Social Marketing:
Pitfalls and Promise for Change

by

Jennifer Elizabeth Scott

M.A., University of Victoria, 2008

Dissertation Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in the

Doctor of Philosophy Program

Faculty of Health Sciences

© Jennifer Elizabeth Scott, 2015

SIMON FRASER UNIVERSITY

Summer 2015

Approval

Name: **Jennifer Elizabeth Scott**

Degree: **Doctor of Philosophy**

Title: *Social Marketing: Pitfalls and Promise for Change*

Examining Committee: **Chair:** Elliot Goldner

                                      Professor

Kitty Corbett
Senior Supervisor
Professor

_____

Nicole Berry
Supervisor
Associate Professor

_____

Joan Wharf Higgins
Supervisor
Professor

_____

Patti-Jean Naylor
Supervisor
Associate Professor

_____

Anne-Marie Nicol
Internal Examiner
Assistant Professor
Faculty of Health Sciences

_____

Ingrid Kajzer-Mitchell
External Examiner
Associate Professor
School of Business
Royal Roads University

_____

Date Defended/Approved: July 29, 2015

_____

Ethics Statement

SFU

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

    a. human research ethics approval from the Simon Fraser University Office of Research Ethics,

or

    b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University;

or has conducted the research

    c. as a co-investigator, collaborator or research assistant in a research project approved in advance,

or

    d. as a member of a course approved in advance for minimal risk human research, by the Office of Research Ethics.

A copy of the approval letter has been filed at the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library
Burnaby, British Columbia, Canada

update Spring 2010

Abstract

Background: Since 1971, social marketing (SM) has been adopted as a behaviour change approach to address various social issues, including those of public health and the environment. In a context of proliferating health promotion and intervention approaches, as well as a changing communication environment, SM as a field has had to respond to various challenges. The purpose of this research was to explore the current context of SM, understand the challenges to the practice of SM, and explore its fit as a strategic framework within a broader set of public health oriented social change planning and implementation approaches currently in use. Specifically, the research objectives were to a) explore how the core constructs of SM were being represented and implemented, b) identify the challenges practitioners were facing in adopting and implementing SM, and c) assess the current position of the discipline within the broader social change landscape through three unique assessments.

Methods: A multiple methods case study research design was employed to address the research objectives. First, semi-structured interviews were conducted with renowned experts/leaders ($n = 16$) in the field of SM. Next I carried out a scoping review of literature examining the use of SM in the prevention of chronic disease. Finally, semi-structured interviews with practitioner end users ($n = 9$) of SM elicited their perspectives and provided, along with the other studies, data for exploring how to design SM so that it is an accessible and desirable tool for social change.

Results: Results of each study are reported separately before integration, however, data from across all three resulted in consistent themes. Data from experts, the scoping review, and end users illustrated strong endorsement of the approach, but concerns about its current directions and status were acknowledged. Although SM has reportedly achieved success in its efforts, results highlighted challenges for the discipline of SM. Assertions for SM included the need for consensus about appropriate benchmark criteria, more effectiveness studies, inconsistencies in the application of SM approaches, the need for continued and sustained leadership, and the ability to be innovative in the design and delivery of social marketing efforts. Diffusion of Innovations theory provided a useful framework for summarizing the critical considerations that may enhance the continued sustainability of SM as both an approach to social change in public health and as a discipline.

Conclusion: This dissertation provides a unique glance at how SM can be adapted to better serve academics and practitioners in their pursuit of behavioural and upstream change objectives. Relevance, evidence, audience perspective and leadership must all be considered to move SM forward as a primary tool for social change.

Persistence is far more important than perfection.

Acknowledgements

This dissertation would not be complete without the help of many others. First, I would like to acknowledge my supervisor, Dr. Kitty Corbett, as well as my committee members Dr. Joan Wharf Higgins, Dr. P.J. Naylor and Dr. Nicole Berry for their expertise and guidance throughout this process. In particular, I would like to thank Dr. Joan Wharf Higgins, who has supported me throughout my graduate studies (first as my MA supervisor, and now committee member). Her ability to see through the storm and provide consistent and thoughtful advice has meant a tremendous amount.

This PhD program and subsequent dissertation would not have had nearly the same impact on my life and career without my visiting internship at the University of South Florida with the Florida Prevention Research Centre. It is with my utmost gratitude that I acknowledge Dr. Robert McDermott, Dr. Carol Bryant and Jim Lindenberger for including me in the work that they do, and the community that they have created. I would also like to acknowledge my fellow graduate students at the PRC, including Mahmooda, Tony, Brian and Tali. And of course, last, but certainly not least, I would like to thank Miss Alyssa Mayer for everything that she has done to support me throughout this dissertation.

This research, and much of my PhD studies were funded by various grants and scholarships throughout. The support of the individuals and organizations who finance graduate students deserve special acknowledgment: Canadian Institute for Health Research PROPEL Training Grant, SFU Graduate Fellowship, SFU Presidents Scholarship, Province of British Columbia Graduate Research Fellowship, and the Faculty of Health Sciences.

The support of my family and friends has been tremendous. Unfortunately I can't name everyone, however, I would like to express my gratitude to my parents and my best friend, Miss Clare Gibbs (nee Hall Patch).

Table of Contents

List of Tables

List of Figures

Chapter 1.

Introduction

In 2006, I was fortunate to start a MA degree at the University of Victoria under the supervision of Dr. Joan Wharf Higgins. In my first semester, I registered for her course 'Marketing Social Change', although it was an undergrad course, I was excited to learn from my new mentor and begin to understand the approach called 'social marketing'. Armed with my used copy of the 3rd edition of Kotler and Lee's textbook, I attended each class with enthusiasm and began to learn about behaviour change theories, segmentation and the 4Ps of marketing. It was when Dr. Wharf Higgins stood on her chair at the front of class (a technique I have since adopted in my own classroom) and affirmatively stated, "the most important component of social marketing is to understand the consumer", her passion impressed me, and the idea that we should listen to our consumer made so much sense. I knew that this approach to health promotion and social change was one that I wanted to learn more about.

By the end of the first year of my MA degree, I had a general understanding of what social marketing was, and had chosen to use this approach to frame my own thesis research. My MA thesis, now a published article in Social Marketing Quarterly (Scott & Wharf Higgins, 2012) was my first attempt at social marketing, and the beginning of what will hopefully be a long and meaningful career in the application of its constructs to bring about social change in my community and in the communities of others.

After a few years of working in the field of health promotion research, I decided that I would like to pursue a PhD in the area of social marketing. In searching for the right program, I stumbled across several barriers that many new professionals in the field of social marketing face. What school would I attend, and how would I become an

expert in this field? Should I attend a School of Public Health, or should I change my focus, and enter a School of Business, Communications or Marketing? Why was it that finding a program in social marketing was so difficult? After careful research, and discussions with several schools, I made my decision to attend Simon Fraser University in the Faculty of Health Sciences, where I would work with Dr. Kitty Corbett, a professor who had considerable experience in social marketing and health communications. And so, in the fall of 2010, I set off on the journey to learn about social marketing and its utility in fostering and improving the quality of people's lives through social change efforts in Canada and around the world.

This dissertation presents a case study analysis of social marketing and explores its utility for fostering social change in the 21st century. The purpose of my research was to explore the current context of social marketing, understand the challenges to the practice of social marketing, and explore its fit as a discipline or field designed to achieve public health oriented social change. Three studies were conducted to inform the research. First, I conducted interviews with renowned experts in the field of social marketing to understand their perspectives of the current status of the field. Next, I conducted a scoping review of literature to explain how social marketing has been used as tool for chronic disease prevention in high-income countries. The third element was a consumer analysis with individuals who have used social marketing in practice within their organizations to explore and discuss how to design social marketing so that it is an accessible and desirable tool for social change. Finally, this dissertation project concludes by incorporating data from all three studies into a discussion of social marketing and its current pitfalls and promises to social change. To expand my analysis, I employed Diffusion of Innovations theory to assess the critical considerations that may enhance the continued sustainability of social marketing as both an approach to social change in public health and as a discipline.

This dissertation is organized as follows: the remainder of Chapter One provides a high level overview of concepts, including a description of the research design and methods used for the dissertation. It includes the purpose, research questions, and limitations of each study. Chapter Two sets the stage by giving background related to the research questions and relevant to 1) the history and use of social marketing, 2) the

foundations of social marketing, 3) successes and challenges that currently exist within the field, and 4) gaps in the literature and areas of interest for future research. Chapters Three, Four, and Five consist of three manuscripts, each addressing a specific research question and describing in detail each study and their subsequent results. The dissertation concludes first, in Chapter Six with an analytical discussion of findings, recommendations for future research, and implications for practice. Finally, Chapter Seven provides concluding remarks and a last discussion of the findings through a conference speech entitled 'REAL' social change.

1.1. Social Marketing and Public Health

In order to understand the position of social marketing in health promotion and public health, it is first important to understand the context within which social marketing emerged. At one time, the discipline of public health was largely focused on the treatment of disease, and little attention was given to the social, cultural or environmental factors that contribute to disease. However, in the early 1970s, high income countries shifted their considerations to factors that could assist in the prevention of disease (McLeroy & Crump, 1994).

Several milestones were influential in the shift from a traditional view of public health (e.g., the treatment of disease) to one that considers broader factors in assessing health and well-being. In 1974, the Lalonde report provided a new perspective on the health of Canadians by introducing the 'Health Field Concept' and recognizing that health was a result of four broad elements (Human Biology, Lifestyle, Environment and Health Care Organization). This comprehensive approach to understanding health enabled individuals and groups to identify health as more than simply the 'absence of disease' (Lalonde, 1981).

A decade later, health promotion continued to evolve with the introduction of the Ottawa Charter (1986), in which health promotion was defined as,

> the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social

3

well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment (CPHA, 1986).

Although health promotion efforts have existed for several decades, chronic disease remains the leading cause of death and disability worldwide (Masuda, Robinson, Elliott, & Eyles, 2012). With the rising rates of chronic disease, health researchers continue to shift their attention from the traditional analytical and descriptive studies to the study of interventions used to reduce health problems and health inequities (Hawe & Potvin, 2009). Indeed, to reduce premature illness and death, public health researchers continue to develop interventions and strategies to modify individual behaviours, improve social and economic conditions, and change environments (Richard, Gauvin, & Raine, 2011).

One such framework for health promotion is social marketing, an approach introduced in the early 1970s that has since been adopted worldwide to address social issues in the areas of public health, and in recent years, areas of the environment, injury prevention, community involvement and financial well-being (Lee & Kotler, 2011).

Defined by many, two prominent definitions are listed here; further definitions of social marketing will follow in Chapter Two:

1. Social marketing is a process that uses marketing principles and techniques to influence target audience behaviors that will benefit society as well as the individual. This strategically oriented discipline relies on creating, communicating, delivering, and exchanging offerings that have positive value for individuals, clients, partners and society at large (Lee & Kotler, 2011, p. 7).

