



# Social Marketing as a Grantmaking Strategy for Nutrition, Physical Activity and Obesity

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# Table of Contents

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<b>Executive Summary</b> .....	<b>3</b>
<b>Social Marketing: What is it?</b> .....	<b>5</b>
<b>Social Marketing and Obesity</b> .....	<b>11</b>
<b>Grantmaking Opportunities, Strategies and Issues</b> .....	<b>13</b>
<b>Reference</b> .....	<b>17</b>

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# Executive Summary

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Americans are getting fatter. Statistics prove it. News media report on it. Movies are made about it.

Still, despite the convergence of science, media and even popular culture, the fact remains that obesity is gaining on us, and the health of Americans – both physically and financially – is suffering.

Take, for example, these statistics from the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health:

- In 1999-2000, 65% (or almost 2 out of every 3) adults were overweight, with 31 percent obese
- Among children and adolescents, an estimated 15% are overweight, with another 15% at risk for overweight
- Poor diet and physical inactivity lead to 400,000 deaths each year – second only to tobacco use
- Annual medical spending due to overweight and obesity is as much as \$92.6 billion, or 9.1% of U.S. health expenditures
- Health consequences as a result of being overweight or obese include diabetes, heart disease, stroke, hypertension, gallbladder disease, osteoarthritis, sleep apnea and other breathing problems and some forms of cancer
- Americans spend \$33 billion annually on weight-loss products and services

Described as America's "obesity epidemic," the situation is critical in the United States. Grantmakers interested in improving the health status of those they serve have an important role in reversing this trend. As Grantmakers in Health (GIH) has pointed out in its publications, funders are key in "creating environments" that support healthy eating and regular physical activity.

This idea of "creating environments" that promote healthy behaviors and prevent the onset of unhealthy activities fits hand-in-glove with the concept of social marketing.

This report will provide an explanation of what social marketing is, where it has been used successfully, and opportunities grantmakers who are interested in funding programs addressing the obesity epidemic in this country might consider.

As explained later, social marketing provides a comprehensive way of planning and implementing projects that promote health and prevent disease. Foundations, as well as the federal government, have experimented with and funded social marketing programs in areas as diverse as tobacco prevention, health access and youth development. Social marketing represents one set of strategies, and – as reviews of literature and evaluations have proven – up until this time it has had limited success in changing behaviors among adults with well-established unhealthy eating and exercise habits.

As the literature shows, there are few social marketing campaigns that utilize even the most basic principles, including market research. However, there is promise that these strategies can be used successfully if they are planned and implemented according to the combined principles of social marketing.

*Americans spend \$33 billion annually on weight-loss products and services.*

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In addition, there is reason to believe that social marketing is most effective when used to prevent unhealthy behaviors. Finally, there seems to be tremendous opportunity in – as GIH described – “creating environments” that protect and promote healthy eating and exercise routines that benefit children.

As illustrated in publications like the “Chronicle on Philanthropy,” and highlighted in various publications from GIH, grantmakers are worried about the obesity epidemic and want to find ways to stem the tide of increasing numbers of people who are jeopardizing their health by being overweight or obese. There is a “glimmer of hope,” according to those who work in the social marketing arena.

Grantmakers have an opportunity to turn this glimmer into a shining light by investing, developing, researching, evaluating, learning and sharing their experiences with each other.

*There is a “glimmer of hope,” according to those who work in the social marketing arena.*

The issues of overweight and obesity are complex and will take multiple approaches to ultimately help the large numbers of people affected by them. Ultimately, it will take understanding what people **need** to do, what they **want** to do and what they **will** do to make themselves healthy. Knowing the answers to these questions is the underlying tenet of social marketing.

# Social Marketing: What is it?

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*“The major influence on our attitudes and behavior is not the media, but rather our contact with other people.”*

From, “Fostering Sustainable Behavior: An Introduction to Community-Based Social Marketing”

One of the most common misperceptions about what social marketing is can best be described by what it isn’t. Social marketing is **not just** advertising.

