A key target audience for this medium is the under 35 age group. At that time, cinema adverts could be developed for as little as $15,000. In the same study, 91% of respondents felt that cinema advertising was an appropriate vehicle to promote health messages (James et al., 1996).
Women's magazines are read by over half the women in Britain and also by several million men. Approximately one third of the readers are in social class D or E (National Readership Survey, 1993). These magazines have a long history of acting as sources of information, guidance and advice on a wide range of different issues in addition to providing entertainment. Teenage magazines can also have a use for health promoters. A study showed how they could be used in conjunction with sex education programmes at school. Girls consider them a credible source of information and as they are often read in groups, it is likely that articles and features will be discussed (Kehily, year unknown).

Different media will be appropriate for different target groups but the examples cited above demonstrate some options that could be considered when developing a marketing mix.

One of the serious mistakes made by many health promoters is the lack of long term planning, suitable budget to meet objectives and the consideration of the sustainability of a campaign or programme. A one off campaign cannot be expected to bring about societal or behavioural change (Parlato, 1990, Campion et al., 1994). Behaviour change may be a long-term aim but mechanisms need to be put in place to ensure that it is possible to sustain a campaign. An example where this was not observed was a mass media campaign on smoking and pregnancy which was developed and implemented by the HEA over a short period of time. Awareness was high and a shift of attitudes was detected but there was little evidence of any form of 'marketing mix' on the ground to support the desired behaviour change which is vital for long term success (Campion et al., 1994).
Elementary mistakes regarding the ‘marketing mix’ could easily be avoided with careful planning. A radio campaign, which advertised family planning services in an inner city district ran the commercials during the evening and encouraged the listeners to call a phone line for further information. The phone line was only open during day time working hours which meant that the impetus of the campaign was lost resulting in very few calls to the line (Knox & Kubba, 1995).

One excellent example of a fully integrated social marketing approach was a Canadian programme to increase the use of bicycle helmets in the community. It succeeded in increasing use from 5.4% in 1990 to 15.4% in 1991. The combination of a fully tested campaign, community based support in the form of events, education, initiatives and discounts and effective lobbying to get bike path signs and legislation proved to be a successful ‘marketing mix’. In addition, there was commitment by all partners to work towards the same goal and long term planning over a two year period added to the success of the programme (Morris et al., 1994).

It is only when a fully integrated approach is delivered that the most successful social marketing efforts are seen. The reality is that in practice, limited campaign planning cycles and budgets result in compromise on all aspects (Eadie & Smith, 1995).

4.8.1 Communicating the Message

The development of health communication messages is fundamental to the success or failure of a marketing mix. If messages are not clear, consistent, understood and engaging to the target audience, the effort will be wasted. One group of marketing
specialists proposed that a series of key questions must be addressed to understand the consumer’s perception of a situation:

♦ Who is the target market and what are they like?
♦ What action should the target market take as a direct result of the communication?
♦ What reward should the message promise the consumer?
♦ How can the promise be made credible?
♦ What communication openings and vehicles should be used?
♦ What image should distinguish the action?

(Adapted from Sutton et al., 1995).

Message design is a two way process and it is important for the marketer to communicate with the target group to find out how to communicate with them. Quantitative research can explain what a consumer does but only qualitative research can establish why they do it (Manoff, 1997). The most effective programmes happen when the target group are fully involved and consulted during all stages of development and implementation. This helps build a relationship between the consumer and the organisation and allows trust and credibility to be established (MacAskill & Hastings, 1991, Sangl & Wolf, 1996 & Manoff, 1997).

The use of appropriate language is important for the target audience if they are to be receptive to the intended message. The messages could be positive, reinforcing, challenging or even fear-inducing as long as the target group are willing to engage with them (Montazeri et al., 1998). The use of provocative emotional appeals aimed at teenage girls regarding their potential smoking habits encouraged them to discuss the issues with their friends which was seen as a positive result (Hafstad et al., 1997).
A simple call to action such as a telephone helpline can be a useful tool to demonstrate that help is at hand and the individual need not be isolated with the problem (Hill et al., 1998). A series of campaigns targeting smokers in Scotland achieved a 19% reported quit rate after a six month follow up to a sample of 701 callers to ‘Smokeline’ (Donnan et al., 1994).

The NHS has historically been weak at using language that is meaningful to the public during consultation, public board meetings and briefing papers. Whilst the government is emphasising the involvement of the public in the management of its affairs, it will remain a meaningless process if papers, meetings and consultations are not understood by the public (Spiers, 1998).

The experience of the use of mass media in physical activity showed that recall of mass media messages were generally high, but on the whole, mass media campaigns had very little impact on physical activity behaviours. Studies showed that the most effective interventions had more frequent contacts and were tailored to the target audience i.e. the use of a full marketing mix. Health professionals in this field have also recognised that although they may be expert in assessing what people should do to become more active, they are not necessarily expert in communicating their messages in a way that will motivate or facilitate change (Marcus et al., 1998).

4.9 Objective Setting

A key factor in the success or failure of a programme is the development of clear, realistic and measurable goals and objectives. The design of objectives may appear
simple, but in practice, it is a difficult process demanding a lot of time and attention (Pasick & Wallack, 1989). Many health promotion programmes describe their objectives in qualitative terms, which means that evaluating the effects can be very difficult to measure (Kotler & Roberto, 1989).

Objective setting should be done on several levels. There is the broad visionary goal, which is sometimes called the ‘mission’. Objectives can then be measured using performance indicators to indicate movement towards or away from the goal. The organisation then has to set itself benchmarks to agree what it would consider to be a ‘success’ (Pavia, 1995).

Objectives should be set as a result of primary and secondary research and should ideally include consultation with the target group. Their perspective of the problem area should be considered equally as important, if not more so, than the view of the health professionals (Hastings & Haywood, 1991). Developing strategies without fully understanding the problem is a common fault (Manoff, 1992). Setting objectives should become an exercise in evaluating what the problem really is.

In order to measure the effects of a programme it is essential that it is clear what impact or effect the initiative was expected to produce. The ability to fulfil these expectations relies on how well the objectives were defined at the outset of the project (Mintz, 1989).
4.10 Evaluation

The purpose of evaluating a social marketing programme is to monitor progress against the original objectives (Walsh et al., 1993). Programmes should be tracked using process evaluation and the response by the target group is monitored by outcome evaluation. The data collated via the evaluation are then used to modify and improve the programme (Maibach et al., 1997).

One valid criticism of social marketing programmes is that studies are conducted without monitoring the effects of a control group which means that it is often very difficult to attribute causal relationships in their outcomes (Brown et al., 1990). Others agree that more rigorous analysis and objective evaluation would help validate the effectiveness of a programme in practice (Ling et al., 1992).

The methods of evaluation should also be scrutinised to ensure they are valid and reliable. It has been observed that often during street interviews or telephone surveys, people will respond to questions in a way that they think is appropriate as opposed to a genuine response (Brown et al., 1990).

As discussed in section 4.9 of this chapter, objectives are often unrealistic and unmeasurable such as 'the campaign aims to change behaviour'. In order to evaluate this statement, the following issues would have to be made explicit. Whose behaviour is to change? What percentage of the target group was being expected to change? How was their behaviour expected to change? (providing examples of measurable changes that could be proven). However, caution must be exercised when interpreting the
impact of campaigns, as it can be very difficult to attribute any changes directly to one source (Mintz, 1989 & Brown, 1996).

However, the impact of advertising on its own is likely to be negligible in terms of behaviour change. Outcome measures often focus on raised awareness, change in knowledge and attitudes and monitoring requests for information. If these issues are to be adequately evaluated, it is advised to track progress before, during and after the programme (Pasick & Wallack, 1989).

4.11 The Competition – What Health Promotion is Competing Against

Health promotion has a variety of elements that it has to compete against and these have to be explored to get the full picture of what a social marketing approach involves.

Health promoters can often be seen to be competing against themselves. The internal environment within an organisation can make or break a marketing effort (Mintz & Steele, 1992). If social marketing is to succeed, it needs to be an integral element of the organisations’ overall activities and not a peripheral or secondary function. As a demonstration of commitment, substantial human and financial resources are required. This could be perceived as another serious flaw with many social marketing efforts.

In most health promotion departments, marketing is seen as an after thought and there is often a lot of resistance to adopt a social marketing approach. It has been argued that much of this could be resolved if workforces were adequately trained in applying a social marketing approach (Flora & Wallack, 1990).
Social marketers are often expected to reach their objectives when the budget set is not realistic or sustainable. A campaign may be developed which has pre-tested well with the target group but a severely limited budget or long term commitment from the organisation will not allow adequate penetration to effectively reach the target audience. It may take up to ten years for the effective diffusion of new ideas and practices to produce measurable and worthwhile social change e.g. some of the international family planning efforts have been supported over decades resulting in cost effective and substantial changes in behavioural patterns (Altman & Piotrow, 1990). California’s ‘5 a day for better health’ nutrition campaign is an example where results were starting to show positive effects and some evidence of behaviour change. The model of practice was shown to be effective and was rolled out into other population segments. However, after three years the core funding for the campaign was stopped for no explicable reason especially as positive results were starting to be seen (Foerster et al., 1995).

Expectations placed on marketing programmes are often unrealistic. A commercial marketer would be considered successful if a large market was shifted one or two percentage points. However, health promotion objectives can seek to shift attitudes or behaviours by 20% – 30% across a population at risk e.g. if a reduction in smoking amongst the target audience resulting from an advertising campaign achieves around 5%, it should be considered a great success (Tones, 1994).

