

Enabling change

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The problem with Social Marketing

Why you can't sell change like soap

If you work in health promotion or sustainability, you'll have heard of "Social Marketing" and "Community-based Social Marketing".¹ I've noticed that these communication methodologies are sometimes treated with almost magical reverence, as if they are the long-awaited silver bullets for the complex social, health and environmental problems we struggle with.

I believe many of the expectations placed on Social Marketing and its variants are overblown and social change practitioners need to be wary about claims made by their advocates.

Here's why:

Of course you can market *brands*. But behaviour change is not like buying a different brand of beer, it's about getting people to DO THINGS THEY ARE UNCOMFORTABLE WITH, DON'T WANT TO DO OR CAN'T DO, or they would already be doing them. Like parents letting their kids walk to school, or smokers quitting, or drivers switching to public transport.

These kinds of social, health and environmental behaviours are intractable because they are part of complex, "[wicked](#)" or messy social problems. That's why they are still with us. They are intractable for very good reasons: they are fixed firmly in place by a powerful matrix of institutional, technological and social factors. To be effective change programs must therefore do more than just communicate persuasive messages, they must aim to modify those factors.

Paul Stern of the Division of Behavioral and Social Sciences and Education of the UK's National Research Council explains that many behaviours are simply not amenable to voluntary change:²

"This pattern of [contextual] influences implies that effective laws and regulations, strong financial incentives or penalties, irresistible

technology, powerful social norms, and the like can leave little room for personal factors to affect behavior...”

In other words, when people have very little choice how they act, structural changes (like regulation, pricing, infrastructure, service provision, governance reform, social innovation, and technological innovation) should be the preferred approaches.

He goes on to say that: “[however] when contextual influences are weak, personal factors...are likely to be the strongest influence on behavior.” However, if we are realistic, there are very few situations where contextual factors are weak. Every personal decision is thoroughly embedded in its context. Even a simple voluntary behaviour like “turning off the lights” is determined by technology and pricing.

The fact is, every effective social change effort has been predominantly structural. Improving the anti-social behaviour of drinkers, for instance, has required collaboration between police, community leaders and licensing authorities; physical re-design of venues; modified management practices; training for staff; advocacy; political leadership; and legislative change. Marketing has been the least important factor in the mix. Most solutions to “wicked” problems are like this. They involve multi-faceted strategies, and are very much about building relationships and re-designing practices, places and institutions, with marketing often taking an important support role.

Of course there’s nothing wrong with good marketing. It’s a vital part of the mix. It spreads knowledge, creates interest, helps get people buzzing, and helps spark political action so that politicians get busy with the work of changing institutions and supporting technological innovation. It is an important handmaiden of change, but not the driver.

Let’s be clear what Social Marketing is

Social Marketing ³ is a way of planning communication programs that aim to influence human behaviour. Community-based Social Marketing ⁴ (CBSM) is a variant that includes influence techniques drawn from social psychology. Communication for Behavioural Impact ⁵ (COMBI) is another variant that’s been designed for aid programs in developing countries.

One of the most commonly heard definitions of Social Marketing is:

“Social Marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of society.”⁶

The practice of Social Marketing (and CBSM and COMBI are very similar) is said to consist of:

- 1) Start with a specific behavioural goal.
- 2) Conduct research with the target audience(s).
- 3) Be informed by psychological theories or models.
- 4) Tailor your efforts to suit the needs of the target audience(s).
- 5) Consider the 4 Ps: Product, Price, Place and Promotion.
- 6) Offer personal outcomes that the audience values.
- 7) Address the influence of competing promotions.

This reads like applied common sense. You wouldn't want to design a communication campaign any other way. Perhaps the excitement that surrounds Social Marketing is partly due to what it replaced, which was a complete lack of method in the design of health promotion efforts. The problem with social marketing, however, is that changing human behaviour involves a lot more a communication campaign.

What's the evidence for Social Marketing

As far as I can find, there has been only one systematic review of Social Marketing practice.⁷ This 2007 review, funded by the UK's National Social Marketing Centre, analysed the results of 54 Social Marketing programs focusing on alcohol, tobacco, illicit drug use and physical activity.

The researchers concluded, in part: “A majority of the [youth] interventions...reported significant positive effects in the short term. Effects tended to dissipate in the medium and longer term... *These results are broadly comparable with systematic reviews of other types of substance use prevention interventions.* The evidence is more mixed for adult smoking cessation, although small numbers of programs were nonetheless effective in this area.”⁸ [my emphasis]

In other words, these Social Marketing programs were found to be about as effective as interventions not based on Social Marketing methodology, which, I assume, means other kinds of educational interventions.