That said, however, social marketing uses advertising to achieve its goals. Advertising is one tool – one strategy – in a bag of many tools it takes to achieve a change in behavior. And ultimately, social marketing is about creating environments and changing behavior in ways that improve a person’s health and well being.

For example, social marketing has been used to:

- Protect children from the dangers of secondhand tobacco smoke
- Increase seatbelt use
- Keep kids off drugs

These are all examples of how social marketing can affect behavior change in positive ways. Social marketing isn’t an easy approach, but has proven effective. It has been used by public health practitioners and organizations like the Centers for Disease Control and Prevention (CDC), AARP and the

World Health Organization for many years. It is not a theory in and of itself, but integrates theory and practice from the fields of communication, education, psychology, anthropology and marketing, and takes advantage of what is known about how we communicate with each other – from interpersonal to organizational to mass media.

One of the most common definitions of social marketing is: “The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior change of target audiences in order to improve their personal welfare and that of their society” (Andreasen, 1995).

Another way to think about it is as a planning process, but one that keeps the target audience (those people you are trying to get to change their behavior) at the center of all planning. Social marketing is listed as one of 10 resources as part of the Centers for Disease Control and Prevention (CDC) Nutrition, Physical Activity, and Obesity Prevention Program. In its Resource Guide, the CDC explains the social marketing planning process

**“can be used to address health issues at all levels of the social ecological model – individual, interpersonal, organizations, community and society – addressing, for example, individual knowledge, attitudes, perceptions, and self-efficacy as well as social support, environment, and policies that help or hinder the desired behavior.”**

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Among the features that make up social marketing efforts, are **1)** a focus on the audience – knowing what they think about the health problem and proposed solutions and planning interventions accordingly; **2)** a focus on behavior change – not only a change in knowledge, attitude, belief, etc., but a change in actual behavior; and **3)** an arsenal of marketing tools that can include advertising and public relations, but which specifically uses the “4 Ps” of marketing – product, price, place and promotion – (and sometimes a fifth, policy) to design strategies for intervention.

In addition, the concepts of “exchange” and “competition” are important when planning and implementing social marketing efforts. “Exchange” often refers to what it costs to adopt a healthy behavior in terms of money, time, energy, etc. Or, – in more theoretical terms – what is offered in terms of benefits must be equal or greater than what a person will give up (Kotler, Roberto & Lee, 2002).

In addition, knowing the competition also is important. For example, knowing what competes – or takes the target audience’s attention away from – the desired behavior, how much it costs, why the audience likes it, etc. needs to be considered as a social marketing intervention is planned. It can affect the intervention itself, as well as the mix of price, place and promotion.

Social marketing is a comprehensive planning and intervention tool. Other communication terms, which are similar (and sometimes mistakenly used interchangeably with social marketing), include:

- **Community-based prevention marketing (CBPM)** – combines marketing with community control and participation to prevent public health problems (Bryant, 2003)
- **Health communication** – the study and use of methods to inform and influence individual and community decisions that enhance health (often refers to patient-provider interactions or mass media health campaigns) (Freimuth, Cole & Kirby, 2001)
- **Community-based social marketing** – based on research that demonstrates that behavior change is most effectively achieved through initiatives delivered at the community level (McKenzie-Mohr & Smith, 1999)
- **Strategic communications** – generally an organizational policy toward communication; one that treats media relations and communication activities as “important, fully integrated, consistent and ongoing functions and invests resources in it.” (Bonk, Griggs & Tynes, 1999)
- **Health communication campaign** – Follows four criteria: 1) it is purposeful and seeks to influence individuals; 2) it is aimed at a large audience; 3) it has a defined time limit; and 4) it involves a set of communication activities (can include media, community and interpersonal activities) (Backer, Rogers, 1993)

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Of particular note is the difference between social marketing and public service announcements (PSAs). Many times non-profit organizations work with local news media to put together a TV advertisement that promotes a certain event or works to raise awareness about a specific issue. While production of this type of ad is relatively low cost, the problem is getting a PSA on the air.