2. Social marketing is the application of commercial marketing concepts and tools to influence the voluntary behavior of target audiences to improve their lives or the society of which they are part (Lee & Kotler, 2011, p. 7)

These definitions are provided as an introduction to social marketing, and to highlight key constructs that will be discussed at length throughout this dissertation project. These include an emphasis on the following: the use of commercial marketing techniques: segmenting and engaging the target audience; changing individual behaviours, societal norms and environments/settings. Social marketing is unique

among health promotion approaches because of its roots in marketing; this foundation is one of the key influences to both the successes and challenges of the field (Grier & Bryant, 2005). Next, although the concept of a target audience is not unique to social marketing, it emphasizes the need to segment populations rather than adhere to a one size fits all approach, challenging health education or mass media campaigns that may be trying to reach everyone with a singular strategy. And finally, although traditionally viewed as an individual behaviour change mechanism, social marketing has begun to embrace and encourage a holistic approach to change, and considers factors beyond the individual.

Social marketing was first applied to infectious disease prevention and family planning in the developing world (Andreasen, 2003), and has since influenced a myriad of behaviours in both the developed and developing world including, but not limited to breastfeeding (Lindenberger & Bryant, 2000), physical activity (Wong et al., 2004), nutrition (Evans, Necheles, Longjohn, & Christoffel, 2007; Young, Anderson, Beckstrom, Bellows, & JOhnson, 2004), drinking and driving (Rothschild, Mastin, & Miller, 2006), composting (Lee & Kotler, 2011), and idling (McKenzie-Mohr, 2011). As demonstrated by the examples above, social marketing has not been limited to public health issues, and has been adopted to influence environmental issues (Landers, Mitchell, Smith, Lehman, & Connor, 2006; McKenzie-Mohr, 2011).

Social marketing as a discipline incorporates a combination of theories, constructs and benchmarks that contribute to behaviour change by enhancing the understanding of the consumer and the best process for moving the consumer from their current behaviour to one that has been deemed more desirable. In recent years, a more socio-ecological understanding of human behaviour (Stokels, 1996) has influenced social marketing and thus the discipline has shifted away from a sole focus on individual behaviour change, and has begun to address the broader social, cultural and policy influences on health and behaviour (Andreasen, 2006; Hastings, 2007)

As the field of social marketing continues to evolve to address downstream, midstream and upstream influences on health, the foundation and key constructs remain much the same. The following constructs are also critical to social marketing

approaches. They are: understanding the consumer; market research; audience segmentation; exchange theory; competition; and the marketing mix (Grier & Bryant, 2005; Kotler, Roberto, & Lee, 2002).

Though documented as the gold standard elements of successful social marketing, these constructs and approaches continue to be debated among social marketers (Andreasen, 2003). Leading social marketers have suggested that in order to continue to expand the field, future social marketers must look outside the box and adopt constructs from other approaches, or lend social marketing constructs to other frameworks and methods to increase their capacity (Lefebvre, 2011). The social marketing 'toolkit' is far from static, and the ways in which the approach can evolve and be expanded may hold lessons for improving social marketing so that it is a more adoptable, adaptable and accessible tool for academics, practitioners and social change strategists.

Early in my PhD program, I was intent on working under the umbrella of a broader research project, and applying constructs of social marketing to influence and prevent childhood obesity. My goal was to work with a program entitled 'Healthy After School', and as a subset of the program, influence behaviour change among parents, a task that was both daunting and extremely important in the global fight against childhood obesity. In addition to lacking the funds necessary to conduct this project, I was also concerned that I may not be able to use social marketing to its full potential, meaning, I was worried I wouldn't get to do social marketing the way I had learned about it through textbooks, readings, and by attending conferences. In an effort to explore the field further I made the decision to surround myself by individuals that were currently implementing or researching social marketing approaches.

In January 2013, I set off to live in Tampa Bay, Florida, where I would work at the University of South Florida, under the umbrella of the Florida Prevention Research Centre (PRC) with the social marketing group. Working with Dr. Carol Bryant, Dr. Robert McDermott, Jim Lindenberger, and many talented graduate students allowed me to see the world of social marketing from the inside out, rather than from the outside in. It was here that I began to ask questions about the future of social marketing, how the

discipline was position within the field of social change, why over time were the same questions being asked, but little done to influence change, and finally, if I remained in the field, would I, or could I use social marketing to influence social change?

During my time in Florida, I shifted the focus of my doctoral research to garnering an in-depth understanding of social marketing; how it had been applied to influence behaviour change, what were the existing and emerging issues facing the field, and how it could be adapted to make it more accessible to academics, practitioners and decision-makers around the world.

1.2. Statement of the Problem

Though the discipline of social marketing is attempting to transform itself, it remains overwhelmed by its reputation as a tool for individual behaviour change only (Andreasen, 1995). Indeed, there is substantial evidence highlighting the utility and effectiveness of social marketing to influence downstream behaviour change (Gordon, McDermott, Stead, & Angus, 2006). Although in recent years there has been a considerable shift towards focusing on population level, or upstream change, the field of social marketing continues to be plagued with this and other significant challenges (e.g., lack of consistent application, narrow focus on advertisement, challenges with the name etc.), some which have been in existence for over a decade (Andreasen, 2003; Hastings, 2006; Robinson-Maynard, Meaton, & Lowry, 2013). Social marketers have expressed the need to address these challenges, and step outside the 'box' and 're-position' social marketing as an approach whose practitioners are willing and able to take risks and be innovative (Andreasen, 2006; Lefebvre, 2011; Spotswood, French, Tapp, & Stead, 2012). This research aims to understand and explore the current context of social marketing, understand the challenges to the practice of social marketing and explore its fit as a discipline within a broader set of public health oriented social change approaches currently in use. Findings could inform the future of social marketing by providing information that enhances its relevance to both academics and practitioner end users, as well as its' accessibility, adoptability and desirability, as a tool for social change.

1.3. Research Design

This dissertation project was guided by a case study research design. Within qualitative inquiry, case study research is often employed and can be used as the primary mechanism for research design (Creswell, 2013). The case study approach enables the investigator to organize social data for the purpose of viewing what Best and Kahn (1989) call the "social reality" (p. 92). A case study has been defined as a design that "explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information…and reports a case description and case themes" (Creswell, 2013, p. 97). A case study can examine a social unit, such as a person, a family or household, a worksite setting, a community, a phenomena or almost any kind of institution as a whole (McDermott & Sarvela, 1999). Within case study design, three variations exist. This dissertation project was deemed an intrinsic case study because the purpose of the study was to analyze the case itself, rather than a series of cases or a single issue (Creswell, 2013). For the purpose of this dissertation project, social marketing is considered the case that is under examination.

A case study research design was most appropriate for this study for several reasons. This study used data triangulation; that is, the ability to draw upon several data sources at different times, and from different places to inform the overall case (Denzin, 1970, 2012 ; Denzin & Lincoln, 2011). To collect and organize the information gathered for this dissertation, three methods of data collection were used, including two independent sets of interviews and a scoping review. Data collected by the methods just described highlight viewpoints from three groups, i.e., perspectives shared in interviews by a sample of social marketing "experts" and by a sample of "practitioner end users," and also the words of "scholar-writers" via articles relevant to social marketing in peer-reviewed academic literature.

Within case study research, there are two distinct approaches, guided by various constructs and methodological considerations (Stake, 2005 ; Yin, 2014). As a post-positivist, case study research guided by Yin (2014) places an emphasis on structure and theory design whereas Stake (2005) uses a more iterative approach rooted in

constructivism (Boblin, Ireland, Kirkpatrick, & Robertson, 2013). This dissertation project primarily followed the procedures of Stake. This approach suggests that case studies are often used to tell a story, a feature that served this study well. By adopting a case study approach I was able to describe the dynamics of the relationship between academicians who teach social marketing and practitioners who must apply this approach, thereby identifying potentially important variables that lead to decisions, attitudes, behaviours, and other relevant measures of social marketing performance as stated by participants of the studies (McDermott & Sarvela, 1999). Whereas in-depth case study analysis of the design, implementation, growth, and establishment of social marketing as a field may not guarantee its success, it might provide considerable guidance to persons initiating a social marketing approach. Relevant variables and themes surfaced in this study that may indicate critical features of social marketing activities that succeed from initiatives that fail.

In addition to triangulation and the ability to tell a story, case study research also enables the researcher to draw upon their own experiences, observations and information data collection points (Stake, 2005). Stake (2005) encourages researchers to draw upon any data that they believe will illuminate the investigation of the case. Therefore, as a student of public health and social marketing, I drew broadly on my experiences in the field of social marketing throughout my time in graduate school conducting readings, attending courses and conferences, and embedding myself within the social marketing group at the University of South Florida. My experiences in the field served as another data source, which contributed meaning to the three studies conducted. As mentioned, the process of gathering information and data from multiple sources is imperative to the case study research model (Gillham, 2000). In addition, by gathering data from multiple sources, each individual data set can serve as a check for the others, ensuring that results are consistent across all data (Patton, 2002).

A case study approach to research was a valuable design that allowed three separate studies, as well as my own experiences and observations to be pulled together to tell the story of social marketing, from the past, present and future. Although each individual study followed its own research design, the case study was the glue to pull it all together. Indeed, although this project gathered data from multiple sources, and is

presented as three unique pieces embedded within a larger endeavour, I nonetheless regard it holistically, as a single case, with the 'whole' being the state of social marketing today.

1.4. Study 1

1.4.1. Contribution to the dissertation project

Since 1971, when social marketing was formally introduced, scholars and practitioners from varying disciplines began to adopt the approach and apply its constructs in their social change efforts. Since that time, many of the same leaders have guided the field of social marketing. In fact, even in 2015, the same group of individuals dominates much of the social marketing literature and conference proceedings. Although some emphasis has been placed on building new leadership, and including new perspectives and knowledge, in my view, it is still dominated by those that have been with social marketing since the early days. Expert interviews were conducted to tap into the wealth of knowledge that those who have been working in the field have to share with others. Unlike existing documentation, this study drew on the opinions of many, and used qualitative analysis to share their stories. The aim of this particular piece of the dissertation project was to set the stage, and begin to document the current successes and challenges of social marketing from those who know it best.

1.4.2. Purpose

The purpose of Study 1 was to describe both the current merits and challenges of using social marketing as a planning framework for achieving social change as seen through the eyes of contemporary experts.

1.4.3. Research Questions

1. In the view of social marketing experts, what are the most significant challenges to the field?

2. In the view of social marketing experts, what are the most promising directions for social marketing?

1.4.4. Delimitations

The study was delimited to a select sample of English speaking social marketing experts who each had more than 10 years' experience working in the field in Canada, the US and the UK. Participants were identified as experts based on their published literature, and ongoing work and service to the field of social marketing.

1.4.5. Limitations

1. The analysis and interpretation of the data could have been influenced by my understanding of, and analysis of data provided.

2. The interview guide was developed and written to gather information that I believed to be valuable. It may be that other questions would have produced different findings.

3. The opinions of experts in the field of which I was studying may have influenced my interpretations. To mitigate this limitation I prepared myself well by piloting my interview guide, and ensuring that I was both reflexive and assertive during the interview process.