Notably, 48 of these 54 programs relied substantially on face-to-face tactics, like counselling and peer support, in addition to mass media. The results therefore can't be extrapolated to the great majority of Social Marketing campaigns, which consist primarily of mass media efforts. Since face-to-face interaction generally has far greater personal impact than mass media communication, this systematic review probably overstates the effectiveness of Social Marketing.

So what does work?

Let's take the three behavioural challenges which have a strong emerging evidence base about what works and what doesn't work: tobacco cessation, road safety, and obesity prevention.

What reduces tobacco smoking?

According to a 2000 US National Cancer Institute study, media campaigns can produce reductions in smoking, "but only when the rest of the social structure actively changes the environment of the smoker."⁹

A 2001 World Health Organisation review of anti-smoking campaigns from 9 countries and 6 US states and concluded that media campaigns can work when combined with counseling services, price increases, advertising bans and indoor smoking bans, and plenty of news stories.¹⁰

A 2004 review concluded "substantial evidence indicates that higher taxes and clean air laws can have a large impact on smoking rates. Evidence also indicates that media campaigns when implemented with other policies are important."¹¹

What reduces road accidents?

The World Health Organisation's 2004 "World Report on Traffic Injury Prevention", an authoritative global review of road safety interventions, does not mention Social Marketing, but notes "when used in support of legislation and law enforcement, publicity and information can create shared social norms for safety. However, when used in isolation, education, information and publicity do not generally deliver tangible and sustained reductions in deaths and

serious injuries.”¹²

A 2004 systematic review into the effectiveness of anti-drink-driving programs concluded that mass media campaigns that are carefully planned and well executed, that reach a sufficiently large audience, and that are implemented together with other prevention activities – such as highly-visible enforcement – are effective in reducing alcohol-impaired driving and alcohol-related crashes.¹³

Summarising the evidence, Woolley (2001)¹⁴ concluded that mass media advertising, when used alone, is unlikely to bring about significant road user behaviour change. However, advertising was found to play an important role in supporting other road safety activities, in particular enforcement.

Barry Elliott, a Australian researcher who carried out a systematic review of road safety campaigns, summed it up pithily: “you can’t sell road safety like soap.”¹⁵

What reduces obesity?

A recent US National Research Council report, [Local Government Actions to Prevent Obesity](#) provided a nice summary of the kinds of interventions that have the greatest potential to tackle childhood obesity. According to the press release: “Many of these steps focus on increasing access to healthy foods and opportunities for active play and exercise. They include providing *incentives* to lure grocery stores to underserved neighborhoods; *eliminating* outdoor ads for high-calorie, low-nutrient foods and drinks near schools; requiring calorie and other nutritional *information* on restaurant menus; implementing local “*Safe Routes to School*” programs; *regulating* minimum play space and time in child care programs; *rerouting* buses or developing other transportation strategies that ensure people can get to grocery stores; and *using building codes* to ensure facilities have working water fountains.”

In other words, if we wanted to run a comprehensive anti-obesity program then the skill mix would include an incentives manager, a regulator, a building code planner, a nutritionist, a transport planner, an educator (and a courageous politician or two to drive these changes) but not a marketer.

So what, exactly, is wrong with social marketing?

Like most systems of practice or models, Social Marketing is good at the things it pays attention to. The problem is the things it does not pay attention to. In other words, it’s hidden assumptions:

1) The behaviour is always right

Because Social Marketing is a model of practice not a theory of behaviour it has no way of critically assessing the client's assumptions. Social Marketing almost invariably assumes the clients' prescribed behaviour or action is right, just, appropriate, and do-able. As a result campaigns are often based around remarkably shallow and simplistic behavioural prescriptions. So we have:

"Just think." (the AFL's anti-alcohol-violence campaign);

"Quit now before it's too late" (Australian Government's tobacco campaign)

"Slow down stupid." (Queensland's anti-speeding campaign).

Social Marketing takes it as given that the particular behaviour should be adopted and can be adopted. It does not ask whether the prescribed behaviour make sense, whether it is capable of being adopted or whether it needs to be reinvented, matured, debugged, or replaced with an entirely different behaviour.

For instance, California's anti-drug campaign has now abandoned the typical "Just don't do it" or "Talk to your kids" approaches and opted for a far more subtle "Dinner makes the difference" approach, where the behaviour is simply to have dinner with your kids. This requires a fundamental re-think of the problem and the solution. We simply do not see this in typical Social Marketing programs where the funding agency's assumptions reign supreme.