Some people refer to PSAs as “people sound asleep,” because when advertising time is not purchased, these “freebies” are aired when nothing else is available – usually early in the morning. As a result, few people see the ads, thereby reducing their effectiveness.

If advertising is selected as a tactic as part of an overall social marketing campaign, serious thought should be given to purchasing advertising space – either on TV, radio, newspaper, billboards, internet or other alternative media. It is expensive, but it is the only way to ensure the message is heard by the people you are trying to reach.

Sometimes, as with the case of the Partnership for a Drug-Free America, and recently, with the U.S. Department of Health and Human Services’ launch of the “Healthy Lifestyles and Disease Prevention” campaign, a national media campaign can provide “ground cover” for local efforts. This can save millions of dollars on producing new advertisements, but the risks are that the national message is not seen or heard at a local level, or that the national message does not resonate with the target audience on a local level.

In summary, social marketing is a comprehensive process that focuses on behavior, is effective in population settings and yet keeps the individual at the heart of its planning and intervention.

Following are highlights from several high-profile campaigns that have used social marketing techniques – including market research and advertising – in their planning, approach and implementation:

### The ‘Truth’ Campaign

The Florida TRUTH campaign is an outstanding example of how some of the early tobacco settlement funds were used to effectively reduce youth tobacco use. Started as a pilot project that was operated out of Florida’s Office of Tobacco Control, the campaign has grown to become the largest smoking prevention program targeting youth in the country (The Legacy Foundation, 2003).

After reviewing literature and previous campaigns, organizers determined the only way to have an impact on tobacco use among youth was to “drive a wedge between the tobacco industry’s advertising and their target audience” (SMI – Success Stories).

*The ads were considered “edgy” and “in your face”...*

From, the TRUTH campaign

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In social marketing terms, the TRUTH campaign listened to its target audience (youth) and created a product and brand that was perceived as “cool.” In short, it chose to highlight the manipulation of young people by the tobacco industry. In terms of promotion, the campaign used television, but also relied on non-traditional communication tactics, including events, anti-tobacco advocacy groups, merchandising and media relationships. One of the most recognized TV ads created as part of the TRUTH campaign used body bags to illustrate how many people die from tobacco-related diseases every day.

By 1998 (the campaign planning started a year earlier), 33 TV commercials, seven billboards, eight print ads and four posters had been developed. The ads were considered “edgy” and “in your face” and used some of the advocacy activities – like teens confronting the tobacco industry – in their concepts. It was a \$25 million campaign in Florida, targeting teens ages 12 to 17.

Because of its success (according to one evaluation, the percent of Florida middle school youth who smoked cigarettes “in the past 30 days” dropped from 18.5 to 8.6 percent), the national American Legacy Foundation has adopted the TRUTH campaign as its model and has taken it across the country.

## Partnership for a Drug-Free America

From the people who originally brought the public “This is your brain, this is your brain on drugs,” there are mixed reviews about how effective – and how true to social marketing – the Partnership ads have been.

In general, the campaign has received good reviews for raising awareness and even contributing to declining rates of drug abuse among some targeted populations.

In terms of budget and production, the Partnership has relied heavily on donated time for creating the ads and for the prime airtime (primarily on television) where the ads are placed. The Partnership also has relied almost solely on private funding for its staff, including funding from foundations.

An evaluation conducted in 2002 looked at the relationship between adolescents’ recall of anti-drug ads and their probability of using illicit drugs. It says researchers concluded that the ads themselves were associated with reduced probabilities of illicit drug use by adolescents.

Specifically, in an article reported in the “American Journal of Public Health,” by 1990, “after three years of PDFA ads, approximately 9.25 percent fewer adolescents were using marijuana.” The researchers also noted this decrease came at a time when broadcasters and publishers were donating increased amounts of time and space to anti-drug ads, ensuring such ads were seen more often.

In recent years the program has purchased airtime (or in some cases had primetime slots donated), and the program has incorporated more public relations and community-based activities that sought to change specific behaviors. It was believed that the media campaign could support the grass-roots efforts with messages about how to talk to your children about drugs, etc.