4. Face-to-face interviews may have yielded data of a different nature or quality emanating from nonverbal cues and kinesics that are not possible to observe via telephone.

5. Many of the discussions that surfaced throughout the interview process were related to opinions that had previously been reported by interviewees, therefore, did not represent new data. However, the collective voice of all participants of this study provided new ideas to emerge.

1.5. Study 2

1.5.1. Contribution to the dissertation project

The field of social marketing has been in existence for over 40 years, and in that time, there has been increased documentation of the approach and its utility in the literature. As will be discussed throughout this dissertation project, there still remains some unanswered questions about the strength of evidence available to those who wish to adopt the approach, garner research dollars and advocate for the broader dissemination of the field. I conducted this scoping review to understand what evidence was currently available in the peer-reviewed literature. I focused my search on chronic disease prevention to both narrow the scope of the search and to represent the interests of the funding agencies that supported the research. This paper highlights the constructs and approaches being used in the literature when individuals used social marketing to address the prevention of chronic disease. Further, the scoping review process provides insight into some of the gaps and challenges that persist within the documented literature.

1.5.2. Purpose

The purpose of this scoping review is to explore and better understand how social marketing is being utilized to address chronic disease prevention in high-income countries. Further, this scoping review aims to explore how social marketing is reported in the peer-reviewed literature, in order to draw conclusions that can be used for improving the future applicability and dissemination of social marketing.

1.5.3. Research questions

1. How has theory been used, and documented, in social marketing efforts aimed at chronic disease?
2. How do researchers employing social marketing approaches for their interventions and strategies measure success?
   a. How often is 'behaviour' reported as an outcome?
   b. How often is 'knowledge, attitude, or awareness' reported as an outcome?
   c. What proportion of studies report only the planning phase of research?
   d. How often do people report the use of all 4Ps of the marketing mix?
3. How has the product 'P' been used in chronic disease prevention?
   a. How often does the product include a tangible component?
   b. Do those studies that report using a tangible 'P' have more measurable outcomes, than those that do not?
4. When describing 'upstream social marketing' how do researchers describe the audience?

1.5.4. Limitations

1. Studies were included or excluded based on the judgment of one individual (myself as the doctoral student conducting the review).

2. To narrow the scope of literature, only select databases were chosen; there may be studies that would have surfaced through additional databases.

3. The scoping review was conducted over the period of one year, and although multiple checks were conducted to ensure all up-to-date articles had been retrieved, it may be that some were missed.

1.6. Study 3

1.6.1. Contribution to the dissertation project

As mentioned earlier, understanding the consumer is a fundamental construct, if not, in my view, THE fundamental construct of social marketing. In conducting research for this dissertation I began to recognize the critical importance of the gap between knowing and doing that was being highlighted by many behaviour change researchers (Glasgow et al, 2008). Though this gap is not unique to social marketing, I view it as one that needs to be eliminated as quickly as possible in order for the field of social marketing to advance, and or social change efforts to be successful and sustainable. The gap for which I speak is not merely the dissemination of research to a broader audience; rather it is a gap between those in academia and those in practice. For years, social marketers have been discussing how to 'market' social marketing (a concept that will be discussed at length later in this paper), however, these same social marketers that ask researchers and interventionists to listen to their audience, have not done the same.

1.6.2. Purpose

The purpose of Study 3 was to understand the utility of social marketing for developing social change strategies aimed at chronic disease prevention, and how social marketing could be positioned to serve Canadian practitioner end users better. Specifically, the study conducted a consumer analysis of practitioner end users in Canada who currently use social marketing as a tool for chronic disease prevention.

1.6.3. Research Questions

1. In Canada, how do practitioner end users understand social marketing?

2. In the view of practitioner end users who apply social marketing principles, what are the existing advantages and disadvantages of this approach?

3. Using the perspectives of practitioner end users, what insight can be used to position and advocate for the use of social marketing in practice settings?

1.6.4. Delimitations

1. The sampling pool was limited to English speaking individuals who had previously used social marketing in chronic disease prevention, who were located in Canada, and who were decisions makers in the organization for which they worked.

1.6.5. Limitations

1. The interview was limited to the amount of time that was available by the participant.

2. Sampling was restricted to the willingness of participants to share names and contacts of other potential participants.

3. My previous experience and knowledge, including the results of the first two studies conducted for this dissertation project could influence my analysis of results.

4. Face-to-face interviews may have yielded data of a different nature or quality emanating from nonverbal cues and kinesics that are not possible to observe nor document via telephone.

In June 2014, I stood up in front of approximately 200 people at the 23rd Annual Social Marketing Conference, in Clearwater, Florida. I was about to deliver a five-minute speech on social marketing, as one member of a panel of new professionals to the field of social marketing. As I anxiously sat on stage and waited for my turn, I looked around at the people in front of me and reflected on how I came to be there. This panel was one that I had organized as part of the planning committee for the conference;, the crowd was full of people that I had met in the last three years, both those influential to the field

of social marketing, and those just beginning to learn about the discipline, and in just a few minutes, I would share my thoughts on the future directions of social marketing. I recalled back to the first time I went to the conference in 2011, and remembered thinking in my head, one day, I would like to stand up there and have people hear my voice, my thoughts, and my ideas. And it happened, with great success. I was commended for my speech both in person and online, and for the first time in my academic career, I began to believe that I knew something, and that I would be able to contribute to this field in the future.

1.7. Researcher as an instrument

Due to the nature of qualitative research, the researcher is considered an instrument in the research process (Creswell, 2003; Neuman, 2006). I acknowledge my role in the research process and am reflexive as to how my experiences, assumptions, values and personal interests may contribute to this process (Creswell, 2003).

I have almost 10 years of experience using qualitative research methods, and have acquired training formally, though research methods courses at both the MA and PhD level. Further, I have practical experience using qualitative inquiry through my MA thesis, as well as numerous research projects for which I have played an active role. As suggested by Locke, Spirduso, and Silverman (2000), "preparation for qualitative research is most effective when it takes the form of apprenticeship, with intensive field experience and closely supervised opportunities to practice the analysis of actual data" (p. 115-116). My role as an apprentice has taken place throughout the experiences that I outlined above, where I had the opportunity to learn and apply the various procedures that guide the research process working with and learning from established scholars. Initially, I was an active learner and applied the constructs as instructed, throughout my 'apprenticeship'. Now, I am able to critically assess and discern the research process.

As a researcher, I take on a constructivist ontology, and interpretivist epistemology (Sarantakos, 2005), meaning that I believe that the nature of social reality is constructed, and subjective, while the nature of knowledge is something that we

interpret. Guided by these foundations of social research, I believe that meaning can be drawn from qualitative inquiry both formally (through the use of interviews, as I have used) and informally, through networking, conversation and observation.

The findings of my research come from my interpretation of data gathered and are those that I have constructed, using the data provided through human interactions in the form of interviews. I understand that others may interpret the data in a different way, and that the findings I present do not necessarily represent the 'truth'. My explanation of social marketing, through the eyes of those I interviewed, the data I gathered, and my own opinions are my interpretation, but one that is based in extensive study along with expert checks and considerable reflection, and I am confident in asserting that my findings are trustworthy, defensible, and reflective of the points of view of the stakeholders with whom I spoke.

I believe that my personal values of research, scholarship, and social marketing have influenced my interest in the study. I believe that qualitative inquiry is an important and strong form of research. I also believe in social marketing as an approach to social change, and I think that the continued growth and development of this approach can help to influence the quality of life among people within my community, country and around the world. As a post-secondary student 11 of the last 15 years, I believe that university can foster knowledge, growth and understanding of the world, however, I also believe that without exposure to, and the application of this knowledge in practical settings, strength in knowledge can get lost in translation. My experiences and values have shaped this dissertation project, and will continue to shape the direction of my career in social marketing.

Since beginning my MA degree, I have grown as a student, researcher, teacher and person. I find myself now, completing my degree with a new perspective on the world, and how I position myself within it. Throughout this doctorate degree, I have excelled in many areas: relationship building and networking within the field; teaching students and providing mentorship; stepping outside my comfort zone to build a degree program that allowed me to garner an in-depth understanding of social marketing; and acquiring sufficient funding along the way through grants, fellowships and contract work.

As my PhD program comes to an end, I look forward to beginning my career in the field, working for the private or not-for-profit sector and applying the frameworks, theories and constructs of social marketing that I now know so well, to help address social issues amongst the people and within the communities for which I live.

1.8. Moving Forward

The italics throughout Chapter One provide a narrative of my experience learning about, and navigating through the field of social marketing. In this case, it is my story, however, many of the issues and revelations that I have realized in the last eight years are those that have been realized by many. It is because of this story, and the stumbling blocks that I have faced, that I view this dissertation project as important to the state of knowledge and the field of social marketing.

My experiences of struggling to find a graduate school, working first in isolation, and then embedded within a social marketing network, reading many of the same questions (and answers) in the literature, listening to, and engaging with the leaders and mentors of the field, and finally, writing my own version of the social marketing story has positioned me to have a strong impression of social marketing, and its utility for social change. Guided by the data from three unique studies, this dissertation project will explore many of the questions that I had, and the challenges that I faced, throughout the last eight years.

Chapter 2.

Background

Social marketing (SM) is an approach to the planning and implementation of social change programs and services that accommodates individual and social level factors. Social marketing emerged in 1971, when Philip Kotler and Gerald Zaltman defined the concept as:

> …the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research (Kotler & Zaltman, 1971, p. 5).

This definition would become the first of many in the social marketing literature over the next four decades. Throughout its lifespan, social marketers have continued to refine and adapt the definition in an effort to define the discipline more clearly, and to develop consistency across the field. Throughout this evolution, there has been considerable discussion of how best to define social marketing. The following definitions are presented by well-known social marketers and are presented here in chronological order.

1. Social marketing is concerned with the application of marketing knowledge, concepts, and techniques to enhance social as well as economic ends. It is also concerned with analysis of the social consequences of marketing policies, decisions and activities (Lazer & Kelley, 1973, p. ix).

2. Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of the society of which they are a part (Andreasen in Lee & Kotler, 2016, p. 9).

19

3. Social marketing is 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, p. 7).

4. Social marketing is the application of marketing principles to shape markets that are more effective, efficient, sustainable, and just in advancing people's well-being and social welfare (Lefebvre in Kotler & Lee, 2011, p. 7).

5. Social marketing is a set of evidence and experienced-based concepts and principles that provide a systematic approach to understanding behaviour and modifying it for social good. It is not a science but rather a form of 'technik'; a fusion of science, practical know-how, and reflective practice focusing on continuously improve the performance of programmes aimed at producing net social good (French in Lee & Kotler, 2016, p. 9).

6. Social marketing is the activity and processes for understanding, creating, communicating, and delivering unique and innovative offering to overcome a societal problem (Rundle-Thiele in Lee & Kotler, 2016, p. 9).

The definitions are listed here to portray two significant trends in the field of social marketing that will be discussed next. These are: the shift from a conceptualization of social marketing as an individual behaviour change approach, to one that addresses a more integrated and comprehensive approach to social change; and the lack of consistency and consensus that still prevails among the description of social marketing.