Health promotion is often guilty of bombarding the public with unclear and conflicting health messages (Pasick & Wallack, 1989) e.g. what do the public really understand by ‘eat 5 portions of fruit and vegetables per day?’ Physical activity messages have
changed considerably over the past few years. Exercise vigorously for 20 minutes three times a week has now become accumulate 30 minutes of modest activity most days of the week.

Health promoters are also competing against other forms of information, which can undermine the credibility of the health campaign, e.g. the alcohol industry spends approximately £100 million a year on advertising (Hastings et al., 1992). In the United Kingdom, the success of the ‘Reg’ tobacco adverts, which were claimed to be targeted at 35 – 55 year olds, appealed primarily to 14 – 15 year old smokers (Hastings et al., 1994). In America in 1993, the tobacco industry spent $6.03 billion on advertising and promotion. Approximately, 3000 young people become regular smokers every day and if tobacco use among youth continues at current levels, 5 million American children who are alive today will die from tobacco induced disease (U.S. Department of Health and Human Services, 1994).

A survey conducted in Belfast in 1987 examined the balance between health promoting advertisements and those for potentially health damaging products. There were 336 posters seen in the area of study. Of these, 36% of them represented potentially health damaging products and only 4% contained health promotion messages. There were 64 adverts promoting alcohol and none warning of the damaging effects. There was a ratio of 19:1 in favour of tobacco related promotions against adverts advising people to stop smoking (Boydell et al., 1991). To compete realistically with these levels of advertising, an enormous increase in budget would be required, which most Health Boards are highly unlikely to match. Serious consideration has to be given to whether
health promotion advertising budgets are being wasted if they have not been realistically calculated to enable an appropriate impact to be made.

Social marketers are often asked to influence non-existent demand or even negative demand. Examples of this might include exercising on a regular basis, stopping smoking or cutting down on drinking. It has been observed that often people only want health in the abstract: the adoption of health promoting behaviours can be a distinctly unattractive proposition for the customer (Tones, 1994). The tensions lie in the fact that health promotion cannot abandon its 'products' and diversify just because what is on offer is not always the popular option. Demands are placed from external sources, often the government (Hastings & Haywood, 1991) and the question must be asked again – ‘who is the customer?’ If the government really considered what the public wanted the programmes delivered by health promoters would sometimes be very different.

4.12 The Role of Media Advocacy

One important issue that emerges from the literature is the role of media advocacy as a form of public health communication. Media advocacy makes strategic use of mass media for advancing social and public policy initiatives. It does not attempt to change individual risk behaviour directly but tries to change the ways in which problems are understood as public health issues. It attempts to involve the public in policy generation and its goal is to empower the public to increase their participation in defining the social and political environment in which decisions affecting health are made. Supporters of media advocacy have criticised social marketing efforts for
focusing on individuals. It has also been said that it offers naïve solutions for complex health problems which ignore social or environmental issues (Wallack, 1990).

The suggestion that media advocacy is a superior model for public health communication has been widely debated and the conclusion arrived at by many supporters of social marketing is that media advocacy should be an integral part of a social marketing approach. Media advocacy is essentially public relations, publicity and public information devoted to social causes and therefore should be considered as an essential element of the ‘marketing mix’ (Hynd, 1990, Manoff, 1990, Maibach & Holtgrave, 1995, Mindell, 1997).

The argument that social marketing focuses on individuals is of concern to some as it implicitly holds individuals responsible for the solutions to problems, thus deflecting the onus from the physical and social environment in which they live (Wallack, 1990, Ling et al., 1992). Those involved in social marketing would argue that the consideration of the political and social environment is crucial if positive social change is to be the outcome of programmes (Novelli, 1997).

Those who support media advocacy need to be cautious in their approaches with the media, as they can be guilty of misleading the public with non-ethical stories. On occasion, the truth can be sacrificed in the interest of increasing circulation or audiences.

Health professionals tend to have rather mixed views of the health information, which the general public obtains from the media. Media has the power to raise expectations
about new treatments or availability of services and can cause panic by publishing 'scare stories' about side effects of drugs or people's vulnerability to certain diseases (Elliott, 1994). The reality is that only a very small section of the media is sufficiently skilled and concerned to report health issues accurately (Fwnyvesi, 1990).

4.13 Concluding Comments

The literature on social marketing over the past ten years throws up many interesting issues, which have been debated vigorously in a variety of journals. An attempt has been made to disentangle the principles of social marketing, comment on what health promotion is competing against in terms of social marketing and also to provide a response to some of the critics of the practice.

The principles of social marketing have now been defined for the purpose of the study. It is time to turn to the practice of mass media conducted by health promotion departments in Scotland to assess to what extent they are followed.
Chapter 5 Results

5.0 Introduction to Results

There were 25 questionnaires sent to the 15 Health Promotion Departments in Scotland. Of these, 21 were returned yielding a response rate of 84%. Data were collected from 14 out of the 15 departments providing a response rate of 93%. During the period of interest 12 departments (80%) had developed and implemented some form of mass media campaign.

Completion of 9 questionnaires (43%) were by Senior Health Promotion Officers, 8 (38%) by Health Promotion Managers, 2 (9%) by a Senior Officer in Marketing, 1 (5%) by a Director of Health Promotion and 1 (5%) by a Public Relations Manager.

Detailed data were collected on a total of 33 campaigns although 62 campaigns were reported as being developed during the period of interest.

The results of the questionnaire and interviews are outlined in the following sections.
5.1 Who has Principal Responsibility for Developing and Implementing Mass Media Campaigns in your Department?

The majority of departments use the skills and knowledge of the specialist officer in the topic/issue for the development of mass media campaigns. Three departments employ officers with a background and experience in marketing and only one holds a senior management position.
5.2 What Issues have been Covered by any Mass Media Campaigns Developed and Implemented by your Department between 1996 and 1998?

The most frequently developed campaigns at a local level are smoking, HIV/AIDS, breast feeding and cancer which includes breast awareness and sun awareness. Coronary heart disease, cancer and smoking which are the three key issues addressed by HEBS (Health Education Board for Scotland) are widely developed locally. Other campaigns that have been developed include a Hepatitis B campaign in response to a local outbreak and an antibiotic campaign to raise awareness surrounding the use of antibiotics to treat colds and flu.
5.3 What Media have been used in Media Campaigns between 1996-1998?

The most frequently used media are radio (52%), press (52%) and bus advertising (33%). Other media used include taxis, football and cinema programmes.
5.4 What 'Below the Line' Activities have been used to Complement Media Campaigns between 1996-1998?

The most frequently used ‘below the line’ activities (see definition in Chapter 1, section 1.2, page 6) are P.R. (82%), posters (79%), leaflets (73%) and community based events (61%). Other activities include competitions, stickers, beer mats, adverts on takeaway lids, radio roadshows, carrier bags, postcards and franking of letters.
5.5 What Criteria does your Department Consider before Developing a Campaign?

Respondents were asked to acknowledge all relevant criteria. The most important issue identified was whether it was considered to be a health board priority (92%) and whether the campaign could be complemented by activities at a local level (83%). Other topics include responding to a specific local crisis e.g. Hepatitis B outbreak and whether mass media is considered an appropriate strategy to address issues relating to a specific target group.
5.6 What is the Total Budget your Department has Spent on Mass Media Activity between 1996-1998?

Results showed that 12 departments out of the 14 departments report budget being spent on mass media campaigns. However, the level of spend by health promotion departments in Scotland is very low with only 3 departments spending over £90,000 during the three year period. Seven departments reported spending less than £30,000 over the three year period. Two departments have discrepancies in the amount spent as reported by different staff. In both cases, one respondent quotes up to £30,000 while another quotes between £60,000 - £90,000.

5.7 Who are the target groups for your Campaigns?

Target groups were identified for the 33 campaigns that were reported on. Of those, 24% report that the target group for individual campaigns was the general public. From these campaigns 5 (62.5%) had a budget of less than £5,000. Other target groups with a budget of £1,000 include a campaign on sun awareness aimed at parents of young children, health professionals, farmers and outdoor workers. Another campaign aimed at the general population and professionals had a budget of £10,000, which was neither pre-tested nor evaluated. Other target groups included gay men, young people, smokers, older people on a low income and women who are eligible to be invited for breast screening.
5.8 What were the Campaigns trying to Achieve?

The majority of campaigns were trying primarily to raise awareness of health issues such as HIV/AIDS, sun awareness, mental health issues, breast feeding, breast screening, fire safety, smoking, healthy eating, physical activity, dental health and alcohol issues. Others were trying to encourage a ‘call to action’ such as phone a helpline, attend a service e.g. breast screening or advising how to dispose of needles safely. Other campaigns were attempting to reduce the stigma associated with mental illness or HIV/AIDS.

5.9 Does your Department Pre-test Campaign Materials?

There were 8 departments who reported that campaign materials were always pre-tested, whilst 3 others reported that they did so sometimes. An anomaly occurred when one department reported that campaign materials were sometimes pre-tested while another respondent from the same department stated that they never did. Further anomalies were noted by the fact that two departments reported that they always pre-test campaigns, yet three campaigns which were fully reported by these departments had not been pre-tested. Of the 33 campaigns that are reported in this study 20 (61%) had been pre-tested, 12 (36%) had not and no response was available for one.
5.10 How were the Campaigns Pre-tested?

Obtaining views from staff is the most frequently quoted method for pre-testing campaign materials (85%). Of the 20 campaigns that were pre-tested 6 (30%) were only pre-tested on staff and other professionals.