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## “Click it or Ticket”

This social marketing campaign was implemented in North Carolina, and primarily focused on the “product benefit” and “price” of using seatbelts when driving in the state. That is, through legislation, it became possible for law enforcement to stop drivers who were not wearing seatbelts and fine them. So, by using seatbelts you not only protected your life, but you protected your pocket (SMI – Success Stories).

The price was a fine and possible jail time. Places were checkpoints throughout the state, and promotion was focused on advertising the new law and its consequences.

Interestingly, according to the Social Marketing Institute, when the communication and enforcement strategies were combined, the results were more impressive than when enforcement as a strategy was used alone. That is, when advertising was dropped, seatbelt use dropped dramatically. This is an example of using promotion effectively with the right mix of “price” and “product” – in this case, a law with a fine and possible jail time.

From an evaluation standpoint, the average seatbelt usage rate in North Carolina went up from 65 to more than 80 percent in the first six months of the program.

In the campaign’s first year, more than \$150,000 was used to purchase TV, radio and newspaper ads. In addition, the use of PSAs at strategic times during the year, and traditional media outreach was incorporated (such as press releases, op-eds and county statistics published in local newspapers). Prominent politicians and celebrities also were used to generate press coverage and the internet was used to report the program’s results.

## “Let’s Take It Outside”

In April 1997, the Kansas Health Foundation – a private philanthropy in Wichita – launched a pilot media campaign designed using the principles of social marketing. Specifically, the foundation was interested in protecting children from the dangers of second-hand tobacco smoke and wanted to use the media to change the behaviors of smokers around children.

The primary audience was smokers, a secondary audience was non-smokers and a third level was opinion leaders, news media and youth.

Using audience research, an advertising and public relations firm determined any message in the media needed to focus on “not smoking around children.” In internet chat rooms and at smoke shops, researchers learned, a general “no smoking” message simply would not be heard.

So, the tag line, “Let’s Take it Outside” was created and tested with smokers and non-smokers. This action-oriented message focused on the behavior change that was desired – take smoking outside and away from children.

A number of TV, radio, newspaper ads, billboards, internet advertising and public relations activities (including a TV ad with the state’s Governor, holiday cards, news releases, t-shirts and strategic partnerships) were implemented during the almost year-long campaign. (The pilot went statewide after three months).

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A key component in this mass media campaign was an advisory committee, made up of national and state experts who could link the message of “Let’s Take it Outside” to the work they were doing. Most specifically, public health educators and advocates on the committee could relate what the campaign was doing with their constituents, providing an “on the ground” and more interpersonal connection with people in local communities.

As some people began describing it, the media campaign provided “ground cover” for what public health officials were doing in their communities across the state. The message and the frequency with which it was heard provided credibility for a group of people who rarely are allowed such a visible presence – even in their own communities.

The evaluation provided data indicating awareness about tobacco issues increased and attitudes about tobacco and secondhand smoke changed during the campaign. Unfortunately, the evaluation did not measure behavior.

Still, in a post-campaign comparison, using Behavior Risk Factor Surveillance data on smoking, there was a significant drop in people who reported smoking during the time of the campaign. While getting people not to

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From, the “Let’s Take it Outside” campaign

smoke was not an intentional outcome, there was a general belief the campaign contributed to changing the social norms at the time.

In addition, a re-launch of the same campaign a couple of years later suggested awareness of the original message remained relatively high. As such, a shortened version of the campaign was introduced as a reminder to the public to protect children from the dangers of secondhand smoke. By using the same ads, production costs were minimal, and a shortened scheduled for media meant lower costs for buying advertising space.

# Social Marketing and Obesity

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Decreasing obesity rates has been compared with the long and difficult challenge of tobacco prevention in this country. Over more than 20 years and through multiple approaches that included education, advocacy, lawsuits, and policy, social norms around tobacco changed in ways that improved the health of the public.