Considering these definitions on a spectrum, the shift in social marketing from a downstream to upstream approach is highlighted through the chronological series of definitions. The first definition, by Lazer & Kelley (1973), focuses not only on the need to increase social good, but also economic wellbeing, a trend that has been less well documented since. Further it emphasizes the need to consider commercial marketing perspectives, by conducting a critical analysis of the policies and decisions that are made. The subsequent definitions move away from the analysis of the marketing focus and rather place emphasis on social good. In doing so, Andreasen and Lee and Kotler refer to voluntary behaviour change among a target audience, highlighting that the authors still perceive the change as the individual's choice. Moving away from this slightly, Lefebvre addresses a target audience, however refers to this group as a 'market', implying the need to think of individuals as part of a greater whole, and that in

order to create change, social marketers must take note of the entire group, not just the individuals within the group. Finally, French and Rundle-Thiele do not mention a target group, rather they focus their explanation of social marketing on the need to produce social good and overcome societal problems.

In my view, the first definitions, while offering a clear and concise explanation serve to narrow the scope of social marketing by limiting the focus to individuals. The latter three definitions are more comprehensive in their explanation of how social marketing can be used for social change, however, by broadening the reach of social marketing to include an upstream focus renders it akin to a planning model, offering few specifics that help the end-user discern how it differs from other planning strategies.

As noted above, the absence of a singular definition for the field of social marketing has raised concern among social marketers for many years. In an attempt to provide consistency among social marketers around the globe, a 'consensus definition' was developed by the International Social Marketing Association, European Social Marketing Association, and the Australian Association of Social Marketing. The definition, which is a result of polling and discussion among members of these associations and the corresponding board members, reads:

> *Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.*

> *Social Marketing is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable (ISMA, 2014)*

It is my perspective that the definition provided by the ISMA is comprehensive and clear, and addresses the limits discussed above. The definition states the purpose of social marketing, and how it can be used. In the first half, the definition allows the reader or potential user of social marketing to clearly understand that social marketing is rooted in commercial marketing techniques and can be used to create change at both the individual and community level. I believe that including reference to its roots in

commercial marketing is fundamental to providing an accurate description of social marketing because it points to the mechanisms used and portrays the depth and detail needed to adopt social marketing.

Next, by including '… is guided by ethical principles', the definition dissuades those that may have assumed social marketing is a manipulative or coercive approach to social change. Finally, the last part of the definition outlines several constructs and approaches that can be used to engage and persuade individuals to adopt this approach in their social change work. In my view, this definition is exemplary and should be adopted by social marketers across the globe.

The chapter now turns to an exploration of the history of social marketing, both globally and in Canada and then presents a discussion of the systematic planning approach, including key constructs and benchmark criteria that will be discussed in detail throughout this dissertation project. Following, I discuss how social marketing is currently being applied in public health and to social change. The chapter concludes with elaboration of the challenges and successes associated with using social marketing, and finally, gaps and areas for future exploration are presented.

2.1. History of Social Marketing

The discipline of social marketing was launched over 40 years ago, and is frequently anchored to Philip Kotler and Gerald Zaltman's pioneering article in the *Journal of Marketing* (1971) discussed above (Kotler & Zaltman, 1971). Nevertheless, this article gave rise to the first cited definition of the term social marketing. Prior to Kotler and Zaltman's article, "*Social Marketing: An Approach to Planned Social Change*," discussion about the application of marketing to social issues had already surfaced, both in the literature and in practice. In reviewing the constructs of marketing, and how they are applied to sell products, in 1952, G.D. Wiebe posed the question: "*Why can't you sell brotherhood like you sell soap?*" (Kotler & Zaltman, 1971). He argued that when characteristics used for product campaigns were adopted for the development of social campaigns, the social campaign was more likely to succeed. Wiebe introduced five

factors that would help explain the effectiveness of social campaigns: (1) the force, or intensity of motivation; (2) the direction or where and how individuals can access the campaign; (3) the mechanism, or how to translate motivation into action; (4) adequacy and compatibility; or how easy it is to perform the task; and finally, (5) distance, or the energy or cost associated with the reward. Later, these factors would be described in relation to the marketing mix, otherwise referred to as the 4Ps (product, place, price and promotion) of marketing, a set of constructs that is discussed later in this chapter.

Though Wiebe first documented the idea of 'selling behaviour' in the early 1950s, it was not until the early 1960s that that notion gained traction. Social marketing was first applied in response to the growing population rates in India in the mid-1960s. Recognizing the need to persuade over 500 million citizens to use birth control, the Indian government adopted commercial, rather than medical networks as a way to distribute family planning products (such as condoms, intrauterine devices, and birth control pills) (Lefebvre, 2013). Soon after this effort, further social marketing interventions in family planning occurred in a wide range of countries, with considerable success (Andreasen, 2003).

With hints of 'social marketing' surfacing, the Kotler and Zaltman (1971) article provided the discipline of social marketing with a foundational document to build the field. Though central to the birth of social marketing, their article, and its definition of social marketing would soon shift to enable broader diffusion and adoption of the approach (Lefebvre, 2013). In his article describing the history of social marketing, Andreasen (2003) highlights the confusion that Kotler and Zaltman's definition would cause those learning and adopting social marketing, for what would become, many years to come:

> This period of initial academic thinking and attempts at definition caused two kinds of confusion that would plague the field of social marketing for the next two decades. First, it tended to confuse practitioners about three potentially distinct topics – non-profit marketing, social marketing and socially responsible marketing. Second, the definition that Kotler and Zaltman proposed for social marketing made it common to confuse it with just plain 'social advertising', public relations or, most simply, mere education (Andreasen, 2003, p. 3).

Subsequent definitions of social marketing would move away from the emphasis on social marketing changing an idea (e.g., smoking is bad for you), to becoming an approach that would in fact, change behaviour (e.g., decrease rates of smoking). And though social marketing still defines itself as a discipline that stands free of commercial marketing, some argue that social marketing should spend less time trying to be a unique case, and embody mainstream marketing as a platform for 'doing business' (Dibb, 2014).

From the 1960s to the 1980s social marketing continued to make headway in the world of family planning (Andreasen, 2003), and although first documented in the literature in the early 1970s, social marketing did not really morph into a discipline until the late 1980s. In 1988, social marketing garnered recognition in the field of public health with an article published in the *Health Education Quarterly*, entitled 'Social Marketing and Public Health' written by Craig Lefebvre and June Flora (Lefebvre & Flora, 1988). In 1989, Philip Kotler and Eduardo Roberto (1989) published the first textbook on social marketing entitled '*Social Marketing: Strategies for Changing Public Behavior*" (Kotler & Eduardo, 1989). These milestones all contributed to the continuation of social marketing as a recognized field, particularly within Public Health. The rise in literature and documentation of social marketing allowed others to begin to learn about, and adopt the approach, and as social marketing became more widely recognized it continued to expand.

During the 1990s and 2000s, social marketing continued to grow and build its roots worldwide. During this time, an annual conference on social marketing and public health was created, academic programs were developed at universities in several countries, and the range of social marketing literature grew exponentially with the publication of various textbooks (Andreasen, 1995; Hastings, 2007; McKenzie-Mohr, 2011). Around this same time the first academic journal dedicated to social marketing emerged, the first edition of the '*Social Marketing Quarterly'* was published in 1994, through an initiative of Best Start Inc., a social marketing firm based in Tampa, Florida.

In the last 10 years, social marketing has expanded further with a second academic journal, the '*Journal of Social Marketing'*. Moreover, the first World Social

Marketing conference was held in 2008, with bi-annual conferences occurring thereafter. Finally, there has recently been an emphasis on building a social marketing community around the world and several social marketing associations have been formed, with the International Social Marketing Association leading the way.

2.2. Social Marketing in Canada

The story of social marketing in Canada has already been fraught with challenges and successes, where once Canada was a leader in the field, recently it has taken less of a commanding role in shaping the field of social marketing. At the World Social Marketing conference in Toronto, Canada in April 2013, Dr. Francois Lagarde, a Canadian social marketer presented a plenary session talk entitled '*The Canadian Social Marketing Story'*, which outlined the milestones of Canadian social marketing (Lagarde, 2013a).

As Lagarde (2013a) demonstrated, Canada was an early adopter of social marketing, and has been participating in the discipline for 40 years. As social marketing grew worldwide, unique events of specific importance to Canadian social marketers and Canadians occurred. For example, in 1971, the same year that Kotler and Zaltman's article appeared, ParticipAction was created and would go on to be one of Canadian's greatest health communication and social marketing success stories (Craig, Bauman, Gauvin, Robertson, & Murumets, 2009). Ten years later, in 1981, The Social Marketing Unit was created as part of the Health Promotion Directorate of Canada. Led by James Mintz, the chief aim was to 'inform, educate and encourage Canadians to make pro-active changes in their behaviours for the betterment of themselves, those they care for, and for their community' (Lefebvre, 2013, p. 14).

In addition to social marketing beginning to surface in the public sector, in 1981, Manifest Communications, Canada's first, and to this day, one of few, social marketing firms was founded. At that time, Manifest worked with ParticipAction and other agencies, including government and NGOs. Today, Manifest continues to provide social change services, including social marketing, cause marketing and advocacy work.

The 1990s brought continued expansion of social marketing with an increase of conferences and new outlets for social marketing training, including at Canadian Universities. In addition to expanding within public health and marketing, in 1997, a Canadian social marketer pioneered the introduction of social marketing as a viable approach to environmental change. The beginning of what would become an important and needed shift to address environmental issues was addressed when Jay Kassirer and Douglas McKenzie-Mohr published '*Tools of Change'*; later, McKenzie-Mohr published a related book, '*Fostering Sustainable Behaviour'* (McKenzie-Mohr, 2011).

Social marketing has continued to expand in Canada, with the founding of the *Centre of Excellence for Public Sector Marketing* in 2005. The Centre was created with the mission 'to advance the marketing and communications disciplines in the public and not-for-profit sectors' (cepsm.ca). The centre aims to help organizations achieve their marketing and communication goals, through offering consulting, training and speaking. Using a team of experts, CEPSM is involved in projects around the world.

The challenges that Canadian social marketers are faced with are very similar to those of the rest of the world. These challenges will be discussed in detail later in this Chapter. It is important to note, that although Canada was once a leader in social marketing, it fails to continue to lead in the way it once did.

In general, the field of social marketing has grown considerably since its early days. With significantly more infrastructure supporting its efforts, this value, however, may remain understated and work must still be done to shift the historical merits of social marketing into the future.

2.3. Social Marketing Benchmarks

Since the early days of social marketing, proponents and expert users of social marketing have debated the wording of key definitions, what should be the scope and breadth of the field, and which steps, strategies, principles, and tools are essential, definitional facets of social marketing (Rundle-Thiele et al., 2013). One area of contention lies with the role of benchmarks, and not only how they should be used, but

of what they should consist. Social marketing benchmarks have been developed by several social marketers to be used as guides in developing, implementing and evaluating social marketing strategies. The benchmark criteria are described next as one part of the introduction of the social marketing approach for this doctoral dissertation. They are presented here to guide the reader and provide background information that will be important to the discussions that follow in Chapters Three through Seven. Three sets of benchmark criteria will be presented, they include: (1) benchmark criteria presented by Andreasen (Andreasen, 2002); (2) benchmark criteria by the National Social Marketing Centre; and (3) a brief discussion of the key criteria of social marketing, as outlined by French and Russell-Bennett (2014).

