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Social Marketing Approach to Active Life

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The health benefits of regular physical activity have been scientifically and empirically demonstrated. A number of studies demonstrated that regular physical activity reduces risks of coronary heart disease, diabetes, obesity, osteoporosis, colon cancer as well as improving mental health. (e.g., Berlin & Colditz, 1990; US Department of Health and Human Services, 1996). As most of the countries consider improving public health an important national agenda, altering people's lifestyle from 'sedentary' to 'physically active' became an effective and efficient strategy to promote physical and mental health and ultimately enhance the quality of life.

However, making people adopt healthy behaviors including physical activity is very difficult because the target behaviors are habitual. Informing people of the health benefits of physical activity is never enough to change their lifestyle. The traditional public health approach relied on 'educating' people to adopt a new behavior.

Social marketing is an alternative. It is 'marketing' a new behavior in a way to meet self-interests of the target people so that they voluntarily choose the behavior. The concept and the principles of marketing have been applied to change various social behaviors including not only physical activity, diet, smoking, drinking, driving, environmental behaviors, adolescent

behaviors, birth control, drug, condom use and so on.

The seemingly unnatural connection between marketing and public health is never awkward. It is because public health phenomena can be understood from the marketing perspective. Siegel and Doner (1998) write as follows:

“Public health aims to satisfy the human need for health by facilitating a series of individual and societal exchange processes. These exchanges include the adoption of individual behavior and lifestyle changes and the adoption of societal programs to improve social and economic conditions. Marketing is defined as “human activity directed at satisfying needs and wants through exchange processes.” Thus, whether they realize it or not, public health practitioners are in the business of marketing. The basic public health practitioner is to market social change.” (Siegel & Doner, 1998, p29)

Social marketing has been practiced to increase the level of physical activity in the developed countries (e.g., England's ACTIVE for LIFE campaign, VERBTM program in the United States). The concept of social marketing emerged in 1960's and 1970's but the actual practices have been attempted primarily since 1990's. However, it is surprising that the concept of social marketing is still new to and the practice is rare in many Asian countries including Korea, Japan, and China. This paper is intended to introduce the key concepts and

addresses the issues of social marketing as a tool to promote physical activity.

What is social marketing?

The conceptual foundation of social marketing originated from the early works (e.g., Bagozzi, 1978; Kotler & Levy, 1969) in the late 1960's and 1970's (Rothschild, 1999). Since then, social marketing has been understood in a various way from marketing social change to program-planning process that applies marketing principles to change behavior (Andreasen, 1995; Kotler & Zaltman, 1971). It has been argued that social marketing also includes influencing policy makers and the analysis of social consequences of commercial marketing activities (Donovan & Henley, 2003; Hastings & Saren, 2003; Seigel & Doner, 1998).

Despite the conceptual diversity, there are common conceptual elements across various definitions of social marketing including value creation and exchange, customer orientation and segmentation, competition and differentiation, and marketing mix. These concepts stems from marketing. According to American Marketing Association (2007), marketing is defined as follows:

"Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large."
(American Marketing Association, 2007)

Value creation and exchange:

Customer value is what customers perceive as benefits minus what customers perceive as costs. The benefits are associated with the needs and the wants of the target people, which inherently reflect their self-interests. Marketing assumes that customers voluntarily purchase a product as an exchange process with providers only when they perceive benefits consistent with their

self-interest and the costs needed to acquire the benefits from the product are lower than the benefits. This means that customers purchase products only when they perceive value from the product. Also, it is posited that every stakeholder including customers, providers and in the exchange process should receive more benefits at the given costs. However, unlike commercial marketing, social marketing in many cases hardly provides an immediate explicit benefit to target group of people in return for changing behavior. Also, social marketing practitioners should take into account that the target people pay intangible costs such as time, effort, stress, skills and knowledge required to adopt and maintain a certain behavior. (Donovan & Henley, 2003)

Customer orientation and segmentation:

Commercial marketing requires companies to rearrange all the management functions from the customer's perspective. This is a fundamental change in approaching the market from selling the already-made products to understanding customers first before producing products. This customer orientation is the key for understanding the concept of marketing. Customers consist of diverse segments and one product never satisfies all the segments. Thus, marketing practitioners should develop different marketing programs depending on the segment. The populations can be divided into subgroups based on individual demographics (e.g., age, sex, ethnic background), psychographics (e.g., values, lifestyles, personality), behaviors (e.g., active vs. sedentary), and response to the product (e.g., attitude, perception, usage).