Incidentally, this is where the design profession is making a tremendous contribution to social change efforts (see, for example, MindLab, SILK, OpenIDEO and Low Carb Lane¹⁶). Design thinking provides a systematic way to reinvent almost every aspect of a change effort, including the prescribed behaviour itself, to better fit peoples' lives.

2) Context blindness

Because of its intense focus on the individual, Social Marketing tends to neglect context. Context, as we discussed, is central to the adoptability of behaviours. It's more than a cursory consideration of the 4 Ps: "product, price, place, promotion". Instead the entire

contextual system needs to be the subject of strategizing and modification, including physical infrastructure, service design, place design, management and regulatory systems. Getting these right is usually what makes or breaks a change program, as we've seen in tobacco control, road safety, pollution control and littering.

This work can *only* be done by multi-disciplinary teams using a system-based approach. Silos tend to enforce dysfunction here, and busting or bypassing silos is a prerequisite for effective systemic interventions.

Again, it's easy to see how design thinking can make a valuable contribution to the mix.

By the way, this is not nearly as hard as it sounds. For a rapid method for identifying doable interventions in a whole system, see [How to make a theory of change](#).

3) Crop spraying

Social Marketing, as almost universally understood and practiced, is about efficiency: the most people reached at the least cost per head. This inevitably leads to a focus on mass media advertising. This approach treats people as isolated individuals and sprays them from afar with messages the same way a crop duster sprays a crop of canola. But who still thinks that human societies change this way?

Fifty years of [Diffusion of Innovations](#) scholarship and more recent social network studies (notably the remarkable work of [Nicolas Christakis and James Fowler](#) on the diffusion of obesity, happiness and smoking cessation through social networks) demonstrate that decisions to adopt new behaviours travel primarily along social networks of people who know and respect each other, on a wave of conversations, and mass media has very little to do with it.

The programs that are likely to influence voluntary behaviour change are therefore those based on fine-grained, conversational, local approaches (like facilitated workshops, forums, field days and the like). Unfortunately, the advertising agencies that win big budget Social Marketing campaigns have no incentive to share this insight with their funders.

4) Claim creep

What really changes the world, the message or the product?

The “guru of marketing”, Philip Kotler, says “Good marketing is about setting up expectations and fulfilling them...” This assumption is continually reiterated in his thinking and it’s common in Social Marketing too. You don’t have to think too deeply to realise this claim is delusional. Marketing can set up expectations but it can’t fulfill them. It’s products and behaviours that fulfill, or fail to fulfill, expectations. And it’s scientists and technical experts who design those products or behaviours, whether they’re health boffins or agricultural scientists or whatever. Good marketing is always the last link in a long chain of professional efforts, not the whole story.

5) Theory fetish

It’s a fine thing to have our thinking expanded by psychological and change theories, but it’s another thing to arbitrarily impose a particular psychological theory on real people leading complicated lives in the real world. It’s quite common to see social marketing and health promotion programs introduced with a statement that “this program is based on the Transtheoretical Model” or the Health Belief Model or Social Learning Theory, or whatever. Excuse me, but this is crazy. The theory of change that informs a program should come from one place only – the reality of people’s lives, and it will be very different for every set and every setting and every moment in time. Generic theories and models can help us think better as change agents, but only by getting to know people face-to-face and listening intently to their stories can we begin to construct solutions to their needs.

Even Craig Lefebvre, an ardent defender of Social Marketing, is clear on this when he writes that “One principle that distinguishes the best social marketers, I believe, is an unrelenting understanding, empathy and advocacy of the perspective of our priority population or community *that is not slanted by what the theory or research evidence does or does not tell us.*”¹⁷

6) Power blindness

Social Marketing campaigns tend to be one-sided exercises in power by government-employed professionals who decide what behaviours are wrong, what behaviours are right, who needs to change, and what they need to know. Only problem is: people HATE being given advice by strangers about how they should behave. Social Marketing doesn’t even begin to have answers for the waves of denial and resistance that are evoked by well meaning attempts to tell people how they should live their lives. See, for instance, the literature on [psychological reactance](#)¹⁸ and the [Boomerang Effect](#).¹⁹

Social Marketing programs have figured out a way to remain oblivious to denial and resistance: they prefer to evaluate their efforts at the level of awareness rather than behaviour. Awareness, however, cuts both ways. Awareness *may* help drive change, but it is just as implicated in driving people to do the opposite to what they are told. There's plenty of evidence, for instance, that marketing efforts may reinforce good behaviour amongst those who are already doing the right thing, but drive greater denial and/or resistance amongst the actual target audience.²⁰ Even a seemingly benign effort like asking householders to calculate their ecological footprints has been shown to produce this effect.²¹

7) Individual focus

The focus of Social Marketing campaigns is the atomised individual. Yet community organisation is one really effective method of achieving change. When change comes from a community's own collective efforts it is likely to be more appropriate, more credible, and more sustained than when it comes from government.

