Chapter XLI
Social Marketing in Healthcare

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ABSTRACT

Social marketing is a way to influence the behaviors of stakeholders in the healthcare system. This chapter will define the traditional transaction marketing concepts of exchange, segmentation, competition, the marketing mix, and audience orientation. Then it will describe the current paradigm shift to relationship marketing with its logic of collaboration and the cocreation of value. Relationship marketing is enhanced by the arrival of Internet-based "social media" such as blogs, file sharing sites, and social networking sites that place creativity and communication channels under "audience" control. These developments in marketing strategy and social software will profoundly affect the next generation of social marketing programs.

DEFINITION AND DOMAIN OF SOCIAL MARKETING

Social marketing is defined as "the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole" (Kotler, Roberto, & Lee, 2002). In reality, the social marketing field relies on more than mainstream marketing for its theory and practice; it also borrows insights from health education, communications theory, anthropology, and social psychology. Nonetheless, social marketing's primary reliance on commercial sector marketing is beneficial because the latter is "one of the most impactful and constantly evolving forces for social change in the world" (Andreasen, 2006).

The preceding definition of social marketing reveals four motivations of social marketers. First, the focus on a *target audience* (defined below) enhances program effectiveness and efficiency. Second, the goal of changing *behavior* rather than awareness or attitudes differentiates it from education. Third, the desire to advance the welfare of *society* rather than earn profits distinguishes social marketing from its commercial counterpart.

Finally, the decision to stimulate v*oluntary* behavior change contrasts with law enforcement.

Education may be characterized as a "libertarian" approach to social change that informs people of the long-term benefits of a behavior but offers no prospect of short-term rewards or punishment (Rothschild, 1999). Since education involves neither coercion nor immediate rewards, it maximizes individual human freedom to make behavioral choices. However, an educational approach also creates externalities or costs to other parties who may not have agreed to bear them. For example, individuals who choose to smoke cigarettes may create a health hazard in the form of second-hand smoke for others around them. In contrast to education, law enforcement represents a "paternalistic" approach to social change in which people are coerced to comply through implied threats of punishment. Thus, law enforcement curtails individual freedom in order to reduce externality. In contrast to education and law enforcement, marketing may be viewed as the offering of free choice opportunities with incentives in a competitive environment, the offering of benefits that are so appealing as to be coercive and freedom-limiting, or the offering of behavioral opportunities that satisfy self-interest (Rothschild, 1999).

Social marketing is not the only means to social change, and it may not be the best choice for all social or behavioral issues. For example, marketing is inappropriate when a target audience requires basic education or a change in their values (Andreasen, 2006). On the other hand, marketing excels at addressing the lack of opportunity or ability to adhere to a desired behavior (Rothschild, 1999). Thus, the nature of the social issue dictates whether marketing should be used by itself, as a complement to other strategies, or not at all.

There is growing interest in the application of social marketing to medical education, health promotion, and national health strategy (David & Greer, 2001; McCarthy, 2003; Grier & Bryant, 2005; Hastings & McDermott, 2006). This interest parallels the market reform of healthcare manifested by the arrival of value-based healthcare competition; "pay-for-performance" programs; internet-based patient self-management; and the acceptance of joint responsibility for the production of health by the state, the private sector, the charity sector, and citizens (Porter & Olmsted Teisberg, 2007; Petersen, Woodward, Urech, Daw, & Sookanan, 2006; Forkner-Dunn, 2003; Sowers, French, & Blair-Stevens, 2007). Thus, the present milieu favors the acceptance of marketing solutions to social problems.

The remainder of this chapter will define essential social marketing concepts, describe marketing's evolution from a "transaction" focus to a "relationship" focus, explore the role of information technology, and enumerate social marketing's limitations as a discipline.

CONCEPTUAL FRAMEWORK AND CONCEPTS

Social marketing may be viewed as a management process consisting of three phases: planning and research, strategy design, and implementation and monitoring (Chapman Walsh, Rudd, Moeykens, & Moloney, 1993; Andreasen, 2006). In the planning and research phase, marketers specify the program's behavioral objectives and performance indicators. Then they conduct research to identify the target audience, analyze the competition, designate the marketing mix, and examine the target audience's preferred communication channels. In the strategy design phase, marketers develop the marketing mix and communication methods, and pretest their concepts and messages for comprehensibility and acceptability with a sample of the target audience. In the implementation and monitoring phase, products or services are delivered to the target audience, messages are communicated, and performance indicators are monitored. If performance is deemed unsatisfactory, further research is conducted so that the program can be