5.11 Have the Campaigns been Evaluated?

Data collected on 33 campaigns showed that 20 (61%) had been evaluated, 10 (30%) had not been evaluated and 1 of the 33 was not commented upon. However, 2 campaigns were due to be evaluated some time in the future and one respondent commented on the criteria they would use to evaluate it.
5.12 What Criteria were used to Evaluate the Campaigns?

![Graph: Criteria for evaluating campaigns]

The most frequently quoted criteria for evaluating campaigns were the assessment of awareness levels with 17 (81%) responses. Other methods used to evaluate campaigns included monitoring calls to phonelines.

5.13 Who Evaluated the Campaigns?

Of the 20 campaigns that had been evaluated to date, 52% were evaluated by an external agency while 48% were evaluated in-house.
5.14 Statements Relating to a Social Marketing Approach

Respondents were asked to what extent they agreed or disagreed with a series of statements which are important when considering whether or not a social marketing approach is to be adopted. The statements were developed as a result of key issues highlighted in the literature review. Each of the statements appears in the section heading from 5.14.1 to 5.14.9. After each question comments were invited to support the response made.
5.14.1 Developing a campaign which reflects the attitudes and values of the target group is of prime importance

Results showed that 10 (53)% of the respondents strongly agreed with the statement, while only 1 (5%) was in strong opposition. Comments by respondents included the following:

"It is pointless to engage people in a process that is meaningless to them."

"Some campaigns challenge attitudes and values."

"We always involve representatives of the target group at early planning."

n=19
5.14.2 Campaigns should target the widest possible audience to get the best value from a limited budget

Results showed that 7 (37%) of the respondents disagreed with the statement but 3 (16%) supported the statement. Comments by respondents included the following:

"Campaigns should be targeted at a specific group unless it is a general population issue."

"This is not always true. You may be more effective working with a smaller audience in some instances."

"It depends on factors like topic, age group and message. In some cases a widespread campaign is appropriate, in others it should be much more focused."

"This can sometimes be true but we now target more than ever."
5.14.3 Health promotion specialists are the ‘experts’ on the subject/topic of a campaign, therefore their role is to ‘inform people what they need to know’

Results showed that 7 (37%) of the respondents neither agreed or disagreed with the statement while 12 (63%) either disagreed or strongly disagreed with it. Comments from respondents included the following:

"Consultation with the target group and other partners is of prime importance."

"A role for health promotion is to identify the needs of the population and then inform."

"Topic specialists ensure information is up to date and accurate to inform people what they need to know."

"The public have their own health priorities and agenda which may not coincide with that of the ‘experts’."
5.14.4 Measuring the success of a campaign is only possible if specific and realistic objectives have been set.

Results showed that 8 (42%) of the respondents strongly agreed with this statement while only 1 (5%) disagreed to an extent. Comments from respondents included the following:

"Good evaluation with meaningful indicators is certainly useful, but 'success' is difficult to define and measure. Impact may be easier to measure than long term outcomes."

"If you limit objectives to what is measurable, you limit the scope."

"We always set 'SMART' objectives to measure against."
"Ideally yes. However, subtle attitudinal changes in the population surely happen and may not be so easily or readily measured".

5.14.5 Provided campaign messages are accurate, it is more important to consider the target audiences views and opinions of a campaign than those of professionals working in the field.

![Bar chart showing responses](chart.png)

n=19

Results showed that 10 (53%) of the respondents agreed with the statement and 2 (10.5%) strongly agreed. On the negative side, 2 (11%) disagreed or strongly disagreed with the statement. Comments from respondents included the following:

"No. Both sets of views are paramount. Those delivering the message must share the convictions of those receiving the message."

"Depends if the campaign needs commitment of professionals to deliver the campaign."
"You need professionals to support the campaign."

"Political aspects would have to be considered." 

5.14.6 Marketing and advertising are one and the same thing

Results showed that 17 (90%) of the respondents either agreed or strongly agreed with the statement. Comments by respondents included the following:

"Marketing is a much broader concept than advertising."

"Advertising is one tool in the wider marketing concept."

"Advertising is information giving while marketing is selling and promoting."

"Difficult to change colleagues attitudes to this idea."

n=19
5.14.7 The best campaigns can change attitudes and behaviour on their own

Results showed that 14 (74%) of respondents agreed or strongly agreed with the statement. Comments by respondents included the following:

"Possible, but unlikely. Need other activities/services to support campaigns."

"Only if you are incredibly lucky. Campaigns have to be supported on the ground."

"Depends on health theme and how ready the population is to receive the messages associated with the theme."
5.14.8 People expect too much from media campaigns. They think that because a large budget is involved results should be instant.

Results showed that 13 (68%) agreed or strongly agreed with the statement, while 3 (15.5%) disagreed or strongly disagreed. Respondents comments included the following:

"I think this is probably true to a large extent but the climate is changing."

"A large budget is not always used and much can be expected even from small amounts."

"Same criteria is not exercised on community development which can cost thousands in staff time."
5.14.9 Before deciding to develop a campaign the organisation should ensure it will derive benefits for itself

Results showed that 10 (53%) of the respondents neither agreed or disagreed with the statement, while 5 (26%) strongly disagreed with it. Comments from respondents included the following:

"More likely in health promotion to focus on the benefits for the target group."

"Yes. Benefits for the service as well as the audience should be taken into account."

"If large sums are spent I can understand the need for identity and establishment of a credible image or source."

"Not for itself but you have to have a good reason to think it will benefit the audience or community."
5.15 What are the Main Barriers faced by Organisations when Developing and Implementing Mass Media Campaigns?

n=19

Respondents were asked to respond to all issues that were relevant to them. The most frequently quoted barriers were budget (100%) and sustainability (63%). Other barriers quoted included getting agreement that campaigns are an appropriate way to get the message across and ensuring that they are part of a strategically planned approach. There is also a fear of campaigns backfiring due to press manipulation or misrepresentation.

Results showed that 8 (42%) of the respondents considered that having appropriate specialist skills is a barrier to developing and implementing mass media campaigns.
One respondent commented that mass media activity was rare in their department.

"Due to little time and budget and the belief that mass media campaigns are often an excuse to spend money outside of a well planned strategy – we don't often do it."

Another respondent commented that:

"This is a small department and is limited in terms of budget but I would like to explore working across Boards or with HEBS to develop local mass media campaigns."

5.16 How Familiar are you with these Marketing Terms?

<table>
<thead>
<tr>
<th>Marketing Term</th>
<th>Familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange Theory</td>
<td></td>
</tr>
<tr>
<td>Segmentation</td>
<td>60%-80%</td>
</tr>
<tr>
<td>Customer Orientation</td>
<td>60%-80%</td>
</tr>
<tr>
<td>Formative Research</td>
<td>80%-100%</td>
</tr>
<tr>
<td>Marketing Mix</td>
<td>80%-100%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>100%-120%</td>
</tr>
</tbody>
</table>

n=18

It should be noted that respondents were not required to explain their understanding of the marketing terms but only their familiarity with them. Most respondents are aware of the key marketing terms with the exception of segmentation (61%) and exchange theory (5.5%).
5.17 Semi Structured Interviews with Three Health Promotion Departments

Three health promotion departments agreed to be interviewed to provide more detailed information about their use (or lack of use) of mass media. Particular interest was taken in their knowledge and experience of social marketing techniques. One department was considered a high level user of mass media, one a medium level user and one a low level user.

The interviews lasted an average of 30 minutes. Two interviews took place with the high level user department; firstly with the head of department and then with a senior officer who had extensive experience of developing and implementing mass media campaigns.

One interview took place with the P.R. Manager of the medium level user. A second interview arranged with the head of department was cancelled on the day of the appointment, despite a confirmation being made. The head of department of the low level user department declined to be interviewed but two interviews took place with senior officers.

Both the high and medium level user develops and implements campaigns but the low level user generally buys in materials for campaigns. However, a group from several health boards is currently developing one.

It was not possible to fully analyse the interview material in the time available to conduct the study. However, the following sections provide quotations directly from the interviews to help inform the reader about key issues.
5.17.1 Why does your Department run Mass Media Campaigns?

Interviewees were asked why their department is committed to develop and implement mass media campaigns.

“Our area is quite big and it is quite diverse in terms of urban areas and rural areas. Campaigns are a good way to reach people and it’s cost effective although some people wouldn’t agree.” [High level user]

“We use media campaigns to get health matters on to the public agenda. Our role is to challenge the current culture. We also use campaigns to raise the profile of the department.” [High level user]

“We can do things locally and with local support which probably gives us advantage over say HEBS who are doing things on a national basis but can’t have the same kind of relationship with local people that we can.” [Medium level user]

The low level user was asked why it was perceived that campaign work was not a priority for their department.

“It is my perception that campaigning has never been very high on the agenda of people employed in this department. There is a bias towards those operating in the education setting.” [Low level user]
5.17.2 How do you Decide which Campaigns you are going to Invest Money in During any Operational Year?

Interviewees were asked how they decide which campaigns they will invest money in.

"We do the big 3 the same as HEBS and specialist days such as No Smoking Day, World AIDS Day, Mental Health Week etc. New campaigns are identified by programme managers and then a proposal is put forward to bid for budget." [High level user]

"We always base all our work on statistical data. We run lifestyle surveys of the population every three years. We do one on adults and one on secondary school pupils. It's a tracking survey so we ask the same questions every time so we can plot trends, improvements or things we need to work on. It throws up areas that we have not done well in or how we are progressing towards national targets. Once we have the data we draw up an action plan." [Medium level user]

"Last year we agreed to support five campaigns throughout the year. Scottish Mental Health Week, World AIDS Day, No Smoking Day, National Smile Week and Breast Awareness Week." [Low level user]
5.17.3 From your Experience can you Describe what Process you go through to Develop and Implement a new Campaign?