If a teeny fraction of the giant Social Marketing media budgets was spent on supporting people to organise and empower themselves to care for their own health, environments and communities I think we would witness far more deep and abiding change than through any conceivable marketing campaign.

8) Message Fetish

Lastly, Social Marketing has message fetish embedded deep in its genomes. Marketing has always been an art of mass communication. It is concerned, above all else, with language and image. It will always be, for better or worse, about the magic of the message. It's hopelessly infected with the assumption that the right form of words is the key to the human psyche. If it was that easy we'd all long ago have been living in paradise (or, more likely, hell). It just ain't that way.

And my point is...

I don't discount the utility of Social Marketing, CBSM and COMBI as communication practices, but as social change practices they fall short. The halo of omnipotence that accompanies them is unwarranted. They are a valuable support practices, not the messiah.

There is nothing wrong with marketers being involved in designing change programs. They bring vital skills and perspectives. In fact a change program that doesn't involve marketers is probably only slightly less ridiculous than one that is run entirely by marketers.

However, the ability to change the world will never be the shining glory of any one discipline. Successful change efforts happen when engineers, planners, designers, politicians, regulators, facilitators and marketers step out of their cosy professional fugs, mix it up with each other, let their assumptions be challenged, be prepared to defend those assumptions with evidence, and invite the public to genuinely collaborate in this process. That's when the shining glory begins.

If not Social Marketing, then what? I don't think the alternative is rocket science, just a little confronting for those who prefer life in a silo.

1) Get the "who" right first. Bypass silos, work in multi-disciplinary teams, and invite the users to share the big decisions with you.

2) Get inspired by what works elsewhere. Don't start till you've got lost in Google and Google Scholar a few times and been genuinely excited by the methods others have used, no matter how unfamiliar.

3) Listen to users and non-users and don't stop listening till you've been startled or confronted by what you hear.

4) Notice your own power and actively share it around, especially with those whose behaviour you hope to change.

5) Think in terms of systems. Map the system and don't limit your palette of interventions.

6) Get *all* those who can make a difference around the table before you start planning. Let them share the thinking, the planning and the credit.

7) Intervene in the context. Act to modify the social, technological and physical environments in which people make their decisions and then use communications to draw peoples' attention to those changes and model appropriate behaviours.

8) Be ready to abandon your own assumptions, even the ones you don't know you have. Instead, innovate like crazy, treat every idea as provisional and every tactic as an experiment.

What might this approach be called? I suggest simply **Multi-Disciplinary Change Practice**.²²

What would an **effective process** for Multi-Disciplinary Change Practice look like? I'm done my best to evolve one over the last few years. It's available on my website, see [The Enabling Change process](#).

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Considering that Social Marketing thrives in academia, supposedly the place of critical inquiry, critiques of social marketing are surprisingly thin on the ground.

For another critique of Social Marketing, see:

Tilbury, D., Coleman, V., Jones, A., MacMaster, K. (2005) *A National Review of Environmental Education and its Contribution to Sustainability in Australia: Community Education*. Canberra: Australian Government Department for the Environment and Heritage and Australian Research Institute in Education for Sustainability (ARIES), pp17
http://www.aries.mq.edu.au/projects/national_review/files/volume3/Volume3_Revised05.pdf

¹ Social Marketing appears to be especially dominant in marketing academies in universities and the government health departments they advise and often work for. See, for example, the program of the biennial World Social Marketing Conference, http://wsmconference.com/downloads/WSM_Programme.pdf Meanwhile Community-based Social Marketing has been exclusively applied in the environmental sustainability field.

COMBI, by comparison, does not seem to have made big inroads in the overseas aid field. Aid agencies appear to have resisted marketing-based solutions: for example see Kyama, R. and McNeil, D.G. *Distribution of Nets Splits Malaria Fighters*, *New York Times*, Oct 9 2007. Here an Social Marketing-based program for distributing malaria-impregnated nets in Kenya in was rejected by the World Health Organisation because it involved selling nets for \$1 to \$2.50 through local shops. In fact massive free giveaways were far more effective in ensuring broad adoption.

