The changing nature of innovation-based social marketing programs - the case of health promotion programs.

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Abstract: *Social marketing favoured, since its inception, the field of health promotion - designing programs to help change unhealthy behaviours was one of the primary drivers of this area of practice. On the other hand, the need to have a better-informed citizenry on medical and health-related issues was a constant requirement of the medical professional - better informed and knowledgeable people would more easily "adhere" to the social marketing programs. The health literacy imperative is today outpaced by the advance of the Internet-based technologies - Google health search solutions, Microsoft specific products targeting patients or IBM's Dr Watson suite. Based on this disrupting innovation which involves the realm of the patient-doctor relationship, how shall social marketing programs innovate?*

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Introduction

Social marketing it's neither new or old, or a magic bullet for all the problems societies faced today in changing an unhealthy or undesirable behaviour of the population and designing better ones. The advance of behavioural economics and the ubiquity of "nudge units" in many governmental agencies around the world, seems to complicate rather than simplify the operational procedures which shall be implemented by the states, with the advance of the trend to incorporate behavioral science insights into governmental public programs and drafting of public policies.

As it looks now, social marketing is a promising framework for planning and implementing social change related programs, far beyond social advertising, cause-related marketing, corporate cause promotions, philanthropy or community volunteering. For instance, in a social advertising approach, the main effort is directed towards the use of communication campaigns (usually on the media) and let the response, meaning the behaviors and attitudes changes, to "natural" social processes. In social marketing, a step-down communication method is implemented to foster a sustainable behavior change. Social marketing is about (a) influencing behaviors, (b) utilising a planning process that applies marketing principles and techniques to solve societal problems, (c) focusing on a defined target audience, and (d) delivering a benefit for society.

While addressing the health field, we shall move from today's overused approach of health promotions, towards a more broad view of a targeted action on the determinants of health, within the definitions and policies drafted by the World Health Organization. In acting on the social determinants of health social marketing could make a big difference.

Under the logic of an information driven approach, social marketing and health promotion are nowadays heavily influenced by the advance of Internet based technologies, services and products, as well as the integration of the new models on the existing operational procedures.

2. Social marketing models

Introduced in 1971 by Gerald Zaltman and Philip Kotler to describe "the use of marketing principles and techniques to advance social causes, ideas or behaviors", social marketing has been defined as "the design, implementation, and control of programs calculated to influence the acceptability of social ideas and to involve considerations of product planning, pricing, communication, distribution, and marketing research" (Zaltman & Kotler, 1971). The practice and the theory of the field evolved continuously during the last decades. In today's definitions, it is understood as a "process that applies marketing principles and techniques to create, communicate, and deliver value to influence target audience behaviors that benefit society as well as the target audience" (Kotler & Lee, 2008, p. 7). It's a planned effort to help out people to make better decisions for their life on health, security, relationship with authorities and other individual behaviours which could and would affect the society as a whole. Trying to articulate a more compelling and coherent theoretical framework for the practicing and academics

alike, the social marketing professional associations (The International Social Marketing Association, European Social Marketing Association, Australian Association of Social Marketing) came to consensus on defining social marketing which now "seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good" through "a systematic approach to improve personal and social well-being through the ethical application of evidence-based marketing principles and techniques to facilitate changes in behaviour, organizational practices and policies" (The International Social Marketing Association). In spite of the fact that wording in the definitions of social marketing still varies, as we have had noticed, the essence of social marketing remains unchanged, namely influencing behaviors for the good of society as well as the selected audiences, through the use of principles and techniques developed by commercial marketing.

Focusing on influencing their target audience toward usually agreed upon four behavioral changes - (a) to accept a new behavior, (b) to reject a potential undesirable one, (c) to modify a current behavior or (d) to abandon an old and unwanted one, social marketing has got a lot of visibility in the health communication campaigns and, lately, in designing and implementing new health public policies (for instance in USA, UK, Canada, Australia and many, many other countries). As emphasized before, using the reference of commercial marketers who sell goods and services, one can stress the focus of social marketers on "selling behaviors" on already mentioned four major areas: health promotion, injury prevention, environmental protection, and community mobilization (Kotler & Lee, 2008, pp.18– 21).

To evolve social marketing "to the 'next level' of influence and impact" Andreasen outlined two different lines of effort for social marketing: a vertical perspective, and the "traditional" horizontal one. The first one is necessary to be employed to understand where social problems come from and how they are addressed by the society, while the horizontal perspective will consider the range of players who need to be involved and the type and magnitude behavioral changes that have to happen for the change process to address the above mention social problems (Andreasen, 2005, pp. 11-16). This model was developed afterwards in a different "perspective approach" - downstream efforts (for the vertical view), respectively upstream efforts (for the horizontal perspective) and, between these two perspectives, a proposed third dimension - the midstream efforts, understood as a directed effort to reach "those with the ability to influence others in the target markets' community" (Cheng, Kotler & Lee, 2011, pp. 12-15).