In his article entitled "*Marketing Social Marketing in the Social Change Marketplace*," Andreasen (2002) offers six benchmarks to be included in developing a social marketing strategy, in order to be 'legitimately called social marketing' (p. 7). These six benchmarks (discussed further in this chapter) include:

1. **Behaviour change** is the benchmark used to design and evaluate interventions

2. Projects must include **market research**, for example, understand the target audience at the outset of the intervention, and ensure pretesting is conducted prior to implementing any intervention and monitoring interventions as they are conducted.

3. **Audience segmentation** is conducted to ensure maximum use of resources.

4. **Exchange theory** is adopted and used to influence strategy development.

5. The strategy attempts to use all four P*s* of the traditional **marketing mix**, including product (the benefit package), place (exchange is easy and convenient), price (minimize cost) and promotion (communication of messages). An emphasis is placed on ensuring that promotion is not the only P applied to the strategy development.

6. **Competition** is assessed and attended to.

In describing the benchmark criteria, Andreasen (2002) emphasizes that each of the six does not need to be used for a strategy to be label 'social marketing'. He does caution against simply using advertising, and suggests that those strategies that are simply communication campaigns do not qualify as social marketing initiatives.

In 2007, the National Social Marketing Centre (NSMC) published a new set of benchmark criteria that built upon the original six documented by Andreasen (2002). The new set of benchmark criteria was developed following an independent review. The review found an increasing tendency for work to be described as social marketing without always using the core concepts and principles of social marketing (French & Blair-Stevens, 2007). The aims of the new criteria were to support a better understanding of the core marketing concepts and materials, provide a consistent way to review and evaluate marketing, and increase potential impact and effectiveness of social marketing efforts. The eight criteria of NSMC are:

1. **Behaviour:** The focus of this benchmark is on actual behavior change. For instance, rather than report on influencing individuals' knowledge, attitudes and beliefs, this criterion emphasizes the need for clear, specific, measurable and time-bound behavioural goals.

2. **Customer Orientation:** This benchmark has a strong focus on understanding the audience and demands that researchers used more than just qualitative methods to gather this information, that interventions are pre-tested with the audience, and always involves the target group.

3. **Theory:** This benchmark emphasizes the need to use theory to understand the behaviour and inform an intervention.

4. **Insight**: Insight builds about the customer orientation, and places a strong focus on identifying 'actionable insights', including having a deep understanding of what is most important to the target audience, including their motivations, fears and emotional barriers.

5. **Exchange:** This benchmark focuses on the benefits and costs associated with adopting the desired behaviour. The goal of this benchmark is to maximize the benefits and minimize the costs.

6. **Competition:** This benchmark seeks to understand what competes for the audience's time or attention. The goal of this benchmark is to address both external and internal factors that compete for the audience's attention.

7. **Segmentation**: This benchmark allows the social marketer to avoid a 'one size fits all' approach, and recognizes the need to target groups of people that have common characteristics.

8. **Methods Mix:** This benchmark again places an emphasis on behaviour change and reinforces that social marketing is not merely a about raising awareness.

As described, many of the benchmark criteria proposed by NSMC aligned with those of Andreasen (Andreasen, 2002). Where they differ is in the expansion of 'market research', to include three benchmarks: *customer orientation*, *theory*, and *insight*. In developing three benchmarks that encompass the formative (market) phase of research, the NSMC benchmarks provide a social marketer with more information and guidance regarding what is needed to conduct social marketing successfully. The introduction of theory as a benchmark is discussed in detail throughout this dissertation; here, it highlights the importance of applying a theoretical framework to a social marketing approach.

Both sets of benchmarks provide useful information for individuals attempting to conduct social marketing, and as has been demonstrated these benchmarks are used as primary teaching tools throughout the world. Most recently, French and Russell-Bennett (2014) have written about the existing benchmarks, and aimed to highlight those that are most likely to influence success in social marketing. The authors argue that whereas these benchmarks are useful to understand, it is still unclear which of the benchmarks must be used for social marketing to be effective, in what order they should be used, and in the case where they cannot all be used, which are the most imperative. To reduce confusion, French and Russell-Bennett (2014) have introduced a new matrix

that may be considered by social marketers when planning and implementing their social marketing strategies.

In their work, they have developed a 'hierarchical model of social marketing' where, depicted as a triangle, at the bottom, they place 'the social marketing principle', what they have defined as 'social value creation though exchange and social offerings.' Then they highlight social marketing concepts, and finally, social marketing techniques. They argue that the clear distinction between principles, concepts and techniques will enable individuals to adopt a 'social marketing mindset', rather than be burdened with ensuring that they are using all of the benchmark criteria as outlined by previous authors (French & Russell Bennett, 2014).

During the research phase of this dissertation, the following benchmarks outlined by (Andreasen, 2002) were used for inquiry: *understanding the consumer*, *market research*, *audience segmentation*, *exchange*, *competition*, and the *marketing mix*. This set of benchmark criteria was chosen and used throughout this dissertation because of their recognition within the field and non-complex description. Social marketing experts and others who are working to learn the field, are well aware of these benchmarks due to their significant presence within academic journals and social marketing teaching materials. The benchmark criteria are examined in greater detail below.

Understanding the consumer. In a field where much confusion lies around definitions, benchmarks, and strategies for success, consensus has been reached on one concept, *consumer orientation*. Social marketers worldwide can agree that consumer orientation is at the heart of social marketing. Indeed, since the early days of social marketing, understanding the consumer perspective has been acknowledged as the 'bottom line' (Andreasen, 1995).

Unlike traditional planning in public health, social marketers cannot take the perspective of assuming that individuals will change simply because we ask them to (Doner Lotenberg, 2010). Rather than make assumptions about what the consumer needs and wants, social marketers take the time and effort to understand the consumer perspective and apply this knowledge to the development of a social marketing strategy (Andreasen, 1995; Grier & Bryant, 2005).

It is not uncommon for researchers or practitioners to have a desired behavioural change goal in mind (e.g., increase physical activity, promote the use of wearing condoms, etc.). Where social marketing differs from other behavioural change approaches is that "social marketers are not so blinded by the desirability of their goal that they neglect to see that, from the consumer's perspective, the behaviors the marketer wants may not be desirable or even possible" (Andreasen, 1995). In other words, by understanding the consumer, the social marketer is able to develop a strategy that will appeal to the target audience, by either solving a problem that they have, or satisfying a need or want (Lee & Kotler, 2011). The notion that the behavioural health goal that the social marketer has in mind may not appeal to the consumer is described in the literature by Hastings (2006), when he wrote that: [social marketers must] "develop a deep and sustained understanding of people's real needs, recognizing that these may be more complex than a disease-free long life" (p. 61).

Market research. To gather information that will provide social marketers with the deep and sustained understanding of people's real needs, market research must be conducted. The process of market research is fundamental to understanding what motivates individuals to act (or not) on certain behaviours (Grier & Bryant, 2005). Market research is "the systematic design, collection, analysis and reporting of data and findings relevant to a specific marketing situation facing the organization" (Lee & Kotler, 2011, p. 86), and can be conducted in numerous ways.

Market research can be carried out using both qualitative and quantitative data collection procedures, and may include primary data (data collected by the researchers), or secondary data (data already available and reviewed by the researchers) (Lee & Kotler, 2011). The collection of primary data often occurs through key informant interviews or focus groups, surveys, observation, or ethnographic research (or total immersion into the consumers' natural environment). Though often referred to as *formative research*, market research can occur at any stage in the planning process, including prior to the development of the strategy, during pre-testing, throughout the strategy in the form of monitoring, or at the end as an evaluation.

Audience segmentation. Social marketers recognize that it is not possible to be all things to all people; instead various subgroups or populations require different strategies to facilitate social change (Grier & Bryant, 2005). Rather than adhering to a 'one size fits all' orientation, audience segmentation is a strategy used to identify a smaller group of individuals who have something in common (Forthhofer & Bryant, 2000).

Segmentation can be conducted for numerous reasons, including determining which population group to reach, with the available time and resources, and how best to reach them (Forthhofer & Bryant, 2000). The process of segmentation is systematic. Segmentation is the process of dividing a population into distinct groups based on commonalities that will influence their responsiveness to the marketing interventions. It allows social marketers the ability to get the best return on investment from their program resources.

In the process of segmentation, the TARPARE acronym is used as a tool to assist social marketers in distinguishing which groups to segment and for what reason. The acronym includes: T: total number of persons in the segment, AR: proportion of at-risk people in the segment, P: persuadability of the priority group, A: accessibility of the selected audience, R: resources required to meet the needs of the priority group, and finally, E: equity. By understanding each of these components, a social marketer will be better able to determine which segment of the population they should address in reaching their behavioural goals (Lefebvre, 2013).

Exchange. The concept of exchange is familiar to those who practice conventional marketing, and also underlies all social marketing efforts, such that consumers will be asked to exchange time, money, beliefs, norms, values or effort in exchange for a service, tangible product, or program with associated benefits (Thackeray, 2010). Exchange theory is described by Grier and Bryant (2005) as "consumers acting primarily out of self-interest as they seek ways to optimize value by doing what gives them the greatest benefit for the least cost" (p. 321). For the notion of exchange to be effective, social marketers must consider the following three elements: (1) offer benefits that the consumer truly values; (2) recognize that consumers must

perceive the benefit of the behaviours to outweigh the perceived costs associated with it (such as time, or physical discomfort); and (3) acknowledge that everyone, including individuals or organizations considered intermediaries, must receive value in return for their efforts (Grier & Bryant, 2005).

Competition. As Andreasen (1995) writes: "…competition is seen everywhere and never ending" (p. 53). Within the social marketing literature, competition refers to the behaviours and associated benefits that our target audience would prefer over the one that is being promoted, behaviours that they have been doing 'forever', or organizations and individuals who might be sending them counter messages (Kotler et al., 2002). Social marketers recognize that for each behaviour they want to propose, there is one or more behaviours with which they will be competing. As such, it is the role of the social marketer to place the product or behaviour above the "current or preferred behavior of the target market" (Kotler et al., 2002, p. 10).

Marketing mix. Possibly the most distinguishing feature of social marketing is the marketing mix (or combination of strategic elements) referred to as the four P*s*: *product*, *price*, *place*, and *promotion.* In some cases, a fifth or sixth P may be included, represented constructs such as *policy*, *partnership or purse strings* (Luca & Suggs, 2010). Each P serves its own purpose and has value; however, to conduct social marketing as it is designed, each P should be considered in the initiative and interwoven amongst each other.