Interviewees were asked to describe the process they go through to develop and implement a new campaign.

"We usually start with a brainstorm and work out what we're trying to achieve with the campaign, the kind of objectives and who the target group are. We tend to run a general media campaign, which we hope will reach everyone. Other parts are targeted at specific groups. We then think of the key messages. At this point a brief is written and agreement is made whether we tender for media and do the creative in-house or go to an agency. We usually commission out pre-testing to find out what appeals, what response it elicits etc. We then adapt and consider the media plan. We look back at other campaigns to see what's evaluated best for us. Production is then commissioned and e.g. leaflets, information packs, phone lines, community based events are put in place. We then let the campaign run and evaluate it 2-4 weeks after it finishes."

[High level user]

"The West of Scotland World AIDS Day group create their own materials. Developing a campaign within a group means an awful lot of talk. Each partner involved comes with a very different perspective. There has been a lot of compromise and negotiation on the way. This is the first year we are going to market test these materials. We will test via focus groups throughout the areas. They cost quite a lot and we felt we had the skills ourselves to run the groups. Our campaign budget is about £5000. The final images will probably be used differently by the different boards."

[Low level user]
5.17.4 How do you Involve the Target Group in the Development of the Campaign?

Interviewees were asked to describe the involvement of the target group, if any, in the development of the campaign.

"In some projects we work with partners in the developmental stage but we tend to go to the target group at the stage of pre-testing the materials." [High level user]

"We like to involve the target group from the concept before we have even got as far as developing materials. Once materials are in the process of being developed we would work with focus groups. We always change our materials as a result of talking to the target group." [Medium level user]

"Before we decide whether advertising is going to be part of the strategy we consider the target group. If we could reach that target group in a different way we might try other ways that don’t involve paid advertising." [Medium level user]

"It would have been a fairly major exercise to ask the public about their opinions so our feedback was from professional staff, voluntary organisations and service users." [Low level user]
5.17.5 What is the Value of Pre-testing for your Department and who is Involved?

Interviewees were asked what is the value of pre-testing and whom they involve in the process.

"We tend to intellectualise and sometimes the public will ignore it. It's a way of finding out the impact of the communication. We try to pre-test a range of different treatments and we will definitely change depending what people say." [High level user]

"I think early testing is the key. Don't be disappointed if somebody says I don't understand a word of what you are trying to say. We would test on the target group as well as the professionals who would be looking at it from a different angle." [Medium level user]

"There is a rule of thumb that 10% of your costs should be for evaluation. However, sometimes we manage to do it for very little costs by using existing groups. We have used sessional staff who work with us on telephone surveys after a short training which is cost effective. We have used students at the universities who have worked on a project they were doing and that hasn't cost us anything. We have also used market research companies on occasion although obviously that's expensive." [Medium level user]

The responses of the low level users are addressed in section 5.17.3 and 5.17.4.
5.17.6 Can you Describe some Activities you use to Complement a Campaign?

Interviewees were asked to describe some activities that their department use to complement a campaign.

"We sometimes use information lines and have used inserts in the local press which invited responses. We have also put a counselling service phone number on the back of bus tickets which worked well." [High level user]

"We often use sales promotion techniques – point of sale e.g. in supermarkets which reminds people and keeps awareness high. We use display stands, shelf wobblers, supplementary leaflets and use PR such as photo opportunities. We try to make people aware of the help they can get and what they can do for themselves." [Medium level user]

"We use the media wherever possible but at the end of the day you have got to have news. If your story is right the media can't get enough of it and you can't put a price on that." [Medium level user]

"We sponsor the sports programme on our local radio station on a Saturday afternoon and get 30 second slots." [Low level user]
5.17.7 How do you Evaluate Campaigns?

Interviewees were asked how campaigns were evaluated and what measures of success are used.

“We generally send it externally. It’s not really good to evaluate your own stuff plus we don’t have that kind of market research team. We evaluate to see if people have done something as a result of seeing the campaign such as discussed it with someone, phoned a helpline etc.” [High level user]

“We are hot on tracking these baseline surveys, monitoring progress towards targets, use of indicators and intermediate indicators. The Director of Research from our local university chairs our in-house group. We’ve got representatives of all the programmes to ensure consistency. On our IT systems we have the targets and the kind of action plans that we’d want to do and our progress towards the target intervals. We can bring it all together at the touch of a button.” [Medium level user]

“We monitored uptake on the resources and have a steering group who provide feedback from a variety of sources.” [Low level user]
5.17.8 What are the Major Barriers Faced by your Organisation when Developing Media Campaigns?

Interviewees were asked to describe the main barriers that were faced by their department regarding the development of media campaigns.

"The main barrier is funding which we are constantly being quizzed upon." [High level user]

"Some topics can be controversial like working with gay men. Funding is obviously a barrier and then you need to have personnel around to carry out the work." [High level user]

"We are very aware of campaign fatigue and people's reactions to preaching. Take healthy eating for example. I mean, how do you make healthy eating interesting now?" [Medium level user]

"Budget is the key one. We base our campaigns on the data that we have here. We've got some good ideas but then find, it's quite difficult to get the money to do it in the way we want without going to a partner." [Medium level user]

"We don't develop any new materials for Mental Health Week. The obvious reason is budget and we don't have any in-house graphics people we could use." [Low level user]
“I think if we were to ask a whole variety of people in the department what health promotion was about – you would get a whole variety of perceptions and that leads to a lack of clarity as to what you are trying to achieve. If you don’t quite know where you want to get to, it’s difficult to apply marketing principles.” [Low level user]

5.17.9 Overall, What have your experiences of developing mass media campaigns been like?

Interviewees were asked to describe their overall experience of developing mass media campaigns highlighting any lessons that have been learnt.

“Being careful at choosing media because it can make a huge difference. Don’t try and do too much by having a huge list of objectives.” [High level user]

“We all tend to be a little too safe because we’ve got so many people to please and then I think you lose something. Maybe one person out there will be upset by what you do but watering it down means nobody will take notice. My yard stick is if blokes talk about the campaign in a pub that night, or the kids talk about it in the playground.” [Medium level user]

“One campaign that was developed in the past was not well received publicly or professionally. It was very unfortunate and it left people saying we’ll back off from public campaigns.” [Low level user]
What are your Impressions of what Marketing is About?

Interviewees were asked to comment on what they think marketing is about.

"I think marketing is quite distinct from social marketing where the bottom line is the increasing of profits. I think it's useful to think of your campaign as if you were trying to sell a product and we have to make sure that it's got some kind of value to the consumer. If you think about what people are willing to give up for condoms, you have to think about the cost to them and try and make what we are offering worth something to them." [High level user]

"I look at it as saying we've got an issue which we want to get over to the population. It's taking it from one perspective to another perspective." [High level user]

"Marketing is part of the huge area of communications. Marketing comprises of very many elements and it is a vital part of our health promotion work." [Medium level user]

"I think marketing is about the high powered sales stuff and we as rigorous idealists don't want to get involved in that commercial world. I think within elements of health promotion there's a feeling of that. So we shouldn't touch it." [Low level user]
5.17.11 Do you think there is a Role for Marketing within Health Promotion?

“Yes. But there is a lot of resistance to it because of naivety. I think many people don’t understand that you can apply marketing principles without it having to relate to profit. There’s a terrible assumption in the health service that if you apply marketing principles you’ll end up selling health.” [High level user]

“Definitely. Health promotion is a new discipline and people don’t really understand what we’re about. I think there are opportunities because we haven’t gone out and marketed or sold ourselves well enough. We have to put ourselves onto peoples agendas so that they know what health promotion has done and what we’ve got experience in. I think it’s something that health promotion is particularly weak in.” [High level user]

“We have brought in people who have worked in other sectors apart from health promotion and the idea is that they bring what they’ve learned in other sectors to address the challenge of improving the health of the people. We don’t believe that people who are only qualified in health promotion could actually achieve that on their own.” [Medium level user]

“We’ve made a big commitment to marketing but its because we think it is vital. When we look at our lifestyle survey we know that we’re making progress in areas where we know we put a lot of marketing effort. We generate a million pounds a year extra income to add to the health service money through our work with clients. A lot is
marketing so we’re bringing in money to work in deprived areas. I mean how can that be bad?” [Medium level user]

“I think marketing is about taking your message out to people and that’s a perfectly valid role for health promotion.” [Low level user]

“I would want to bring in somebody with marketing skills and experience because why try to do it yourself when there is somebody who can do it properly.” [Low level user]

“You (Marketers) need to show us some of what you have done and what you can do for health promotion. I think you have got a task of educating people in health promotion about the fact that they are very similar. We actually start from the same point and we are both ostensibly taking a client centred approach.” [Low level user]

“I think if something is well marketed there is an understanding of the target group, what is acceptable to them and there’s an understanding of the attitudes, perceptions and beliefs of the target group.” [Low level user]

5.17.12 Has Anyone in your Department had Specialist Training in Marketing?

“No. I did Business Studies so I did a bit of background marketing. We’ve actually tried to get people funded to do a CAM diploma but at the time the management didn’t see it as relevant.” [High level user]
"I think there is a need to train and develop people in this area. I see part of our role is communication and then we can actually utilise these skills not just for campaigns but for other work as well." [High level user]

"Probably about half a dozen." [Medium level user]

"We work with a media consultant for media work but I don’t think there’s anybody at the board who does marketing." [Low level user]

"We used to have but we lost them in the last re-organisation when it was perceived that the graphics and marketing expertise that we had in the department was no longer necessary. I think the pragmatic effect is now being felt. It’s like hang on we haven’t got this expertise in the department and maybe we actually need it." [Low level user]
Chapter 6  Discussion

6.0  Introduction to Discussion

The purpose of this study was to consider how closely the practice of mass media activity in Scotland between 1996 and 1998 equates to the principles highlighted by a review of literature on social marketing over the past ten years. The questions posed by the study were:

What are the common principles reflected by a review of social marketing literature?