Kang (2004) segmented individuals based on the physical self-esteem and suggested different marketing communication strategies in the context of health club setting. He showed that messages emphasizing functional features and benefits of initiating physical activity given the membership cost are effective for the people

with low physical self-esteem whereas messages combining both functional features and benefits and symbolic images of the health club members are effective for the people with high physical self-esteem. The example of the message for women in their late 20's and 30's career woman is "Be in shape, be fit, be successful, and be yourself." For the male with the stereotype that aerobics is women's physical activity, the message such as "Do aerobics and have a heart to be a man" can be possible. For college students in good shape, "Just 9 bucks a month to keep your body attractive" may be used as a message.

Competition and differentiation:

The field of marketing started after the World War II to survive in the competitive market where there was oversupply in many industries. In commercial marketing, products are competing with each other to satisfy similar needs and wants of customers and trying to differentiate themselves from competing products in the customers' minds. In social marketing, competition means the behavioral options that compete with the target behavior. Various behaviors or services compete with what social marketing is promoting and benefits of target behavior are compared with those from the alternative behaviors. It is important for social marketing practitioners to provide benefits that best distinguish target behavior from alternative behaviors.

Marketing mix:

Marketing mix is a bundle of elements that should be considered to plan and implement a marketing program. Product, price, promotion and place (4Ps) are usually known as the marketing mix for goods. However, 4Ps are not enough to effectively market service products because of their unique features. Service products are characterized by intangibility, perishability, simultaneous production and

consumption, process and so on. Therefore, the marketing mix for service products requires more elements in addition to 4Ps including people, process, and physical evidence.

Product is a good, service, or idea that is exchanged with for a price. The product in social marketing is not so clear. What do social marketing practitioners promote? The product in social marketing is a target behavior, which is intangible, including being physically active, changing diet habit, stopping smoking, reducing drinking, buckling up seat belts and so on. However, defining the product is a challenge because it is intangible. As the product is the means of obtaining the benefit it is critical to define the product in terms of the benefit provided to consumers (Siegel & Doner, 1998). The benefits of the target behavior must be larger than those of the existing behavior to the person and must be something that is beneficial to the person, not to public health. The benefits of changed behavior should be short-term and consistent with self-interests of the target people. The benefits of each behavior are perceived differently depending on individuals or groups. Grier and Bryant (2005) argued in relation to the concept of product in public health as follows:

"To be successful, social marketers believe the product must provide a solution to problems that consumers consider important and/or offer them a benefit they truly value. For this reason, research is undertaken to understand people's aspirations, preferences, and other desires, in addition to their health needs, to identify the benefits most appealing to consumers. For instance, the VERB™ program positioned physical activity as a way to have fun, spend time with friends, and gain recognition from peers and adults rather than to prevent obesity or chronic diseases later in life. The marketing objective is to discover which benefits have the greatest appeal to the target audience and design a product that provides those benefits. In some cases, public health professionals must change their recommendations or modify their

programs to provide the benefits consumers value most.”(p323)

Price refers to the cost to the customers in return for the benefits. From the customer's perspective, price includes tangible (e.g., money) and intangible costs (time, effort, psyche) as well as opportunity cost. The most important part of the price in commercial marketing is money whereas in social marketing the price is primarily time, effort, lifestyle, or psychological cost, which is called social prices (Fine, 1992). In social marketing, minimizing the cost perceived by the target people is as important as maximizing the benefit. Also, people tend to be willing to pay more to obtain value added benefits and believe that more expensive competing products are superior to the products priced low (Grier & Bryant, 2005).

Promotion means the communication activities to make the target people aware of the product, change the perception and the evaluation of the product, and purchase the product. Promotion strategy usually involves setting up specific communication objectives for the target people, developing effective messages, and identifying communication channels. Promotion activities include advertising, public relations, publicity, special events and displays, and sales. In social marketing, communication activities are planned and implemented in association with policy changes, professional training, community-based activities, skill-building and so on (Grier & Bryant, 2005).