Unlike commercial marketing, where the product is likely a tangible object (e.g., shampoo, sneakers, cigarettes), the product as defined in social marketing refers to the "set of benefits associated with the desired behavior or service usage" (Grier & Bryant, 2005, p. 323). The product platform is the foundation upon which all the other aspects of the marketing mix will be formed. The platform consists of three levels, with each level representing one of three products: *core*; *actual* and *augmented.* The core product reflects the values and beliefs of the target audience; it is the real reason why the consumer would want to engage in the desired behaviour (e.g., to fit in, to be popular, to feel sexy, etc.). The actual product is the behaviour being promoted; and finally, the

augmented product is a tangible element that helps to support or promote the behaviour (Kotler et al., 2002).

Discovering the 'core' product is essential to the success of any social marketing initiative and can be done through market research. As has been implied already, the 'core' product for the consumer may be largely different than the 'core' product for the organization implementing the initiative. As renowned social marketer William Smith notes: "social marketing's advantage in the battle for social justice is its single-minded focus on understanding who people are and what people want as the key to providing social benefits" (Smith, 2008, p. 91).

Price refers to the perceived costs or barriers associated with the product being offered (Kotler et al., 2002; Storey, Saffitz, & Rimon, 2008). Price always must be considered from the consumer's point of view and include both monetary and non-monetary costs. Examples of monetary costs might include cost of paying for fruits and vegetables or to access a recreation facility, whereas intangible costs include lack of time, embarrassment, or diminished pleasure (Grier & Bryant, 2005). It is the role of the social marketer to ensure that the perceived benefit outweighs the perceived costs (as discussed in exchange theory).

Place is "where and when the target market will perform the desired behaviour, acquire any related tangible objects, and receive any associated services" (Kotler et al., 2002, p. 247). Place includes the actual physical location(s) where the behaviour will be performed, and therefore, items such as operating hours, general attractiveness, comfort, and accessibility must be considered. In addition, place includes intermediaries, or organizations and people that can provide information and services that will assist with the change process (Grier & Bryant, 2005, p. 49). Doner Lotenberg (2010) argues that place is a powerful force in behaviour change, and when creating the marketing mix, might be considered first (rather than product). Place engages both the individual and the environment, and in doing so allows the social marketer to identify not only the critical problems, but also possible solutions.

Promotion refers to the communication and messaging elements of the marketing mix (Storey et al., 2008). Promotional strategies often are created to support

34

the other P*s* by highlighting the costs and benefits the consumers can expect, how barriers can be overcome or minimized, and where the product can be obtained. Promotional strategies include various forms of execution styles and communication channels (Kotler, Roberto, & Lee, 2002), including print materials, social media, traditional mass media, personal selling and public relations.

2.4. Challenges

As demonstrated above, social marketing is a viable approach to social change, at the individual, community, and organizational level (Andreasen, 1995; Lee & Kotler, 2011; Lefebvre, 2013); yet still, after 40 years there remains confusion about what social marketing is, what it can do, and how it should be conducted (Neiger, Thackeray, Barnes, & McKenzie, 2003). The challenges that hinder the field are well discussed, both in the literature (Donovan, 2011; Rundle-Thiele et al., 2013; Spotswood et al., 2012), and at academic conferences. To continue to grow and expand the field, these challenges must be addressed, and solutions developed, so that these issues can be put to rest.

Among the challenges that social marketing continues to face, that are discussed in more depth following, are: the misunderstanding that social marketing is a systematic planning approach, and not merely an advertising campaign; the misconception that social marketing equates with social media, and vice versa; persistent tensions between public health and the field of marketing; the lack of funding and resources provided to the field; the discourse and distaste for the use of the word and ideas associated with 'marketing', including ethical considerations; the lack of a substantial evidence base to inform future practice and the impression that social marketing only can be used to influence individual behaviour change

When individuals are first introduced to the term 'social marketing', two common misconceptions often follow. The first is social marketing is an advertising strategy, and involves billboards, commercials, and flashy posters (Thackeray, Neiger, Hanson, & McKenzie, 2008). The second, and hindering the field, is the lack of understanding that

social media and social marketing are not synonymous (Thackeray, Neiger, & Keller, 2012).

For years, social marketers have been documenting the 'truth' about social marketing and explaining with frustration that it is not simply an advertising tool, rather it is a planning framework, and promotion or 'advertising' is simply one aspect of the marketing mix (Smith, 2003b). To dissuade practitioners, academicians, and interventionists from conducting advertising or communication campaigns only, and then referring to them as social marketing, great efforts have been put towards developing training initiatives, writing relevant and useful literature, and offering 'how to guides' for social marketing (French & Blair-Stevens, 2007 ; Mintz, 2014). Commonly, the 4Ps of marketing are presented as a teaching tool and the emphasis placed on the use of the promotion 'P' is merely to support and draw awareness to the other P*s*.

In their *Big Pocket Guide* [to social marketing], the National Social Marketing Centre (in the U.K.) emphasizes the promotion 'P' as the final step in developing the marketing mix, and reinforces that its goal is to communicate what the product is that you are offering, where you can buy or receive the product, what price/exchange is being offered, and finally, how you will benefit from the product/offering. To support their point they remind readers that you would not see an advertisement for a hamburger on sale, if there was not actually a place to go to buy a hamburger at the stated price. They indicate further, you would not just ask people to 'eat hamburgers' (French & Blair-Stevens, 2007). This example is provided here as a reminder that without the product, place and price associated with the promotion 'P', potential social marketing strategies will be incomplete. That is, an advertisement for a hamburger with a stated place to buy the product, and at what price is much more beneficial than the previous example.

With the recent influence of social media (Facebook, Twitter, Blogs etc.), social marketing confronts another obstacle. Although using social media as one element of a social marketing strategy may be encouraged (Thackeray et al., 2012), social marketing is not synonymous with social media, and social marketers are not studying the impact and use of this medium. It may be that the terms social media and social marketing are too similar. Too often, when discussing the work of social marketing, those not familiar

36

with the terms will refer back to Twitter or YouTube (Bill Smith, personal communication, June 2011). The challenge, therefore, lies in adopting the potential of social media as a powerful communication tool, and at the same time, conveying that social marketing is not just a communication channel.

In addition to struggling to brand social marketing successfully so that it is not only recognized, but also is implemented as intended, the field has struggled to find support and funding within government and funding organizations. Although there are examples of strategies that have been well-funded and implemented successfully (Craig et al., 2009; Wong et al., 2004), as well as examples of government agencies recognizing the need to include social marketing as part of their goals and objectives (French & Mayo, 2006; HP2020, 2012), the support and funding from government remains a challenge. In a book chapter by French (2013), he states:

> …one of the challenges faced by every social marketer is how to embed social marketing in the heart of the organization they work for, and to sustain its influence on the organization's strategy over time. This is true for government, state, regional and local public institutions (p.8).

French explains that rather than having organizations using social marketing as a one-time approach, or 'add on', that the core aspects of social marketing "should be embedded within the DNA of the organization" (French, 2013 p. 7). This process, or ability to embed social marketing into an organization, and not only develop specific strategies but also craft social policy has been termed *'strategic social marketing'* (French, 2013). This notion of strategic social marketing, may be one critical aspect of the future of social marketing; indeed, in his textbook Lefebvre (2013) states that much of the book has a strong focus on strategic social marketing, rather than a more operational and tradition approach of social marketing (e.g., being focused on how to use social marketing to develop a specific program or campaign).

The potential for strategic social marketing to influence support from government agencies, and embed social marketing as a core feature has great potential. With social marketers recognizing the gap, and working to create solutions, there still remain challenges associated with social marketing being accepted and supported by a government. In a recent plenary discussion on social marketing in Canada, Lagarde,

highlights concerns within the Canadian system, including lack of sustained funding, the need for more integration of social marketing with policy and community mobilization works, and lack of senior decision-makers' understanding and support for social marketing (Lagarde, 2013a).

The challenge of not having support of the 'big dogs' has been discussed by others (Andreasen, 2002; Marshall, Bryant, Keller, & Fridinger, 2006), and recognized as a key barrier to the adoption of social marketing within organizations and agencies. In their work, they report that supervisors or decision makers will not support social marketing efforts due to their own lack of understanding of what social marketing is, or the time and money needed to conduct formative research does not suit the organizations need.

In addition to the lack of support from 'big dogs', the article by Marshall, Bryant, Keller and Fridinger (2006) provides further indications of why social marketing may not be adopted at the government or organizational level, including the disconnect between a government-sponsored mandate to meet the needs of everyone (which contradicts social marketing's targeted focus on audience segments), and the concern that social marketing manipulates people's values. Ethical considerations of social marketing do not just exist when proposing its use in government; in fact, ethical considerations continue to challenge the field of social marketing across all domains. Ethical considerations in social marketing challenge the field on two levels, first, from an 'outsider perspective,' the notion that marketing is being used for social good can be difficult to understand, and second, when conducting social marketing, there are many issues that need to be considered to ensure that the strategies and interventions are conducted in an ethical manner (e.g., when choosing the target audience, in developing the marketing mix and in choosing the issues to address).

Social marketing has long been regarded with suspicion by some due to the very nature of its name. The use of the word 'marketing' is not a natural complement to the words 'social good'. Marketing has several undesirable traits, including that it is manipulative, and in the case of social marketing, that it is not community based (and therefore not listening to community needs) (Andreasen, 2002). In actuality, those who

have an understanding of social marketing can adequately diffuse these concerns because it is inherent within social marketing to meet the needs and values of the consumer, and create programs and strategies that are both voluntarily accepted and meaningful to them. To continue to expand the field of social marketing, social marketers must pay careful attention to ethical standards and practices (Grier & Bryant, 2005). Several social marketers (Andreasen, 1995; Hastings, 2007; Lee & Kotler, 2011; Lefebvre, 2013) have discussed the ethics of social marketing in their textbooks and teaching tools. In order to eliminate the challenge of being considered manipulative by those who do not understand social marketing, a continued emphasis on attending to ethical considerations in the social marketing process may help to minimize this perception.

Ethics analyses of social marketing are essential because social marketers are asking people to change the way they currently act, think and do (Hastings, 2006). Due to the nature of social marketing, strategies and interventions are often targeting those individuals who may be considered vulnerable within our societies, or we may be addressing contentious issues (teen pregnancy, illicit drug use etc.). Further, one of the most salient features of social marketing is segmentation, and thus, may (at least temporarily) exclude those most in need (Forthhofer & Bryant, 2000; Lefebvre, 2013).

To reduce the challenges associated with ethical dilemmas, strategies have been put in place, including ensuring that social marketers are asking ethical questions at every step of the planning, implementation and evaluation stages of the process (Lefebvre, 2013), that social marketers consider what it is that is being offered, how it is being offered, and how much is being asked of the consumer. In addition to demanding clarity and disclosure about what issues are being addressed, informed consent should be sought. Informed consent requires that individuals agree to participating in the intervention or proposed program. In the case of midstream or upstream social marketing, where informed consent may not be possible, social marketers must consider whether they wish for their strategy to be voluntary or not (Spotswood et al., 2012). As with the foundational tenets of social marketing, ensuring that the consumer needs and wants are the focus, will help to minimize the risk of unintended consequences being realized (Andreasen, 2002).