Does local mass media activity in Health Promotion Departments in Scotland between 1996 and 1998 reflect these principles?

What recommendations could be considered to improve local mass media activities in Scotland?

It is now time to reflect on what lessons have been learnt that may be useful for Health Promotion and Public Health Specialists to consider for future practice. The discussion will focus on the first two questions and will also reflect the experience of Greater Glasgow Health Board, which only participated in certain elements of the study. (Refer to Chapter 3, section 3.6, page 14 for details). Greater Glasgow Health Board has developed and implemented five campaigns within the period of interest, spending a budget of £290,000 and therefore, the impact of the study would be diminished if their knowledge and experience was not included in some format.
6.1 What are the Common Principles Reflected by a Review of Social Marketing Literature?

Some difficulty was experienced in defining the principles of social marketing. This stemmed from the fact that some authors discuss elements of the approach but only a few describe the fully integrated approach. Most readers are unlikely to have access to the full range of literature on the subject, which could explain some of the criticism directed towards social marketing, as there is no clear consensus about its role within public health.

Social marketers have to take their share of the responsibility in this, as it appears that, to date, they have failed to get their own message across to the important target group of Public Health Professionals. It could be argued that this is due to there not being one definitive model of social marketing that all practitioners apply in practice. Practitioners often take out parts of a marketing approach but very few work systematically through all the principles that have been discussed in the literature review (Ling et al., 1992). The essence of customer orientation, segmentation and research appear to be universally accepted. However, the complexities of the issues involved in each of these areas together with the other principles has often resulted in practitioners of social marketing having different remits and purposes. Competing messages, goals and lack of common vision can be the outcome which contradicts what social marketing advocates.

Many public health journals do not help social marketers as they continue to publish articles containing inaccuracies about the practice of social marketing. These will only
continue to fuel the speculation about the value of the approach.

One author claimed that in a marketing approach (McAlister, 1995):

"the central agent seeks to dominate others by pressing its own agenda or interests on others."

He also states that social marketing is:

"the idea that public health agencies can 'sell' healthier lifestyles by adopting the orientation and adapting the methods of commercial advertising and public relations agents who help sell products or politicians."

Another author stated that (Montazeri, 1997):

"Health educators and health promoters wish to enable people to make their own decisions on matters of health, while in social marketing there is a tendency to choose on their behalf."

A social marketing approach starts and finishes with the consumers needs, wants and values but recognises that the target group will ignore any message or programme that they do not wish to engage in. It is a fallacy to claim that social marketers choose healthy decisions on behalf of the public, which both these examples allude to in their argument. Marketers do not assume that if something is healthy people should want it. Instead, they consider 'how can we make people want it' (Ling et al., 1992).
The key principles of social marketing have been discussed fully in the literature review and the most frequently referred to are summarised below:

- Customer orientation
- Market segmentation
- Formative research
- Exchange theory
- Marketing mix
- Objective setting
- Evaluation

The discussion will now assess how each of the principles are used by health promotion departments in their use of mass media. The discussion will also assess to what extent the concept of marketing is understood by practitioners as this is a crucial element highlighted in the literature.

6.2 Customer Orientation

The essence of a social marketing approach is the recognition that the needs, wants, values and attitudes of the target group should be the focus for all activities (Kotler & Roberto, 1989, Hastings & Haywood, 1991, Lefebvre et al., 1995, & Manoff, 1997). Although the critics of social marketing have accused it of being manipulative and ethically suspect (Wallack, 1990, Buchanan et al. 1994), if a true marketing approach
is adopted, then no programme should be delivered that is not tested, approved and driven by the demands, values, needs and wants of the target group (Wilson & Olds, 1991).

The practice in Scotland suggests that although the target group is considered in the strategic development of a programme or campaign, it is not generally the focus for the strategy. Only one department described the involvement of the target group as being crucial at the early stages of planning. Eleven departments reported having used pre-testing as a tool but usually only when materials have been developed. Three departments did not pre-test materials as standard and 30% of campaigns were only pre-tested having considered the views of staff and other professionals. (Refer to section 6.4 of this chapter).

The literature acknowledges the constant tension between the values that the 'experts' wish to reinforce and the values that are relevant to the target audience. In practice, this is demonstrated in a number of areas.

The statement ‘health promotion specialists are the ‘experts’ on the subject/topic of a campaign therefore their role is to ‘inform people what they need to know’ (Chapter 5, section 5.14.3, page 61) provoked a variety of responses. These ranged from full support of the marketing principle of considering the views of the target group to the opinion that specialist officers have a role to inform the public what they need to know. This would be a traditional public health perspective, which contradicts what a social marketing approach would advocate.
An interesting example of this in practice was Greater Glasgow Health Board’s experience of developing a ‘Stairwalking’ campaign in the Glasgow Underground. The noted aim was to encourage non-active commuters to become more active with the first step being to encourage them to use the stairs instead of the escalator. During the pre-testing of the materials and messages women stated strongly that they would respond positively to a message regarding their weight. However, the ‘expert’ involved in the campaign was keen to educate men that weight was also important for their health as research based evidence highlights this issue. The men involved in the pre-testing said that this type of message was not relevant to them and therefore they would be more likely to ignore the ‘call to action’.

In practice, a compromise has to be made. The ‘experts’ have to take on board the fact that the public will not always be receptive to their message unless it is presented in a way that is acceptable to them and public health cannot be expected to change it’s agenda completely to satisfy the needs of the public. A form of ‘exchange’ has to take place and this is discussed fully in the literature review as well as section 6.5 of this chapter. In this example, the ‘expert’ decided that educating the public was more important than fulfilling the key aim of the campaign, which was to make commuters more active. The social marketer would have provided the message that was most acceptable to the public provided it was accurate.

The statement ‘provided campaign messages are accurate it is more important to consider the target audiences views and opinions of a campaign than those of professionals and people working in the field’ (Chapter 5, section 5.14.5, page 63) showed that although there was a trend towards agreeing with the statement, there were
still views that professionals had to endorse the campaign and consider political aspects. It also appeared that practitioners laid great importance that those delivering the message had to share the conviction of those receiving the message. A compromise in this area could be reached if professionals were consulted about the rationale for the campaign message and it was further explained to them that they were not the intended recipients of the message. Professionals are a different target group to the audience and this has to be acknowledged and dealt with accordingly.

The statement ‘developing a campaign which reflects the attitudes and values of the target group is of prime importance’ (Chapter 5, section 5.14.1, page 59) provoked a response which was highly in favour of reflecting the attitudes and values of the target group although one respondent did have strong views against the process. - “It is pointless to engage people in a process that is meaningless to them.”

The study suggests that practitioners are generally in favour of considering the views of the target group but, in practice, many health promotion specialists forget that there is a need to start at where the consumer is and not where the ‘experts’ feel they ought to be. Baseline studies on consumer knowledge, values and attitudes would be helpful to assist with the development of appropriate strategies. (This will be discussed further in section 6.4).

6.3 Market Segmentation

There is a lot of literature explaining the fundamentals of market segmentation and it’s purpose which identifies similar or homogeneous groups of people at whom
programmes can be targeted (Blair, 1995). Social marketers would argue that it is only possible for an appropriate strategy to be developed by having a clear understanding of the identity of the target audience together with their thoughts and feelings (Maibach & Holtgrave, 1995). It could be argued that targeting the general population or wide groups who have different values and attitudes, will result in a huge amount of wastage with resulting messages become very diluted in the attempt to try and please everyone.

The literature acknowledges that there is no single way to segment a market. Demographic variables are the most commonly quoted but more sophisticated methods including analysing psychographic variables (Walsh et al., 1993, Tones, 1996) and the use of the transtheoretical model of behaviour change (Prochaska et al., 1992, Sangl & Wolf, 1996, Andreasen, 1997) are also discussed. Although the literature advocates these methods of segmentation, it also acknowledges that there is often a lack of valid primary data and expertise to implement the approach (Maibach & Holtgrave, 1995).

In response to the statement ‘Campaigns should target the widest possible audience to get the best value from a limited budget’ (Chapter 5, section 5.14.2, page 60) respondents reported that they believed in targeting although some felt there were times when it was appropriate to target a wide audience. Only 52% of the respondents in the study had heard of the marketing term ‘segmentation’ but all seemed to be familiar with the concept of targeting. Some felt that campaigns are an ideal way to reach a wide audience and then develop smaller parts, which are targeted at specific groups within the population.
Respondents reported that 24% of the 33 campaigns were aimed at the general public. A budget of less than £5,000 was reported for 5 (62.5%) of them. Another department reported developing one set of materials, which were meant to be effective with teenagers and children. One campaign promoting sun awareness claimed to target parents of young children, young people, health professionals, farmers and outdoor workers for a budget of £1,000. All of these examples demonstrate quite clearly that the expectations of some of the practitioners are totally unrealistic. It could be argued that not enough planning and thought has gone into the development and likely outcome of the campaigns.