Place is the distribution of goods for manufacturing industries and the location of service for the service industries. In social marketing, place may refer to the location and the time, 'action outlets,' which means "where and when the target market will perform the desired behavior, acquire any related tangible objects, and receive any associated services." (Kotler, Roberto, & Lee, 2002). The concept of

place includes not only the physical location and accessibility of the outlets but also "the life path points-places people visit routinely, times of the day, week, or year of visits and points in the life cycle-where people are likely to act so that products can be placed there." (Grier & Bryant, 2005)

People are those that the target people encounter in consuming the service products. The quality and attitude of the staffs (providers) contact and interact with consumers are important marketing mix for successful marketing of service products. In social marketing, providers refer to those who offer information, skills, counseling to the target people. The concept of the Moments of Truth (MOT) is noteworthy. MOT means the moments when service providers contacts with the consumers and these moments should be carefully identified and the way of interaction during the moments should be standardized for providing consistent and quality services.

Process refers to the stages that consumers go through in receiving and consuming service products. Unstructured, inefficient or provider-centered processes increase consumers' dissatisfaction decreasing the perceived benefits from the service. In the context of social marketing, process may involve stages associated with consumers' gathering information, accessing service providers, learning skills, participating intervention programs, receiving feedbacks and so on.

Physical evidence is all kinds of physical cues used and experienced by consumers while consuming services, which include logos, uniforms, facilities, equipment, materials, give-away and so on. Customers perceive the design and quality of physical evidences as tangible features of the intangible service products. In social marketing, various physical

evidences influence the target people's perception of the product. The quality of the facilities or the equipment may impact teenagers' adoption or maintenance of physical activity.

Marketing, Education, and Law

There are three approaches to change social behavior: social marketing approach, educational approach, and legal approach (Rothschild, 1999). The characteristics of social marketing may be best described by comparing it with the other approaches. According to Rothschild (1999), education focuses on informing and persuading people to adopt the target behavior voluntarily by building awareness of the benefits. When people are educated about the health benefits of physically active lifestyle, they have free choice in how they behave and society accepts the costs in case the sedentary lifestyle is not changed. Education is the most effective method when the goals of society are appealing to immediate self-interest of the target people, the benefits of behavior change are instant and obvious, the price (costs) are low, and the ability and the resources required to change are available. But, the effect of education is limited because it does not provide an immediate reinforcing exchange

of self-interest.

Law or policy forces people change behavior with the threat of punishment. Law is most effective when society is not willing to pay the costs of existing behavior and people do not perceive it as the target behavior to change for their short-term self-interest. People have no choice for the target behavior: change or be punished.

Social marketing tries to change behavior by providing alternative choices in the environment where the target people are voluntarily involved in exchange. Social marketing is an effective method when society will take the cost of unchanged behavior and societal goal is not consistent a short-run self-interest of target people. Marketing changes the environment of choice to make the product (changed behavior) more advantageous to people's self-interest than unchanged behavior.

Social marketing, education, and law/policy can be compared as in Table 1.

Table 1. Comparison between social marketing, education, and law/policy

	Social marketing	Education	Law/Policy
Society's willingness to take the cost of current behavior	Yes	Yes	No
Immediate self-interest	Yes	No	No
Freedom of choice	Yes (alternative choices)	Yes (change or not to change)	No
Reinforcement	Direct immediate positive reinforcement	No reinforcement	Direct immediate negative reinforcement
Focus	Enhance attractiveness of benefits (consistent with self-interest of target people), minimize the cost	Inform, persuade	Punish

Stages in social marketing

Grier and Bryant (2005) argued that the social marketing process consists of six major steps: (1) initial planning, (2) formative research, (3) strategy development, (4) social marketing program development and pretesting of material and nonmaterial interventions, (5) implementations, and (6) monitoring and evaluation (Grier & Bryant, 2005). The initial planning stage includes collecting information to determine preliminary behavioral objectives and target markets and identifying potential behavioral determinants. Formative research is to examine factors identified in the initial planning stage to determine the target segment and the factors important for behavior change. Strategy development means designing effective marketing strategy including specific objectives and action plans. The plan encompasses the purpose of the project, a profile of the target segment, specific behaviors that needs to be changed, and strategies for controlling the factors in relation to the target behavior. The program is developed on the basis of the conceptual framework of the service marketing mix. Campaign or intervention materials are then developed, pretested, and modified before implementation. Monitoring and evaluation mean to keep examining implementation processes and identifying necessary corrections, flaws or misconducts as well as evaluating the effectiveness on the basis of the predetermined objectives.