A further challenge associated with social marketing is that of evidence and the ability to highlight the impact that social marketing has had on a social change effort. Although the evidence is growing (Cairns & Rundle-Thiele, 2014; Gordon et al., 2006; Stead, Hastings, & McDermott, 2007), there still remains a dearth of reported evidence in the literature. The lack of substantial evidence is a result of several issues.

First, and foremost is the focus on behaviour change. As a primary indicator of success, actual behaviour change is viewed as the pinnacle outcome in social marketing strategies. As Lefebvre states on his blog: "we are not satisfied with sales, figures, visits, products distributed, exposure and other measures of process – behavioral outcomes define success" (Lefebvre, 2008), indeed, elsewhere the emphasis on behaviour change is reiterated by suggesting that the ultimate test of social marketing is whether or not it achieves behaviour change (Quinn, Ellery, Thomas, & Marshall, 2010).

The need to deliver measurable and observable behaviour change comes with challenges (Quinn et al., 2010). Although there is some evidence that points towards the effectiveness of social marketing in achieving positive outcomes for risk factors such physical activity, healthy eating, hand washing, and alcohol consumption (Cairns & Rundle-Thiele, 2014; Gordon et al., 2006; Janssen, Mathijssen, van Martens, van Oers, & Garretsen, 2013; Mah, Tam, & Deshpande, 2008) there is still room for growth of the evidence based literature in social marketing. In a recent systematic review of literature, the author calls for an increase in quantitative and mixed-method approaches to be used for social marketing evaluations (Truong, 2014).

Social marketing also has been critiqued for its narrow focus on individual behaviour change (Andreasen, 2006). To address this issue, and in following suit with other health promotion initiatives, social marketers have started to adopt a more upstream approach to social marketing (Andreasen, 2006; Scott & Wharf Higgins, 2012).

The upstream/downstream metaphor has been discussed at length within public health, and essentially describes the difference between saving those who are drowning (downstream), rather than seeking and addressing the determinants of why they are in the river and in trouble (upstream) (Dorfman & Wallack, 2007). The idea is that rather than ask people to change after they have already adopted a behaviour (such as

smoking), public health policy can create an environment where it is difficult for people to choose smoking (e.g., increase taxes, create smoke-free environments etc.). Well reported within the public health literature, upstream strategies are understood and advocated for.

In recent years, upstream social marketing has become the most significant addition to the social marketing literature (Lindenberger & Bryant, 2014). Upstream social marketing efforts are increasingly represented in the literature (Dibb, Carrigan, & Gordon, 2013; Mcdermott, Berends, Mccormack Brown, Agron, et al., 2005; Scott & Wharf Higgins, 2012), and social marketers have recognized the ability for this approach to influence change. In fact, Andreasen (2006) wrote a textbook in which he asserts how and why upstream social marketing should be the new approach to social marketing. In his book, he explains how to do it. Most simply, the process is the same, but the audience or consumer who is being asked to make the change is the policy maker.

In addition to the introduction of upstream social marketing, some social marketers have introduced their approach to population-based change including the attention to 'markets' introduced by Craig Lefebvre (2013), and 'strategic social marketing' introduced by (French, 2013). In his textbook, *Social Marketing and Social Change,* Lefebvre (2013) introduces the notion of markets, and argues that social marketers need to do a better job of engaging with and shaping markets. Defined in mainstream economics as "any structure that allows buyers and sellers to exchange any type of goods, services, and information" (p. 116), Lefebvre compares the need to shift from the focus on individuals to markets as parallel to the shift that has recently been documented in public health from individual behaviour change approaches, to those that address more upstream, macro and meso level, social ecological determinants (Lefebvre, 2011; Sallis, Owen, & Fisher, 2008; Stokels, 1996). Rather than simply try to change the behaviours of policymakers, as encouraged by Andreasen (2006), Lefebvre states that we need to "create changes in environments, markets, and public policies that lead to healthier and more sustainable behaviors" (p.118).

Strategic social marketing was introduced by Jeff French and Blair Stevens (2011) and is used to describe how social marketing can be applied to policy, strategy,

tactics and operations within organizations, and government agencies (French, 2013). In order to develop good social policy, they argue that social marketing must emphasize the creation of value, the important of service, and the ability to build relationships. No longer is it sufficient to consider social marketing an add-on, or way to conduct social programmes; rather, social marketing should be embedded within the core of all social policy and strategy (French, 2013).

Finally, an introduction and discussion of social marketing would not be complete without an overview of theory and its utility to the application of social marketing. The use of theory in social marketing has been recognized by many as an important component to the success and use of the approach (Luca & Suggs, 2013). Theory provides a useful framework for the design, implementation and evaluation of social marketing interventions (Luca & Suggs, 2013; Neiger et al., 2003). Within the social marketing field, the use of theory has been recognized as so salient that it was included as a benchmark criterion by the National Social Marketing Centre.

Though deemed important, little research has been conducted to evaluate the use and effectiveness of theory in practice. Until recently, few articles reported the use of theory in social marketing (Luca & Suggs, 2013). Almost 15 years ago, Lefebvre called for better reporting of theory in the social marketing literature (Lefebvre, 2001), and indicating little change; last year, this same call to action was put forward by Luca and Suggs (2013). The results of the systematic review put forward by Luca and Suggs (2013) indicates that there needs to be far greater breadth and depth of documentation regarding the use of theory in social marketing.

Regarding those studies in the literature, attention has focused on which theories have been used in conjunction with social marketing. The front runners are those traditionally viewed as individual behaviour changes theories including stages of change/transtheoretical model, social cognitive theory, theory of reasoned action, theory of planned behaviour, the health belief model, diffusion theory and protection/motivation theory (Luca & Suggs, 2013; Truong, 2014). These theories provide a guiding framework for the development, implementation and evaluation of social marketing strategies. As Neiger asserts, theory can assist with formative research by guiding the

42

social marketer to develop appropriate research question, improve segmentation and develop evaluation strategies (Neiger et al., 2003).

A gap still remains between the use of theory in social marketing, and its documentation in the literature. In a recent review of literature Truong (2014) reported that although increasing, a large number of social marketing studies are not theoretically informed. In addition to the lack of use of theory, arguments can be made that the traditional theories mentioned above may not be practical and relevant for the emerging focus on population-based strategies (Lefebvre, 2013). Further, social marketers as well as other interventionists have recognized that one of the drawbacks of the theories currently adopted within social marketing is that they require people to think rationally, and social marketers are recognizing that human behaviour is not always rational.

In recent years, behavioural economics has been introduced as a new field of economics whereby experimental techniques are used to understand human decision-making (Zimmerman, 2009). The theory recognizes that people's preferences for actions are not absolute but rather relative to some sort of anchor point. By changing the anchor point, an individual's decision-making process can be influenced. Recently, the notion of behavioural economics and decision-making was discussed at length in the book entitled 'Nudge'. To 'nudge' as the authors explain is the process of "attempting to move people in directions that will make their lives better" (Thaler & Sunstein, 2009, p. 6)

Thaler and Sunstein (2009) affirm that an individual should be free to make their own choice, but advocate that researchers or change makers can slightly change the environment or options in order to 'nudge' them towards the 'healthy choice'. In his article on using behavioural economics to influence physical activity, Zimmerman (2009) suggests that anchor points such as social norms, habits acquired in childhood or the framing of behaviour can be shaped to encourage uptake of activity.

In recent years, behavioural economics has not only attracted attention from social marketers, but policy makers as well (Lefebvre, 2011). In the UK, the use of behavioural economics has influenced change in the areas of health, transport and finance, and though these examples demonstrate the ability to influence change on a one off behaviour (e.g., signing up for organ donation), this approach to behaviour

change has yet to provide evidence that it can influence risk factors associated with chronic disease, such as obesity (Hopwood & Merritt, 2011).

2.5. Effectiveness of Social Marketing

In the last 40 years, social marketing has been demonstrably effective in influencing a number of key social and health issues, including physical activity (Wong et al., 2004), healthy eating (Evans et al., 2007), family planning (Lefebvre, 2013), drinking and driving (Rothschild et al., 2006), breastfeeding (Lindenberger & Bryant, 2000), tobacco prevention and cessation (Zucker et al., 2000), environmental protection (McKenzie-Mohr, 2011) and others. The next section of this chapter outlines some of the factors that proponents believe have contributed to the success of social marketing to date, including its systematic nature, the focus on behaviour change, and how social marketing has worked around the world.

Many understand social marketing as a planning approach used by public health practitioners, academicians, and interventionists worldwide as a tool for the development and delivery of social change strategies. In the early years, social marketing commonly was used to address public health issues; however, in more recent years, the scope of social marketing continues to expand to include the environment and other social change issues (Eagle, Case, & Low, 2013 ; McKenzie-Mohr, 2011; Quinn et al., 2010). A unique and useful component of social marketing is the systematic approach developed and shared by social marketers to help those that are applying the constructs in real world settings.

The systematic nature of social marketing allows those using this approach to walk through each step, and develop a strategy that will be comprehensive, and include all the benchmarks necessary (as outlined above). Social marketing strategies can be developed and implemented to meet the needs of the consumer, adjust for contextual factors, and produce a sustainable approach. Like many aspects of social marketing, there is no consensus in the field about which systematic approach produces the best outcomes. Among the systematic planning approaches developed, implemented and

taught are those of Lee and Kotler (2011), Lefebvre (2011), the National Social Marketing Centre, and when addressing issues of the environment, McKenzie Mohr's Community Based Social Marketing.

Each of these systematic approaches has the same fundamental constructs, and of course, strives to achieve the same goal (behaviour change). The difference in approaches lies in the labels of each step, perhaps the number of steps suggested, and in the presentation and training of the ideas. The essence of each systematic approach remains similar – to research and understand the consumer, to segment and develop a target audience, to set goals and objectives, to assess the barriers and benefits associated with the desired behaviour, to develop a marketing mix strategy using the 4 P*s*, and finally, to evaluate and monitor the initiative.

Though the systematic nature of social marketing has been attributed here as a success, there are social marketing advocates who may argue that this approach still needs some improvement, and that it is not yet clear how best to conduct social marketing (Rundle-Thiele et al., 2013; Spotswood et al., 2012). As mentioned previously, French and Russell-Bennett (2014), argue that the benchmark system, and subsequently the systematic nature of social marketing is not clear, as the most imperative aspects of social marketing are not laid out. Clarification of both the essential benchmarks and the systematic approach may help the field of social marketing to move forward.

As described previously, social marketing made its first entry in the developing world offering family planning services in India (Andreasen, 2003; Lefebvre, 2013). Since then, much attention has been given to social marketing with respect to family planning and reproductive health, as well as maternal and child health, HIV/AIDS prevention, and malaria control (Lefebvre, 2011). In many cases, success is achieved through the social marketing of products (e.g., condoms for family planning and HIV/AIDS prevention and bednets for malaria). In these instances, a partnership is usually formed between program sponsors and donors, and a large emphasis is placed on the pricing strategy (how to reduce the cost) and placement strategy (how to make it accessible) (Lee & Kotler, 2011)

In the developed world, many of the successful social marketing efforts to date have focused on risk factors and behaviours associated with chronic diseases, including cancers, diabetes and obesity. Social marketing strategies and interventions have been developed and implemented in developed countries at both the community or grassroots level (Landers et al., 2006) as well as in publically funded national initiatives, such as in the United States, VERB (Wong et al., 2004), in Canada, ParticipAction (Craig et al., 2009), and in the UK, Change4Life (Mitchell, 2011).