One of the social marketing mantras is that the primary beneficiary of the social marketing program is the society as a whole, and, because the behavior change is typically voluntary, social marketing looks for "rewarding good behaviors" rather than "punishing bad ones". Of course, the principles and techniques of influence might be the same, but the difference is in the outcome: while in commercial sector the "primary gain is financial gain", in social marketing "the main benefit is societal gain" as it is communicating

in all social marketing venues. Despite these differences, there are a lot of common dimensions of social marketing and commercial marketing: (a) custom orientation is paramount for both of them; (b) the exchange theory is extensively applied (i.e. the audience shall perceive the proposed benefits as equal or exceed the perceived associated costs with the new behavior); (c) heavily supported by target segmentation and thorough marketing research through the entire program; (d) all 4Ps from standard marketing theory are considered, based on the logic of the "integrated approach" to name only the most visible dimensions.

One of the most noticeable change in social marketing during the last decade has been the "migration of social marketing from its initial close identification with the marketing of products involved in social change to a broader conception", targeting relationships and social institutional design within three different societal level of intervention (Andreasen, 2002, pp. 4-7) to tackle social problems: (1) at the individual level (based on the assumption that it is people who ultimately must behave differently), (2) at the whole community level (for significant social changes the entire community has been the focus of interventions through norms, values, interpersonal influence and community institutions), and (3) at the social structure level (laws, institutions, technology, public policies). This is the subject of a fruitful debate within the social marketing community, and the developments shall influence the magnitude of the employment of the model in future health promotion programs.

3. Social marketing on health promotion

Within the intervention area, Kotler and Roberto (as cited in Andreasen 1994, p. 20) had proposed different types of change strategies: social marketing, technology, economics, politics & law, and education, while other scholars had reduced the number of alternatives to only three different approaches such as education, marketing, and the law (Rothschild, 1999). As an intervention & change social strategies, there are some widely used models to understand and operationalize the response: (1) the much-used stages of change model (Prochaska & DiClemente, 1983), focusing on tailoring interventions to the stage the target audience is in along the roadmap of behavior change, (2) the behavioral reinforcement theory (Bickel & Vuchinich, 2000; Rothschild 1999), (3) the social learning theory (Bandura, 1997; Baranowski, 1990). In many projects, we have witnessed the temptation to favour the communication approach, the strategic communication ones usually through a strong advertising support to accomplish social objectives. It is now time to move one and to go one step forward.

The Andreasen approach on social marketing which "is not a theory or a unique set of techniques but a process for developing social change programs that is modeled on methods used in private sector marketing" (Andreasen, 2002, p. 8) has the potential to re-orient the effort from increasing the "acceptability of a social idea" towards a more practical and easy to evaluate one of an individual (community?) behavior change.

In deciding if social marketing is suitable to be used in today's' health promotion programs, we might use the path of approach designed by Andreasen (Andreasen, 2002, p. 8), for which social marketing programs can be applied "in any situation in which a socially critical individual behavior needs to be addressed", but equally important, it might be used also to bringing about behavior changes for other important players whose actions, collectively, could make the interventions successful. And these vital players might be the media, legislators, policymakers, politicians, NGO's.

As a typical checklist used in the field by the social marketing practicians, we can operationalize the proposed Kotler and Lee's steps in planning, in 10 steps a social marketing campaign (Kotler & Lee, 2008, p. 34-43): 1) Define the Problem, Purpose, and Focus; 2) Conduct a Situation Analysis; 3) Select Target Audiences; 4) Set Marketing Objectives and Goals (a behavior objective, a knowledge goal, a belief objective): 5) Identify Factors Influencing Behavior Adoption (barriers, benefits, competitors, and the influencers); 6) Craft a Positioning Statement (what the target audience is supposed to feel and think about the targeted behavior and its related benefits); 7) Develop Marketing Mix Strategies: The 4Ps (product - A core product, actual product, augmented product - price, place, and promotion); 8) Outline a Plan for Monitoring and Evaluation (output measures for program activities; outcome measures for target audience responses and changes in knowledge, beliefs, and behavior; and impact measures for contributions to the plan purposes); 9) Establish Budgets and Find Funding Sources; 10) Complete the Plan for Campaign Implementation and Management.

4. Web-based innovative approaches to health

There is a "tsunami" of changes for the public and the medical professionals alike, due to the advance of the Internet based solutions in our lives. Internet of Things, with wearables and Apps, started already to dramatically change the way to monitor our health status, to disseminate and interpret the information as well as changing how we communicate with doctors, receiving and transmitting now a continuous feedback. We might find ourselves living in a state of almost constant awareness of our health status, with a strong belief that a medical professional is fully aware, around the clock, of this status.