Challenges in social marketing

Social marketing is a challenge to practitioners. First, the products that social marketing practitioners try to promote have a special nature, which is the unfavorable state of individual and societal demand for social change (Seigel & Doner, 1998). Unlike commercial marketing with relatively high demand, social marketing generally faces one of the three demand states: negative demand, no demand, or

unwholesome demand. For physical active lifestyle, people may be segmented into the group with moderate demand but no skills and resources (e.g., time, place, money), and the group with no demand and the group with negative demand. People may want to participate in exercise or sports but have no available time or facilities while other people may not feel the need to be physical active or hate to move their bodies.

The second challenge is the unfavorable marketing environment (Seigel & Doner, 1998). Social marketing should compete with high-intensity, well-gearred marketing efforts of industries, whose products counteract the target behavior. Tobacco and alcohol industries are some of the examples. For social marketing for active life, a variety of entertainment and leisure industries are competing with social marketing practitioners in a way to increase consumer's 'time share'. In many cases, the social environment and social norms are just opposite to building the target behavior. From the social marketing perspective for active life, the modern civilization tends to make people physically inactive. The design of workplace schedules, the community and the transportation system are not physical activity-friendly. This hostile social environment may significantly reduce the effect of many social marketing campaigns to enhance physical activity.

Finally, social marketing to active life is more challenging than changing other public health behaviors such as diet, drinking and smoking. Participating in exercise or sports requires time, place, and skill. For example, stopping smoking is considered an alternative choice of smoking (existing behavior). Non-smoking does not take time and make people give up other activities either. However, being physical active takes time (cost) and the participants should give up other activities (work time, other leisure activities). In

many types of physical activity, facilities are required but most of facilities are not prepared or owned by individuals. Also, the physically inactive people do not have skills to enjoy the specific type of exercise or sports other than walking or running. Learning the skills is a barrier to the target people. It is critical to remember that the cost of adopting and maintaining physical activity is much higher than other health behaviors and the minimizing the cost is one of the keys for successful social marketing to active life.

Social marketing cases for physical activity

VERB_{TM} is one of the successful social marketing cases to promote physical activity, which is coordinated by Center for Disease Control in the States (Wong, Huhman, Heitzler, Asbury, Bretthauer-Mueller et al., 2003). It is a national, multicultural social marketing program that encourages “tweens” (young people ages from 9 to 13) to be physically active. The program started with extensive formative research with tweens, parents and other stakeholders. An intervention was strategically designed to integrate mass-media advertising, public relations, interpersonal marketing, and co-marketing with professional sports leagues and athletes and well-known sporting goods manufacturers and distributors to influence the various segments of tweens and adult stakeholders. VERB_{TM} works with communities to improve access facilities for physical activity and maximize the influence of parents and other stakeholders on tweens’ lives. VERB_{TM} turned out very successful after one year by increasing 34% in weekly free-time physical activity sessions among 8.6 million tweens aged from 9 to 10 in the States. Higher levels of interventions resulted in more dramatic increase in physical activity.

Another case is England’s ACTIVE for LIFE campaign run by the Health Education Authority

commissioned by the Department of Health in England in 1995 (Hillsdon, Cavill, Nanchahal, Diamond & White, 2001). Realizing that 61% of men and 76% of women were not moderately active, the Department of Health issued a “Strategy Statement on Physical Activity” that addressed a new policy on promoting physical activity in 1996. The ACTIVE for LIFE campaign was designed based on the concept of social marketing specifically aiming to increase knowledge and acceptability of the new recommendation, which is at least 5 sessions of 30 minutes of moderate intensity physical activity per week and three days of vigorous physical activity of 20 minutes for those already being involved in vigorous physical activities. Various social marketing techniques using mass media were used including advertising, public relations, and publicity to communicate directly to the target people. Also, extensive support programs to health and other professionals in their work were integrated with this mass media-based public education. However, this national physical activity campaign that relied on mass media-based public education with professional education and support failed to increase physical activity. According to the three year prospective longitudinal study using a nationally representative sample of 3189 adults aged from 17 to 74, ACTIVE for LIFE campaign significantly increased the proportion of the people with knowledge about the new physical activity recommendations, but there was no evidence that actual physical activity was significantly improved, either overall or in any subgroup (Hillsdon, Cavil, Nanchahal, Diamond, & White, 2001).