<http://www.nytimes.com/2007/10/09/health/09nets.html?ref=science&pagewanted=print>

² Paul C. Stern (2005) [Individuals' Environmentally Significant Behaviour](#), *Environmental Law Reporter News and Analysis* 35 10785
<http://www7.nationalacademies.org/dbasse/Environmental%20Law%20Review%20PDF.pdf>

³ For a clear expression of rigorous Social Marketing practice you probably can't do better than the work of Craig Lefebvre of The George Washington University School of Public Health and Health Services. He has a thoughtful and well informed blog, of which this [summary of his social marketing practice](#) is typical.
http://socialmarketing.blogs.com/r_craig_lefebvres_social/2008/09/planning-a-social-marketing-program.html

⁴ Dr Doug McKenzie-Mohr's popular [Community-Based Social Marketing](#) (CBSM) is a variation of Social Marketing that brings in techniques drawn from the social psychology of selling (especially via the work of [Robert Cialdini](#)).

<http://www.cbsm.com/pages/guide/introduction>

http://en.wikipedia.org/wiki/Robert_Cialdini

⁵ For COMBI, see, for instance:

http://apps.who.int/malaria/docs/communication_en.pdf

⁶ Andreason, A. (1995) *Marketing Social Change: Changing Behaviours to Promote Health, Social Development, and the Environment*, Jossey-Bass, San Francisco, p7

⁷ Stead, M. Gordon, R. Angus, K. and McDermott, L. (2007) A systematic review of social marketing effectiveness, *Health Education* 107(2) pp126-191
<http://www.emeraldinsight.com/Insight/viewPDF.jsp?contentType=Article&FileName=html/Output/Published/EmeraldFullTextArticle/Pdf/1421070203.pdf>

⁸ p180. Oddly only six of the 54 programs relied entirely on typical marketing methods, the rest included methods that no one would define as marketing, including counselling, smoking cessation groups, community organization, peer education, classroom lessons, training, citizen taskforces, buddy support, summer camps, exercise classes, and construction of walking paths. Only two, however, used any structural or regulatory methods, which is the point.

⁹ National Cancer Institute (2000) *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*, Smoking and Tobacco Control Monograph No 12, Bethesda, MD, US Department of Health and Human Services, p200

¹⁰ Schar, E.H., and Gutierrez, K.K. (2001) *Smoking Cessation Media Campaigns From Around the World, Recommendations From Lessons Learned*, World Health Organisation, Copenhagen

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- ¹¹ David T. Levy, Frank Chaloupka, and Joseph Gitchell (2004) The Effects of Tobacco Control Policies on Smoking Rates: A Tobacco Control Scorecard, *Journal of Public Health Management Practice*, 2004, 10(4), 338–353
- ¹² Peden, M. et al (eds) (2004) *The World Report on Traffic Injury Prevention*, World Health Organisation, p138
<http://whqlibdoc.who.int/publications/2004/9241562609.pdf>
- ¹³ Elder R.W. et al (2004) Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes: a systematic review. *American Journal of Preventive Medicine* 27(1) p57-65
- ¹⁴ Motor Accident Commission (2001) *Road Crash Facts for South Australia*, Government of South Australia.
- ¹⁵ Elliott, B. (1993) *Road Safety Mass Media Campaigns: A Meta Analysis*, Department Of Transport And Communications, Federal Office Of Road Safety
- ¹⁶ MindLab <http://www.mind-lab.dk/en/>;
SILK <http://socialinnovation.typepad.com/silk/>;
OpenIDEO <http://www.openideo.com/>;
Low Carb Lane www.dott07.com/go/lowcarblane
- ¹⁷ http://socialmarketing.blogs.com/r_craig_lefebvres_social/2009/11/getting-social-marketing-wrong-in-health-behavior-and-health-education.html
- ¹⁸ “when a communicator tells his audience what conclusion they must draw, there is a significant resistance to attitude change and even a tendency for boomerang attitude change.” Brehm, J.W. (1966) *A Theory of Psychological Reactance*, Academic Press, New York 121
- ¹⁹ Ringold, J.R. (2002) Boomerang Effect: In response to public health interventions: Some unintended consequences in the alcoholic beverage market, *Journal of Consumer Policy* 25 p34-35
- ²⁰ For instance, Leffingwell T.D. et al (2007) Defensively biased responding to risk information among alcohol-using college students, *Addictive Behaviours* 32 pp158-165
- ²¹ Brook, A.T., (2011). Ecological footprint feedback: Motivating or discouraging? *Social influence* 9 p113-128
<http://www.tandfonline.com/doi/abs/10.1080/15534510.2011.566801#preview>
- ²² For a definition of Multi-Disciplinary see the Wikipedia entry for Inter-disciplinary (which means the exactly same thing).
<http://en.wikipedia.org/wiki/Interdisciplinary>