Greater Glasgow Health Board has always targeted campaigns but never on a sophisticated level as described in some of the literature. A variety of demographic principles such as socio economic groupings, age, sex and lifestyle factors are frequently considered. Previous campaigns had attempted to target the general population and were considered failures due to the diluted and unclear message, unrealistic objectives and a lack of budget to make an impact.

6.4 Formative Research

The literature is very supportive of the value of good formative research which helps to define the problem, define the strategy, pre-test the concepts and test the effectiveness of developments (Eadie & Smith, 1995). The literature also suggests that, in practice, health promotion tends to focus on the more creative elements required to develop and design programmes (Passick & Wallack, 1989). Good research is expensive as well as time consuming and this is also acknowledged in the literature. The literature
recognises that, in practice, most health promoters become involved in formative research at the pre-testing stage but there are occasions when material is released without being pre-tested to find out how it would be received and understood by the target audience (MacAskill & Hastings, 1991).

Practice in Scotland matches quite closely to what is cited in the literature. Very few departments spend time at the earlier stages of formative research apart from the larger ones. This could be as a result of expertise, time or commitment but it is unclear from the study. One department reported that it bases all its work on statistical data, which is tracked every three years to monitor trends and then assess progress towards national targets. Only one department reported bringing the target group into the process as early as possible during the creation of the concept. Another department brainstorms the issues and sets objectives by establishing who is the target group.

Greater Glasgow Health Board spend time on ‘defining the problem’ and establishing who the target group is, where they go, what they do and what their attitudes are towards the issue that is to be addressed by the campaign. Some campaigns adopt a full tracking system from the collection of baseline data to monitoring changes in awareness, attitudes and behaviour. All campaigns are pre-tested with members of the public either by interviews or focus groups and then evaluated to monitor levels of awareness, comprehension and acceptance of the campaign messages.

Practice in Scotland shows that most departments are in favour of pre-testing but several have failed to understand the essence of what pre-testing is about i.e. finding out how the material or messages will be received by the target audience. Finding out
the views of professionals and staff is relevant but not to the exclusion of the target group which would not be considered good marketing practice. Reports in this study shows that of the 20 campaigns that were pre-tested, 6 (30%) were only pre-tested considering the views of staff and other professionals.

Supporters of pre-testing report great benefits of the approach, resulting in improvements to materials or campaigns. It is considered very important to acknowledge that the target group's perspective is not always the same as the organisations. (Several detailed comments can be found in Chapter 5, section 5.17.5, page 75).

This study raises the issue to what extent health promoters actually make full use of the role of formative research and in particular, the role of pre-testing. It questions whether they currently have either the skills or knowledge to put it into effective practice. The literature endorses this view by suggesting that health promoters need to be trained to understand that formative research can help avoid a programme or campaign failure due to audiences negative reaction or acceptance of the messages (Walsh et al., 1993).

The role of formative research is crucial to the success of a marketing approach. As demonstrated in the review and in practice in Scotland, some campaigns are poorly conceived and inadequately financed. On other occasions, good research is not applied well for future programme design. There still appears to be a lack of systematic methods for disseminating research information and utilising it in practice but this has not been explored fully in the study. It has been stated that if social marketing is to be taken seriously by public health professionals, it needs to become more rigorous in its
approach to research (Flora & Wallack, 1990) and begin to lose the image that it is as much an art as it is a science (Walsh et al., 1993).

6.5 Exchange Theory

The literature offers several theories on exchange theory. In essence, one of the goals of marketing is to achieve a ‘win’ ‘win’ situation. There has to be something of value provided to the target group and in return, the organisation has to get receive some benefit (Lefebvre, 1992). In practice, some form of compromise is often what happens, as an organisation should not drop it’s own values for the exclusive needs of the target group. Shared experience, flexibility and compromise on both sides are the most realistic outcomes.

Health promoters seem to have varying opinions about whether an organisation should derive benefits for itself. Some respondents felt that health promotion should focus on the benefits to the target group. Others recognised the importance of creating an identity and credibility as useful benefits, which the organisation would get in return for a successful campaign.

Greater Glasgow Health Board always considers what benefit can be achieved for the organisation as well as the target group. It may be that a specific campaign will help raise the profile of the Board or that a partnership with a particular organisation will be enhanced. The main aim of all the work of the Board is health gain for the population of Glasgow, which benefits both the organisation and the target group.
6.6 Marketing Mix

The literature describes the marketing mix or the 4 ‘P’s of marketing as the elements that are ‘blended’ together to influence demand for a product or service. The literature reported very little about the product, the price and the place whilst the focus is about the promotion of the service or product. The majority of the literature refers to use of mass media and there are many references to having activities in place to support a campaign, which would in effect be the marketing mix.

Examples of campaigns are frequently quoted in the literature and the most common issue of criticism is for not referring to a fully integrated mix which is required if long term changes are a goal (Campion et al., 1994). It is only when a fully integrated approach is delivered that the most successful social marketing efforts are seen in practice.

The statement ‘The best campaigns can change attitudes and behaviour on their own’ (Chapter 5, section 5.14.7, page 65) demonstrate that theoretically, people understand and recognise the need to implement a campaign that is fully integrated with supporting or ‘below the line’ activities. It is debatable how well this issue is put into practice. What is highlighted in the literature is the fact that many health promoters lack the foresight to plan in the long term and provide a suitable budget to meet objectives. A one off campaign cannot expect to bring about societal or behaviour change (Parlato, 1990, Campion et al., 1994).

Therefore, there must be concern at the restricted level of budget available for local
mass media campaigns in Scotland. During the period of interest, only 3 departments had spent over £90,000 on campaign work whilst 7 departments had only invested up to £30,000. It is also interesting to observe that two departments had discrepancies over the amount spent.

Campaign objectives often remain ambitious and in many cases ambiguous. (Refer to section 6.7 in this chapter). Therefore, expectations for mass media work are totally unrealistic with the current level of commitment that is given to campaign work. Many campaigns in Scotland appear to be ‘one off’ or if repeated on an annual basis like sun awareness or dental health awareness, then the impression given suggests they are often treated as individual campaigns and not as part of a coherent long term plan. Naturally, there are exceptions including an ongoing commitment by one of the high level user departments to HIV/AIDS and breast feeding and also Greater Glasgow Health Boards’ long term strategy for their Fire Safety Campaign.

The question must therefore be considered whether local health promotion departments should embark on campaign work if financial commitment and strategic planning is not adequate. The key barrier that is quoted by all departments in Scotland is budget. Management has an important role in considering what are the expectations of campaigns and what can realistically be expected to be achieved.

There are some excellent examples in the literature and also from practice, where a fully integrated approach has been used, demonstrating positive and measurable results (Morris, 1994). In Greater Glasgow Health Board, 2 campaigns were phased over a three year period and adopted an integrated marketing approach by starting with the
definition of the problem, then considered the issue from the target groups perspective prior to developing the campaign materials. Tracking has taken place throughout the campaign measuring progress against specific objectives resulting in attitude, behaviour changes and a positive shift in trends being noted.

Practice in Scotland shows that P.R., posters, leaflets and community based events are the most frequently used activities to support campaign work. Many departments rely on P.R. to get ‘free’ coverage and this is often the preferred option for high profile work especially when budget is such a serious issue. However, this study did not have the time to explore what expertise departments have in this field.

6.7 Objective Setting

The literature comments that success or failure of a programme can revolve around the development of clear, realistic and measurable goals and objectives. It acknowledges that many health promotion programmes describe their objectives in qualitative terms which means that evaluating the effects can be difficult to measure (Kotler & Roberto, 1989). Setting objectives should be an exercise in defining what the ‘problem’ really is.

The literature suggests that objective setting should be done on several levels from the broad visionary goal to specific objectives which can be measured using performance indicators to indicate movement towards or away from the goal (Pavia, 1995).

In practice, the majority of health promotion specialists agree that clear and specific objectives should be set although some have difficulty accepting that objectives require
to be measurable as it can ‘limit the scope of what can be achieved’. The analysis of individual campaigns demonstrates that the majority of campaign objectives are primarily trying to raise awareness of an issue. No campaign recorded in this study put a specific and measurable awareness level on the campaign. As an example, the campaign aims to raise awareness of the appropriate use of sun tan creams, keeping out of the sun between 11.00a.m. and 3.00p.m., wearing a hat and T-shirt to 30% of the target population.

Greater Glasgow Health Board recently put a figure on the awareness level it hoped to reach in its Fire Safety campaign. The figure was then used as a base line to evaluate the progress being made towards the target. After the first phase of the campaign, awareness levels were quite low compared to the objective set and it demonstrated that expectations were far too high from the budget allocated. In subsequent phases of the campaign, more attention was paid to what was realistic given the budget and duration of the campaign. However, the process of putting a measurable figure on the objective proved very informative and allowed more careful planning in future phases.

Some practitioners commented upon the fact that health promotion is not clear about its own remit while different staff have different interpretations of its role. Also, organisations that work in partnership do not appear to appreciate the breadth of skills that can be offered by health promotion. (Refer to Chapter 5, section 5.17.8, page 78 and section 5.17.11, page 81). It would be useful if health promotion could arrive at a consensus of what its parameters are and therefore, the setting of clear objectives could be a way to improve overall practice.
6.8  Evaluation

The purpose of evaluation is to monitor progress against the original objectives (Walsh et al., 1993). Evaluation can prove difficult with advertising campaigns as too often objectives are met by a variety of factors which may be included in the marketing mix thus rendering it impossible to attribute to one source (Mintz, 1989). An issue for debate could be whether it matters how objectives are met as long as they are clear, realistic and measurable in the first place?