Future directions

Social marketing to active life has some issues for future development. First, social marketing has been actively applied to various social issues including public health, environment, birth control, condom use and so on in North America

and Europe in 1990's and 2000's. However, it is hard to find social marketing practices in other continents including Asia. Even the concept of social marketing is not fully introduced to the regions. The main difference between social marketing and traditional public health approach is that social marketing starts from the target people's needs and wants, not from practitioners' beliefs and perceptions. Asian people may have different needs and wants, culture, social institutions, and social norms for physical activity. Given the cultural diversity, social marketing to active life should be customized to each target segment. In this sense, social marketing research and practices for active life targeting the Asian and the African is in urgent need.

Second, most of the marketing principles that have been applied to social marketing practices so far are associated with traditional marketing of 'goods.' Products, customer behaviors, and marketing environment for social marketing are qualitatively different from those for marketing of goods and thus the blind application of marketing principles for goods could be problematic. It is more so for social marketing to physical active lifestyle because physical activity is very unique compared to other public health behaviors or social behaviors. Modern marketing principles in service marketing and relationship marketing may provide practitioners with more powerful implications to social marketing for active life. Service marketing is the marketing of intangible service products and its principles are more appropriate to design social marketing than traditional marketing. Also, behavior change means maintaining a new behavior, which is understood as the concept of repurchasing in marketing. Relationship marketing has already emerged as a new paradigm in the field of marketing as companies realize that keeping existing customers are more profitable than obtaining new customers.

Therefore, the concept of relationship marketing better fits social marketing of regular physical activity.

Third, community-based, intervention-integrated social marketing is more effective than national, mass media-based social marketing. As was mentioned, changing behavior is a different product from selling goods with immediate benefits. Knowing and understanding the benefits of active lifestyle even customized to immediate self-interests of target people are just a necessary condition. Interventions to elicit actual behavioral change (adopting and maintaining physical activity) should be strategically designed and integrated with communication. Also, the effective intervention should include plans to change social and physical environment that influence physical activity.

References

- Andreasen, A. R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco, CA: Jossey-Bass
- Bagozzi, R. P. (1978). Marketing as exchange: A theory of transactions in the marketplace. *American Behavioral Scientist*, 21, 535-556.
- Berlin, J. A., & Colditz, G.A. (1990). A meta-analysis of physical activity in the prevention of coronary heart disease. *American Journal of Epidemiology*, 132, 639-646.
- Donovan, R. J. & Henley, N. (2003). *Social Marketing: Principles and Practices*, Melbourne: IP Commun.
- Fine, S. H. (1992). *Marketing the public sector: Promoting the causes of public and nonprofit agencies*. New Brunswick, NJ: Transaction.
- Grier, S. & Bryant, C. A. (2004). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339.
- Hastings, G. & Saren, M. (2003). The critical

- contribution of social marketing: theory and application. *Marketing Theory*, 3, 305-322.
- Hillsdon, M, Cavill, N., Nanchahal, K., Diamond, A., & White, I. R. (2001). National level promotion of physical activity: results from England's ACTIVE for LIFE campaign. *Journal of Epidemiology Community Health*, 55, 755-761.
 - Kotler, P. & Levy, S. (1969). Broadening the concept of marketing. *Journal of Marketing*, 33(1), 10-15.
 - Kotler, P. & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing*, 35(3), 3-12.
 - Rothschild, M. L. (1999). Carrots, sticks, and promises. *Journal of Marketing*, 63, 24-27.
 - Siegel, M. & Doner, L. (1998). *Marketing Public Health: Strategies to Promote Social Change*. Gaithersburg, MD: Aspen Publication.
 - US Department of Health and Human Services (1996). *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Wong, F., Huhman, M., Heitzler, C., Asbury, L, Bretthauer-Mueller, R., et al. (2003). VERB_{TM}-A social marketing campaign to increase physical activity among youth. *Preventing Chronic Disease* 1: <http://www.cdc.gov/pcd/>