But the access to the medical information online has a cost, and this is to be paid by patients and the health industry alike. A readily available medical information is under the scrutiny of health professionals, and different health organizations had already tried for years to set up a standard for the quality of the information generated on the net. The Health On the Net Foundation proposed, in 1996, the HONcode (http://www.hon.ch/HONcode/Patients/Conduct.html), a The Code of Conduct for Medical Websites", initially with 6 conduct criteria, expanded afterwards to eight: (1) authoritative (shall indicate the qualifications of the authors posting the content); (2) complementarity (the information on the platforms should support, and not replace the doctor-patient relationship); (3) privacy (the personal data

submitted has to be protected); (4) attribution (the source of the information has to be clearly indicated, as well as the date when the respective pages were used); (5) justifiability (sites must provide evidence of the obtained benefits and performance of the medicine or procedures); (6) transparency (accurate and detailed contact information); (7) financial disclosure (a precise identification of funding sources of the content on the site); (8) advertising policy (a clear cut between paid/advertised content and editorial content). In 20 years of continuous activity, the project was developed further with MedHunt (a specialized medical search engine), HONselect (for certified HONcod medical content) and has been translated and now is in use in 35 different languages around the globe. On the other side, the health professional associations, the academia and the suppliers of medical products and services tried to build up tools to help patients better navigate through the online medical information (Dalmer, 2017). A new avenue of research was developed, the so-called health information-seeking behavior - HISB, trying to understand how the patients acquire medical information, and, equally important, how they use this info for their benefit (Cutilli, 2010; Lambert & Loiselle, 2007).

Medical information portals (WebMD Healthline, Healia, HealthBase or MEDgle for instance) are used to better tune-in the medical content and to provide quality and accurate details for the patients, with the help of medical professionals, academia and practicians alike (Nguyen, Burstein, Fisher, 2015). WebMd is one of the main players on this field, although a significant percent of health-related searches on the net are made using general search engines. Google was one of the forerunners of this approach, using Google Search to adapt the search results on individual symptoms and to give "an overview description along with information on self-treatment options and what might warrant a doctor's visit" and validating the medical information by "checking them against high-quality medical information we've collected from doctors" using Google Knowledge Graph, in partnership with Harvard Medical School and Mayo Clinic (Veronica Pinchin, 2016). Back in 2007, Google and Microsoft started to work more focused on improving the overall quality of health related information on the net, because we are now in an era of "the mass consumerization of health information" with the need for patients to have control of their health information. Patients shall be "the stewards of their information" with the vision of the becoming a "knowledge navigator" and medical services will soon have to reorganize as "a much more collaborative process between patients and doctors", because "patients should be in charge of their health information, and they should be able to grant their health care providers, family members, or whomever they choose, access to this information" (Lohr, 2007). So, these projects are targeted to both searchings for medical information and using the individual medical records by people. Google flu trends project, started in 2008 and stopped in 2014 (Ginsberg et al., 2009), or the recent project on allergy-related mobile searches (Gesenhues, 2017) developed together with The Weather Channel (to analyze information on local pollen levels and to offer pollen count alerts to individuals) unveiled the power of Big Data in orienting the public policy interventions in public health.

Microsoft has to succeed, using the internet search results, to early detect the cancer, the pancreatic cancer, which in turn, could prolong life of the patients, increasing the "five-year survival rate of pancreatic patients to 5 to 7 percent, from just 3 percent" (Paparrizos, White & Horvitz, 2016). Other research projects found hidden drug-drug interactions, the so-called "adverse drug events" way before the authorities of US Food and Drug Administration (Tatonetti, Fernald, Altman, 2012), which decreases the possible negative impact on the health of the patients using the respective drugs.

How can we make better use of all these developments? One interesting line of thought was opened by Quelch and Jocz (Quelch & Jocz, 2008, pp. 34-42) when discussed about the characteristics that marketing and democracy do share, because in both fields we have: (a) exchange of value (goods, services, promises); (b) consumption of goods and services; (c) choice has to be made in all decisions; (d) free flow of information is essential; (e) active engagement of a majority of individuals; (f) inclusion of as many people as possible. In this understanding, starting from the observation that billions of nowadays (marketing) transactions support the development of the "social glue" that holds societies together, it seems that the core benefits of marketing/social marketing will also be supporting the requirements for any democracy - engagement, choice, inclusion, information, and, furthermore, sound health public policies.

5. Conclusion

Social marketing will and shall remain a valuable tool in, health promotion field, but the approach has to be aligned with the advent of social media and Internet based technologies for health. We are witnessing dramatic changes in the patients' relationship with medical information - both private and public, as well as a new kind of the Internet-mediated relationship between the patients and the doctors. The information asymmetry will continue to profoundly influence the design of the health markets, despite the increased volume of readily available medical information on the net. But in using this information, the patients and their doctors will become more and more partners, with the doctors guiding the patients on using medical information on the net. Thus, the relationship will be enriched, but at the same time will be more demanding for the medical professionals. In this new context, social marketing has to broaden its perspective, including the reality of this new partnership and focusing also on the social determinants of health to start the targeted behavioural change at the individual level. Social marketing has to plan for behavioral changes for many important players (the media, legislators, policy-makers, politicians, NGO's) whose actions, collectively, would make the interventions successful.

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