In practice, evaluation is conducted using a variety of methods and with a varying degree of rigour. The departments who tracked progress over a period of time and then assessed progress towards targets demonstrated the best examples. This provided clearer evidence that the approach was appropriate and had a positive effect. This can then in turn be used to justify future funding.

Evaluation is an area that deserves full attention in the social marketing process. It could be perceived as being an area of concern when 10 (30%) of the reported campaigns have not been evaluated at this stage. (Two will be evaluated some time in the future). All work should be evaluated in some form and it should become an integral part of a strategic planning process. If progress is not monitored, how can decisions be made on whether the approach is appropriate, cost effective or having a positive effect on the target group?
6.9 Are the Principles of Social Marketing used in Practice?

There is evidence to suggest that marketing principles are used in a variety of formats to a greater or lesser degree. Some departments use a fully integrated approach, working within the constraints of their skills and budgets. Others use elements of a marketing approach unaware of their actions. In response to being asked to describe their perceptions of marketing, some interviewees discussed issues that were common misperceptions of what marketing is about i.e. selling and promotion. (Refer to Chapter 5, section 5.17.10, page 80). Within the same interview they discussed with ease their impressions of the role of the target group and the importance of considering issues from their perspective, although they seemed to be unaware that this was part of a marketing approach.

Of the 14 departments that participated in the study, only 3 employed officers who had both a background and expertise in marketing with only one of them employed at a senior level.

Only one department is fully committed to a marketing approach. Greater Glasgow Health Board understands the principles of a social marketing approach but there continues to be resistance from the management to endorse a marketing approach in other programmes. The remainder claim to recognise the importance of marketing but when asked to describe it, proved that they don’t really understand the key elements of a social marketing approach as highlighted in the literature. (Refer to Chapter 5, section 5.17.11, page 81). However, when a marketing approach is actually described to them, few argued against the relevance and potential use of it as a tool for health
One author observed that there is still a discrepancy between public health communication practice as recommended by the literature and that which is typically implemented (Maibach & Holtgrave, 1995). The most common reason observed is that many practitioners still do not understand the essence of a social marketing approach (Lefebvre 1992, Lefebvre et al., 1995, Novelli, 1997). An inadequately trained workforce is an enormous barrier to overcome and there still does not appear to be a common understanding of the discipline’s practices, goals and principles. A concerted effort has to be made to educate senior managers about both the potential and the limitation of social marketing approaches so that unrealistic expectations are avoided (Flora & Wallack, 1990, Novelli, 1997 & Maibach et al., 1997).

The practice in Scotland reflects what is stated in the literature and social marketing approaches continue to be resisted primarily due to a lack of understanding rather than negative attitudes towards the role of social marketing. There were 42% of the respondents in the study who felt that specialist skills were a barrier to their department developing mass media work (Chapter 5, section 5.17.12, page 82). Until this is overcome, marketing will remain an under-utilised tool and practitioners will continue to be wary to commit to its practice.

It has been suggested that social marketing is a ‘tool’ not a solution for public health problems (Montazeri, 1997). This also concurs with the view endorsed by many social marketers. Public health professionals have to work together to address problems and social marketing could sometimes be the most appropriate tool for the solution.
However, if the theories are not fully understood by practitioners, it will continue to prove difficult to apply them to best effect in practice.

6.10 Limitations of the Study

The study has succeeded in broadly answering the research questions but inevitably additional questions have arisen which require further investigation to enhance and support the conclusions that have been reached.

- The use of social marketing techniques, in relation to mass media use, seemed an appropriate example on which to base the study. However, the lack of mass media activity found in Scotland’s health promotion departments may mean that only limited assumptions can be made about the practice of social marketing.

- The issue of market segmentation could have been explored further in the interviews by finding out in more detail how target groups are selected, why target groups are selected and what criteria, if any, are used.

- The issues of how objectives relate to budget for a campaign requires further investigation. The impression reached is that budget in a number of campaigns is allocated by what can be afforded as opposed to thinking strategically.
Departments reported using criteria in the evaluation of campaigns. However, these criteria were not fully explored to see how effective and measurable the outcomes were in practice.

It appeared that several departments misunderstood the role of pre-testing. This was evident when many of them pre-tested considering only the views of staff and professionals. Further investigation would be useful to find out why they do not pre-test with members of the target group.

Creative material developed by departments was not seen, therefore, although opinions would have been subjective, an impression of quality and appropriateness would have been gained.

Very little consideration was given to the role of HEBS (Health Education Board for Scotland’s) campaigns and how they impact and affect the work of local health promotion departments.

Originally, it was planned to hold interviews with both the head of a department to consider strategic views and one member of staff at an operational level. This was only achieved in one department and it remains unclear why the other heads of departments declined to be interviewed.

The results section would have been enhanced if the qualitative data had been fully analysed.
Chapter 7 Recommendations

7.0 Recommendations

The end result of this study is to consider what improvements could be made in the practice of local mass media activity in Scotland. It is worth noting that there already exists some very good social marketing practice. Health promotion departments who hold an interest in developing mass media work should spend some valuable time sharing experiences (both positive and negative) and possibly resources with other Boards. Outlined below are a series of recommendations relating to improvements by using a social marketing approach.

- To effectively use the recommendations outlined below, it is crucial that all health promotion specialists, whether senior management or staff involved in the implementation of media campaigns and other related programmes are adequately trained in the principles, practice and goals of social marketing. Specialists in the field or an appropriate academic institution could provide training.

- In order to adopt a full social marketing approach, it is essential that the marketing function becomes an integral element of the organisations overall activities and not a peripheral or secondary function.

- The target group should be involved in as much of the development process as possible. The earlier their involvement the better, thus encouraging them to take an active rather than a passive role in the campaign. The more that is known about
how the target group perceive the issue, the better chance practitioners will have in
developing a solution or campaign that is meaningful and relevant to the target
audience. This will in turn enhance the ‘relationship’ between the organisation and
the target group.

- The role of professionals and their endorsement of campaigns should be addressed
  separately from the endorsement of the target group. Professionals have to
  recognise that they are not usually the recipients of campaign messages. The role
  of the professional should be to endorse the accuracy of campaign messages and to
  support and understand the aims and objectives of the campaign.

- It is important to start at where the target group is, as opposed to where the
  ‘experts’ feel they ought to be, at the conception of a campaign.

- Campaigns should be targeted at ‘segments’ of the population to avoid considerable
  wastage, dilution of the key messages and over ambitious objectives. It will be of
  great importance in the development of an appropriate strategy to be able to
  identify the target group and understand their views, values and stage of behaviour.

- Research should be an integral part of the overall strategic planning process. Prior
  to developing a campaign it is recommended that departments spend time ‘defining
  the problem’, and consider the identity of the target group, whilst creating
  measurable objectives which are realistic within the budget and time constraints.
  The use of this type of formative research will help to establish which approaches
  and concepts to try.
• All campaign materials should be pre-tested to monitor the views, perceptions and attitudes of the target group. It is crucial to recognise that the perspectives of the target groups are not always the same as an organisation.

• The organisation should consider what ‘exchange’ would take place as a result of the campaign. The organisation has to offer something that will be of value or benefit to the target group. In return, the organisation should gain in some format e.g. raising its profile or improving relationships with partners.

• A suitable ‘mix’ of activities should always support campaign work, which should be a standard and integral part of campaign planning. Consideration should be given to the ‘product’ (or service), the ‘price’ (or value to the target group and the organisation), the ‘place’ (distribution) and the ‘promotion’.

• Setting objectives should be carefully considered and ideally should be SMART (Specific, Measurable, Achievable, Realistic and Timeous). Objectives should be explicit e.g. whose behaviour is to change, what percentage of the target group is expected to change and how is their behaviour expected to change? Too often in practice, objectives are difficult to measure and completely unrealistic compared to the budget allocated to the campaign.

• Ensure that the budget allocated for a campaign is adequate to meet the objectives set. If it is unrealistic, find another way to reach the target audience, as the money will almost certainly be wasted.
All campaign work should be evaluated in some format. The most useful evaluation would take the form of a tracking study over a long period of time. In this way baseline data can be collected, the campaign and 'marketing mix' can be put in place and progress towards targets can be monitored over a period of time. Decisions about whether a campaign should continue, be modified or actually stopped can then be determined based on evidence.

Further research using a similar research question and criteria would be useful to establish whether marketing principles are used in different health promotion programmes and settings e.g. primary care, workplace, education or community.
References


APPENDIX 1

LETTER SENT WITH QUESTIONNAIRE
Dear

Further to our telephone conversation with today, I now enclose a copy of my questionnaire which aims to assess to what extent mass media activity carried out by Health Promotion Departments in Scotland between 1996 and 1998 reflect the principles of social marketing outlined by published literature on the subject.

I would appreciate it if you would assist me by completing the enclosed questionnaire even if your department has not developed any campaigns during the period. I am still extremely interested to find out your views on some general marketing related issues which will be relevant to the outcome of the study.

10 – 15 minutes of your time will allow me to gather extensive information to use as a basis to establish guidelines that could be applied when undertaking mass media and marketing related activity at a local level in the future.

I would request that you return the completed questionnaire by Friday 4th June 1999. For your convenience, I enclose a stamped addressed envelope. If you have any queries about the content of the questionnaire please don’t hesitate to contact me on 0141-201-4965 (work) or 0141-639-9640 (home).