It could be argued that multiple and similar strategies will need to be employed to fight obesity, which in some ways is a more complex health issue than tobacco. If this is the case, social marketing can be applied, but in ways that are targeted, well timed and coordinated.

Interestingly, reviews of previous campaigns show that, while many claimed to use social marketing in their design, they didn't follow through at critical stages of research, planning and development.

In the seminal review "Promoting Nutrition and Physical Activity through Social Marketing: Current Practices and Recommendations," Alcala and Bell said:

**"As we whittled down our original list of candidate interventions for review to a set of social marketing campaigns, it became clear that the 'social marketing' label has often been overused and even abused. Most campaigns, although claiming a social marketing framework, seldom referred to any of the key social marketing concepts and components."**

Similarly, a word of caution also came in the form of what was called "the Doublemint factor," in a peer-reviewed article by Fridinger and Kirby (2002). The authors questioned whether it is possible to combine healthy

eating and physical activity into one social marketing campaign. Describing it as a "thorny issue" to combine multiple behaviors in one programmatic or message effort, they concluded "it is questionable whether including both nutrition and physical activity together will have sufficient impact on consumers' behavior." They emphasize the need for careful research about consumer behaviors whether doing separate or combined programs.

A program that received favorable attention in the Alcala and Bell review is called CATCH (Child and Adolescent Trial for Cardiovascular Health), which focused on modifying the behavior of children and youth. The school-based program originally was sponsored by the National Heart, Lung and Blood Institute and focused on reducing cardiovascular risk factors among children by targeting environmental changes, classroom nutrition education and interactive homework assignments completed with families. (Ritchie, et al, June 2001). In recent years, the Paso del Norte Health Foundation in El Paso, Texas, has experienced success with its CATCH initiative, now calling the program Coordinated Approach to Child Health. The \$4.2 million, seven-year initiative is expected to be in all El Paso elementary schools by 2007.

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From, "Promoting Nutrition and Physical Activity through Social Marketing: Current Practices and Recommendations."

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From a historic perspective, two of the most high-profile examples of social marketing campaigns targeting nutrition are the 5-A-Day for Better Health Program sponsored by the National Cancer Institute and Project LEAN (Low-Fat for America Now), a national program funded by the Henry J. Kaiser Family Foundation.

The 5-A-Day program is described as a health promotion program. There are four major components: mass media, point of purchase (i.e. plastic produce bags, grocery bags, in-store signage and displays, recipe cards, etc.), community coalitions and research. According to the National Cancer Institute, results of the program have been “encouraging.” For example, the percentage of Americans who know they should eat five or more servings of fruits and vegetables a day has increased nearly fivefold, from 8 to 36 percent since the program began in 1991.

In addition, during the first three years of the program, the average adult’s daily consumption of fruits and vegetables increased significantly. Data from the United States Department of Agriculture’s Continuing Surveys of Food Intakes by Individuals (CSFII) shows that from 1989 to 1991, adults ate an average of 3.9 daily servings of fruits and vegetables. By 1996, that number had increased to about 4.6 servings per day, or only half a serving less than the recommended minimum of five.

A second program from the same period, Project LEAN, described itself as a social marketing campaign whose goals were to reduce fat consumption to 30 percent of total calories. It used public service advertising, publicity and point of purchase programs. Started as a national program by the Kaiser Family Foundation, it produced local campaigns in 13 states.

Using formative consumer research, organizers of Project LEAN determined that the general public had difficulty changing their eating habits without information about how to prepare low-fat meals. The primary audience was the general public and the secondary audiences included physicians, the food industry, advocacy and service groups in the health field, and home economic teachers and students.

It is unclear whether Project LEAN had an impact on decreasing dietary fat intake. In addition, the program appeared to lack consumer research on the perceived benefits of a low-fat diet.

Still, the project broke new ground by relying not only on promotion through mass media, but through presentations to food industry groups, professional associations and corporate and government organizations. In addition, chefs and journalists worked together to great recipes and cooking techniques (Turning Point, 2003)

Today, multiple initiatives are taking place across the country using elements of social marketing to get people more active and eating healthier diets, including community education, mass media and collaborations. Some use the term social marketing, but many do not. And while some are funded by foundations, many appear to be supported by grants through the federal government, such as the Nutrition Network projects through the USDA Food Stamp program, as well as recent projects through the Department of Health and Human Services and the Centers for Disease Control and Prevention.

# Grantmaking Opportunities, Strategies and Issues

Timing is everything.

If this old adage is true, the time is right to leverage interest – and possible resources – from entities interested in decreasing obesity rates and improving health. For example, the CDC’s Nutrition, Physical Activity, and Obesity Prevention Program cites social marketing as a significant resource to utilize.

“Given the size of the population we are trying to reach, we obviously cannot rely solely upon individual interventions that target one person at a time,” the CDC states in its Resource Guide. “Instead, the prevention of obesity will require coordinated policy and environmental changes that affect large populations simultaneously.”

On a national level, the Department of Health and Human Services announced a new media campaign in March 2004, which coincided with the release of a CDC report re-emphasizing the health risks of a poor diet and physical inactivity. It is unclear how the campaign will be connected with grassroots activities, but the launch provides an opportunity for funders and their grantees to take advantage of a new message – one that emphasizes the importance of increasing physical activity and eating a healthy diet.

The campaign, at [www.smallstep.gov](http://www.smallstep.gov), also provides more information about simple everyday ways to change diets and increase physical activity.

In 2000, the Division of Nutrition and Physical Activity at the CDC started a program to support state health departments and their partners in obesity prevention. States were encouraged to use a social marketing

*“This (obesity) is a catastrophe waiting to happen.”*

J. Michael McGinnis, Sr. Vice President,  
Robert Wood Johnson Foundation

approach in designing their population-based strategies, particularly policy-level and environmental interventions, according to the CDC.

CDC also has a media campaign targeting physical activity for “tweens.” Known as “Verb,” it is a national, multicultural social marketing campaign that works with organizations to reach young people, including parents, teachers, and youth group leaders – all as a way to extend the reach of a media campaign.

Communication activities also were included in the Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity. Communication activities about the prevention of obesity included changing the perception about obesity and overweight to be one of health and not appearance; educating health care providers and students about the prevention and treatment of obesity; and providing culturally appropriate education in schools and communities.

The Robert Wood Johnson Foundation includes “Active Living, Obesity and Nutrition” among its program funding priorities. In 2003, it launched a \$16.5 million program called Active Living by

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Design, which is described as establishing “innovating approaches to increase physical activity through community design, public policies and communications strategies that can become models for success nationwide.” The Foundation’s approach is to promote changes in local community design, transportation and architecture to make it easy for people to be physically active. It is not a social marketing effort per se, but appears to use elements of communication strategies in its planning and implementation.

In terms of obesity as a program focus, it is obviously top of mind for funders. As J. Michael McGinnis, a senior vice president at the Robert Wood Johnson Foundation, told the “Chronicle of Philanthropy” recently, when it comes to overweight and obesity: “This is a catastrophe waiting to happen.”

And many foundations are funding individual projects in hopes of reversing the trends in this country. From exercise programs to surveys, from treatment centers to education and prevention programs, the approaches are across the board and varied.

However, few – if any – seem to be using social marketing principles in a comprehensive way to address the problem from a program planning perspective. This, despite the fact social marketing has been researched or used – at least partially – as a set of strategies for foundations in areas as diverse as positive youth development, health care access and tobacco prevention.

Some foundations, such as the Missouri Foundation for Health in St. Louis, have started to study social marketing as a possible

strategy for working in policy arenas. And others, such as the St. Luke’s Health Initiatives, a public foundation in Phoenix, have published reports explaining social marketing as an intervention for dissemination to other organizations.

As one publication for St. Luke’s states, social marketing “(maximizes) your chances of getting the results you want.”

To date, however, neither organization is using social marketing as a strategy for obesity.