I will send you an executive summary of my results and recommendations on completion of the project in September. I would like to thank you in advance for your generous assistance.

Yours sincerely,

Lisa Cohen (Greater Glasgow Health Board/ University of Glasgow).
APPENDIX 2

QUESTIONNAIRE
Please complete this questionnaire in as much detail as possible. It is divided into two sections – Section 1 is for general information about mass media activity and social marketing. Section two is for more detailed information about individual campaigns. If you are unable to provide the necessary detail requested, please pass the questionnaire on to a relevant member of staff. Thankyou for your assistance in completing this questionnaire.

For the purpose of this study mass media activity will be defined as ‘any form of paid advertising’ utilising e.g. TV, radio, cinema, press adverts, billboards, adshells, buses etc.
Questionnaire

Section 1 – General Information about Mass Media Activity and Social Marketing

Q1. What is your job title?

Q2. Has your department developed and implemented any mass media campaigns between and including 1996 - 1998?

Yes ☐    No ☐

*If you responded 'yes' please continue. If you responded 'no' go to question 7.*

Q3. Who has principal responsibility for developing and implementing mass media campaigns in your department? (Tick one box only please).

Specialist officer ☐    Senior Manager ☐
Depends on the issue/topic ☐
Other, *(please specify)*

Q4. What issues have been covered by any mass media campaigns developed and implemented by your department between 1996 and 1998? *(Please tick all that apply).*

- Coronary Heart Disease ☐    Mental Health ☐
- Cancer ☐    Nutrition ☐
- Physical Activity ☐    Oral Health ☐
- Safety/accident prevention ☐    Sexual Health ☐
- HIV/AIDS ☐    Drugs ☐
- Alcohol ☐    Smoking ☐
- Generic health campaign ☐    Breast Feeding ☐
- Others, *(please specify)*


Q8. Below are a series of statements regarding mass media activities. (Please place a cross on the line at the appropriate place to indicate whether you agree or disagree with the statements and provide any additional comments if appropriate to explain your response).

"Developing a campaign which reflects the attitudes and values of the target group is of prime importance".

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<thead>
<tr>
<th>Strongly Agree</th>
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Any comments?

"Campaigns should target the widest possible audience to get the best value from a limited budget".

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<th>Strongly Agree</th>
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Any comments?

"Health promotion specialists are the 'experts' on the subject/topic of a campaign therefore their role is to inform people what they need to know".

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<thead>
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<th>Strongly Agree</th>
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Any comments?

"Measuring the success of a campaign is only possible if specific and realistic objectives have been set".

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<th>Strongly Agree</th>
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Any comments?

"Provided campaign messages are accurate, it is more important to consider the target audiences views and opinions of a campaign than those of professionals and people working in the field".

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Any comments?
Q9. In your opinion, what are the main barriers faced by organisations when developing and implementing mass media campaigns? *(Please tick all boxes that apply).*

- Budget
- Sustainability
- Appropriate contacts
- Evaluation
- Others *(please specify)*

Q9b. From the list above which barrier:

- Is the most important for your organisation
- Is the least important for your organisation

Q10. Which of these marketing terms are familiar to you? *(Please tick the ones that are familiar).*

- Customer orientation
- Marketing Mix
- Exchange Theory
- Segmentation
- Formative Research
- Evaluation

Q11. Any additional comments that you would like to make on the role of mass media and marketing within your organisation:
Section 2.  Details about Individual Campaigns

This section will provide valuable information about individual campaigns which have been developed and implemented between and including 1996 - 1998. Information is required about three of the key campaigns developed by your department. The details should be completed on the three separate coloured sheets provided. If your department has developed less than three campaigns over the period of interest please provide details of them. If you are not in a position to provide sufficient detail yourself, please pass the questionnaire to a relevant member of staff. In the event that a member of your staff has been sent the questionnaire independently, please return the questionnaire with section 1 completed.

If your department has not been involved in mass media activity during the period between and including 1996 - 1998 all the relevant information is contained in section 1.

Thankyou for your assistance in completing the questionnaire.
Section 2. Details About Individual Campaigns - Campaign number 1.

Q1. What is your job title? _______________________________________________________

Q2. What topic or issue was covered by this campaign?
____________________________________________________ ______________________

Q3. Who developed the campaign?
Advertising Agency [ ] Design Agency [ ] In house [ ] Other [ ]
Which agency? _______________________________________________________________

Q4. What was this campaign trying to achieve?
________________________________________________________________________
________________________________________________________________________

Q5. Who was the target group for this campaign?
________________________________________________________________________

Q6. What media have been used in this campaign? *(Please tick all boxes that apply).*

TV [ ] Buses [ ]
Radio [ ] Billboards [ ]
Press Advertising [ ] Adshells [ ]
Cinema [ ] Underground Advertising [ ]
Others *(Please specify)* ______________________________________________________

Q7. What other activities have complemented this campaign? *(Please tick all boxes that apply).*

Launch Event [ ] Issuing News Releases [ ]
Community based events [ ] Leaflets [ ]
Health Fairs [ ] Posters [ ]
Mail shots [ ] Telephone help/advice lines [ ]
Newsletters [ ] Videos [ ]
Others *(Please specify)* ______________________________________________________
Section 2. Details About Individual Campaigns - Campaign number 2.

Q1. What is your job title? ____________________________________________

Q2. What topic or issue was covered by this campaign?

______________________________________________________________

Q3. Who developed the campaign?

Advertising Agency  [ ] Design Agency  [ ] In house  [ ] Other  [ ]

Which agency? _________________________________________

Q4. What was this campaign trying to achieve?

______________________________________________________________

Q5. Who was the target group for this campaign?

______________________________________________________________

Q6. What media have been used in this campaign? (Please tick all boxes that apply).

TV [ ] Buses [ ]
Radio [ ] Billboards [ ]
Press Advertising [ ] Adshells [ ]
Cinema [ ] Underground Advertising [ ]
Others (Please specify) __________________________________________

Q7. What other activities have complemented this campaign? (Please tick all boxes that apply).

Launch Event [ ] Issuing News Releases [ ]
Community based events [ ] Leaflets [ ]
Health Fairs [ ] Posters [ ]
Mail shots [ ] Telephone help/advice lines [ ]
Newsletters [ ] Videos [ ]
Others (Please specify) __________________________________________
Section 2. Details About Individual Campaigns - Campaign number 3.

Q1. What is your job title? ____________________________ 

Q2. What topic or issue was covered by this campaign? 
__________________________________________________ 

Q3. Who developed the campaign? 

Advertising Agency □ Design Agency □ In house □ Other □ 
Which agency? ________________________________________ 

Q4. What was this campaign trying to achieve? 
__________________________________________________ 

Q5. Who was the target group for this campaign? 
__________________________________________________ 

Q6. What media have been used in this campaign? *(Please tick all boxes that apply).* 

TV □ Buses □ 
Radio □ Billboards □ 
Press Advertising □ Adshells □ 
Cinema □ Underground Advertising □ 
Others *(Please specify)* ____________________________ 

Q7. What other activities have complemented this campaign? *(Please tick all boxes that apply).* 

Launch Event □ Issuing News Releases □ 
Community based events □ Leaflets □ 
Health Fairs □ Posters □ 
Mail shots □ Telephone help/advice lines □ 
Newsletters □ Videos □ 
Others *(Please specify)* ____________________________ 

APPENDIX 3

INTERVIEW SCHEDULE
Interview Schedule for Social Marketing Study

June 1999

The Interview

Explain what the study is about

Explain why they are being interviewed

Explain the purpose of the interview

Explain the interview will be taped

Explain their views will be anonymous in the final report

Questions

Can you briefly explain who you are and what your function is within your department?

What role do you have in relation to the mass media work carried out by your department?

Why does your department run mass media campaigns?

How do you decide what campaigns you are going to invest money in during any operational year?

What are your sources of budget for campaign work?

Details about campaigns

From your experience can you describe what process do you go through to develop and implement a new campaign?

- If you use an external agency, how do you select them? What kind of working relationship do you have with them? Partnership? Creative? They tell you?

- How do you decide on the target group for a campaign?

- Do you involve the target group in the development of the campaign? How? At what stage?
- How do you find out information about the target group? E.g. knowledge, attitudes etc.

- Do you pre-test materials? How? What % of budget (if any) is allocated to pre-testing? Who does it? What is the value for you of pre-testing?

- If you don’t pre-test materials can you explain the reasons why not?

- Do you always have activities in place to complement a campaign? How do you decide what activities are used? Can you give me an example?

- Do you evaluate campaigns? How? What % of budget (if any) is allocated to evaluation? Who does it? How do you measure success?

- If you haven’t evaluated a campaign can you explain the reasons why not?

- How do you disseminate information about campaigns? To whom?

- What are the major barriers faced by your organisation when developing media campaigns. Can you explain why these are issues for you? Do you have any ways to overcome them?

- Overall, what have been your experiences of developing mass media campaigns been like? E.g. Can you highlight briefly some successes and lessons learnt when things haven’t always gone according to plan?

**Impressions about marketing**

When someone talks to you about marketing – what do you consider marketing to be about?

Do you think there is a role for marketing within health promotion?

What should it be?

What in your opinion are the benefit of a marketing approach?

What in your opinions are the limitations of a marketing approach?

Are there any other aspects of a marketing approach that you think are valuable?

Has anyone in your department had specialist training in marketing? If yes, what is their background and what training did they receive?

**Thankyou for taking the trouble to answer my questions……**