## Grantmaking strategies

Grantmakers looking for opportunities to fund nutrition, physical activity and obesity programs might want to consider this observation from the GIH report on “Healthy Behaviors: Addressing Chronic Disease at its Roots”:

**“Behavior that presents a risk to health is influenced not only by individual choices, but also by human biology; environment; social norms; culture; and access to social support, information and health care services (IOM 2001).”**

Social marketing, if designed in targeted ways and with specific outcomes, can have an impact at almost any level, from individual to environmental. In fact, social marketing plus other communication strategies often associated with advocacy, including media advocacy and strategic frame analysis, could open new doors toward getting people active and eating healthy.

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Media advocacy – a term used to describe how to engage the media in reporting on issues in ways that can change public policy – could be used to change the practices of the food and leisure industries, the food service policies of schools and employers, and possibly taxation policies affecting the costs of healthy and unhealthy food (Alcalay & Bell, 2000).

Likewise, from the perspective of developing messages, there could be value added from what the FrameWorks Institute has researched using what it calls a “strategic frame analysis.” Based on a decade of research in social and cognitive sciences, it is based on the idea that people use “mental shortcuts” to make sense of the world.

“These mental shortcuts rely on ‘frames,’ or a small set of internalized concepts and values that allow us to accord meaning to unfolding events and new information,” according to information from the Institute.

By utilizing the lessons learned from strategic frame analysis with media advocacy and social marketing, foundations could

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strengthen their strategies and contribute to the body of knowledge in the growing fields of health communication and social marketing.

Interestingly, all of these approaches rely on centering on the consumer – that is, what the audience knows or believes or perceives to be true. They advocate getting to know the person/people with whom you’re trying to communicate by getting inside their heads and framing issues with messages they will hear. This consumer research is a hallmark of effective planning for social marketing, yet is often sidestepped or missed completely (Alcalay and Bell, 2000).

Finally, social marketing is consistent with the framework developed by the Prevention Institute, the “Spectrum of Prevention,” and described in GIH’s “Healthy Behaviors” report. The six elements provide a way of focusing on a specific intervention, which could be supplemented by using social marketing planning and implementation techniques.

The six strategies are:

1. Strengthening individual knowledge and skills
2. Promoting community education
3. Educating providers
4. Fostering coalitions and networks
5. Changing organizational practices
6. Influencing policy and legislation

In conclusion, it is important to remember what social marketing is and what it is not. Social marketing is not *just* social advertising. Social marketing is strategic, it is best applied to prevention efforts and when it comes to nutrition, physical activity and obesity, perhaps holds the most promise for children – where a lifetime of bad habits can be prevented.

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## Issues to consider

As the case studies and the discussion of social marketing to change behavior associated with nutrition show, any intervention addressing obesity prevention will need multiple approaches. Questions and concerns have been raised in the popular press about whether anything effective can be done to prevent obesity, and planning for any organization interested in using social marketing to reduce obesity rates would need to address these concerns and ideas. Some questions to consider might include:

1. Who do you want to target?
  - a. Children/youth
  - b. Older adults
  - c. General public
  - d. Policymakers
  - e. All of the above
2. What do you want them to do? (Product/Behavior)
  - a. Eat healthier and be more physically active
  - b. Ban junk food advertising to children/youth
  - c. Develop economic development plans that decrease urban sprawl and increase “active living” communities
  - d. Require schools to do away with vending machines, provide healthy lunches and require physical education
  - e. Tax non-nutritious foods
3. What are the costs/benefits (price) of these behaviors? That is, what do the target consumers think are the costs/benefits of these behaviors?
  - a. Too little time to exercise or buy healthy foods
  - b. Neighborhoods aren’t safe to walk in
  - c. Too expensive (fresh fruits, vegetables, health club memberships, etc.)
  - d. Too controversial (for policymakers)
4. How can we influence the target audience? Who do they listen to? Where do they get their information? (Place and promotion questions)
5. How will we know we’re getting where we want to go? What will define success? How long are we in this effort? How much will it cost? (Budget and evaluation questions)

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