Several reviews of literature have examined the effectiveness of social marketing for health improvement. A comprehensive list of reviews, can be found in Table 2.1. Gordon et al. (2006) highlight that there is sufficient evidence to indicate that social marketing is effective for interventions associated with nutrition, alcohol, tobacco, and illicit drug use. Further, the review highlights that there is limited evidence to indicate that social marketing has unintended consequences or harmful effects. Further, MacDonald, Cairns, Angus, and Stead (2012) report that social marketing can be effective in changing behaviours related to communicable disease prevention. Others (see Table 2.1) highlight the potential for social marketing and stress the importance of continued rigour in gathering and reporting data.

Table 2.1.   Evidence in Social Marketing

Authors	Title	Year	Type of Study	Key Finding
Gordon, R., McDermott, L., Stead, M., Angus, K.	The effectiveness of social marketing interventions for health improvement: What's the evidence?	2006	Review of reviews	Social marketing can be effective in reaching various target groups, and is a promising framework for change.
Stead, M., Hastings, G., & McDermott, L.	The meaning, effectiveness and future of social marketing	2007	Review of literature	Reasonable evidence to indicate social marketing can be effective
Mah, M.W., Tam, Y.C., & Deshpande, S.	Social Marketing analysis of 20 years of hand hygiene promotion	2008	Systematic Review	The effectiveness of social marketing, in hand hygiene promotion should continue to be tested.

Authors	Title	Year	Type of Study	Key Finding
MacDonald, L., Cairns, G., Angus, K., Stead,M.	Evidence review: social marketing for the prevention and control of communicable disease	2012	Review of reviews	International evidence indicates that social marketing can be an effective approach to behavior change for communicable disease.
Wei, C., Herrick, A., Raymond, F., Anglemeyer, A., Gerbase, A., Seth, N.	Social marketing interventions to increase HIV/STI testing uptake among men who have sex with men and male-to-female transgender women	2013	Systematic Review	Review provided limited evidence that social marketing (multi-media) can promote HIV testing among MSM in developed countries.
Janssen, M.M., Mathijssen, J.J., van Bon-Martens, M.J., van Oers, H.A., & Garretsen, H.F.	Effectiveness of alcohol prevention interventions based on the principles of social marketing: a systematic review	2013	Systematic Review	Information provided in the review did not reveal enough information to assess effectiveness.
Carins, JE., & Rundle-Theile, S.R.	Eating for the better: a social marketing review (2000-2012)	2014	Comprehensive Literature Review	Social marketing, when using benchmarks, and employed to its 'full extent' offers the potential to change healthy eating.
Evans, W.D., Pattanayak, S.K., Young, S., Buszin, J., Rai, S., & Bihm, J.W.	Social marketing of water and sanitation products: a systematic review of peer-reviewed literature	2014	Systematic Review	Results show improvements in mediators but mixed results in behaviour change.

It has been suggested that much of the success of social marketing lies in many of the constructs and ideas already presented: the strong focus on the consumer perspective, the need for audience segmentation, and the notion of exchange, and further, the systematic approach and use of resources (Grier & Bryant, 2005; Lee & Kotler, 2011).

This chapter provided an overview of social marketing, including its history in Canada and abroad. Further, the chapter unpacked some of the successes and most critical issues currently being faced by social marketers, and the field. The remainder of this dissertation will begin to explore many of these issues, and others, through the eyes

of expert social marketers, the scoping review, and practitioner end users who are currently using social marketing in their work.

Chapter 3.

Advancing social marketing through the eyes of its leaders

Social marketing (SM) was first suggested in 1971 by Philip Kotler and Gerald Zaltman in their foundational article that proposed using marketing to sell "brotherhood" just like "soap" (Kotler & Zaltman, 1971, p. 3). In subsequent decades, social marketers embraced the notion that it is possible to sell social ideas and voluntary behaviour change and have been using marketing principles to foster social change and influence health behaviour change, such as increasing physical activity rates (Wong et al., 2004), promoting breastfeeding among new mothers (Lindenberger & Bryant, 2000), reducing the number of drinkers of alcohol who then drive their automobile (Rothschild et al., 2006), and improving dietary habits (Reger, Wootan, Booth-Butterfield, & Smith, 1998), to name just a few.

To impact the issues mentioned above (as well as many others) social marketing has evolved over time. The lifecycle of social marketing has been documented previously (Andreasen, 2002; Lee & Kotler, 2011). Within these published works, critical turning points for the field have been delineated, including the shift from focusing on selling ideas, to changing behaviour (Andreasen, 2003; Kotler & Zaltman, 1971); the use of theory to inform practice (Luca & Suggs, 2013); the shift from individual to population level change through the use of upstream social marketing (Andreasen, 2006; Lindenberger & Bryant, 2014), and the need to recognize and attend to our environment and contextual needs as we develop strategies (McKenzie-Mohr, 2011).

As social marketing has evolved, discourse within the academic literature has focused on the challenges of and misunderstandings of the approach (Donovan, 2011; Hastings, 2006; Spotswood et al., 2012). In addition to the empirical evidence

documenting successful behaviour change where certain public health and environmental issues are concerned, much of the literature has focused on how to move the field forward; the messages and suggestions are often inconsistent from one to the next (Rundle-Thiele et al., 2013). For instance, at the 2014 World Social Marketing Conference in Toronto Canada, a plenary speech focused entirely on debating the merits of 'social' versus 'marketing', suggesting that social marketing must be swayed to one side or the other, rather than use the beneficial components of each element. Further, various authors provide sets of benchmarks and systems for social marketers to guide their work, although, there has yet to be a consensus on which of them is the most effective and useful for the field (Robinson-Maynard et al., 2013).

The need to respond to criticisms regarding the use of social marketing has plagued the field's practitioners and advocates almost from social marketing's inception. Some external critics have alleged that using marketing to change behaviour is subliminally manipulative, and therefore, a dubious practice from an ethical perspective (Dibb, 2014). They charge that targeting only certain segments of the population initially (appearing to overlook other segments that may be harder to reach) is unjust and favours the more privileged persons in a population (Grier & Bryant, 2005; Smith, 2007). In addition, persons more internal to social marketing reprimand individuals who primarily use the promotion *P*, thereby focusing on advertising, and missing the other essential components of social marketing (Rundle-Thiele et al., 2013; Smith, 2003b), and as a result, fail to distinguish the field from other health promotion approaches (Andreasen, 2002). Social marketers have suggested that for the field to move forward, it needs to do a better job of "thinking outside the box" (Lefebvre, 2013), taking greater risks, and being more innovative (Spotswood et al., 2012). Accomplishing this presumably requires developing strategies that address issues at the upstream level (Andreasen, 2006) and incorporating theory that will allow strategies to be diffused or adopted on a large scale (Lefebvre, 2013).

Further troubling the field is the lack of consensus among social marketers as to how social marketing should be taught, focused, and implemented in practice. Challenges cited in the literature include the confusion about what social marketing actually is, including its name and how it should be applied in practice, the systematic

50

nature of intervention development and implementation, which steps are more pertinent than others to the success of a particular endeavour (Rundle-Thiele et al., 2013), how to engage and advocate for social marketing in large organizations including government (French, 2013), and how to brand social marketing and distinguish it from competing terms in the lexicon that confound its interpretation and understanding – social media, social franchising, and (commercial) marketing (Andreasen, 2002; Dibb, 2014).

3.1. Purpose

The purpose of this study was to describe the current merits of and challenges to social marketing as a planning framework for achieving social change as seen through the eyes of contemporary experts.

3.1.1. Research Questions

1. In the view of social marketing experts, what are the most significant challenges to the field?

2. In the view of social marketing experts, what are the most promising directions for social marketing?

3.2. Methods

3.2.1. Research Design

This qualitative inquiry used an exploratory, largely inductive, descriptive research design, a method that is often used in social sciences, including social marketing, with an objective to:

> …gather preliminary information that helps define the problem. It would be most characteristic of research conducted at the beginning of the marketing planning

process, when you are seeking to determine the purpose and focus of your plan (Kotler & Lee, 2008, p. 73).

3.2.2.   Sample Selection

Criterion purposive sampling was used to identify social marketing experts. An expert was defined as someone who had been involved in the field of social marketing for more than 10 years, had published literature in the area and was rooted in a position where social marketing was part of their ongoing work/service. Sample selection for this study was conducted in two phases.

In Phase 1, social marketing experts in Canada were recruited. Potential experts were identified at the 2014 World Social Marketing Conference in Toronto. After receiving ethical approval for my study, I continued with a formal recruitment process. Initially, I emailed four potential participants (including the three I had spoken with at the WSM conference), and one additional participant who also attended the conference, but I was unable to speak with. In the email, I introduced myself and explained my study, and what would be required of them if they chose to participate. All four individuals approached agreed to participate. Upon agreeing to participate, I worked with the participants to arrange an interview time that was convenient for them.

Following the initial sampling, snowball or chain sampling was used to identify other experts who should be included in the sample. Names and information provided by the participants were then used to recruit additional participants. Sampling was discontinued when the majority of individuals suggested by participants had been interviewed or contacted.

Upon completing the interviews in Phase 1, due to lack of consensus evident in the interview data, it was determined that a broader sampling pool should be included in this study. To recruit other social marketing experts, individuals from the United States and the United Kingdom were identified. These two countries were selected based on my ability to recruit experts. Existing contacts in both countries allowed me to easily access social marketing experts, based first on individuals I had pre-existing

relationships with, and then those whom they recommended. Phase 2 of the research, then, involved soliciting social marketing experts in the United States and the United Kingdom for interviews. Similar to Phase 1, experts were contacted, interviewed and then asked to suggest names of others that should be involved in the study.

Conventions in qualitative inquiry indicate that there are no set algorithms for establishing sample size; rather the sample size should depend on the qualitative research design, the nature of what you want to know, and the purpose of the inquiry (Patton, 2002). Additionally, sample size should be determined by the utility and credibility of the data it will generate and what is feasible and reasonable to collect with the available time and resources (Patton, 2002). The purpose of this study was to gain an in-depth perspective of the current state of social marketing as described by social marketing experts. To do so, the number of participants was based on the knowledge and information gathered. As described above, the initial sample size was eight, and when this did not glean enough information; the sample size was increased to hear from more participants.

Research participants in this study were 16 social marketing experts working in the discipline of social marketing across Canada ($n = 8$), the United States ($n = 6$), and the United Kingdom ($n = 2$). Included in the sample were 6 women and 10 men. Participants represented both academic and private/not-for-profit organizations.

3.2.3.   Interviews

I conducted semi-structured interviews to elicit the experts' perceptions. Semi-structured interviews are useful in qualitative research because of their emphasis on open-ended questioning, and ability to draw a breadth of rich data from participants. As it is important to gain interviewee trust, I thoroughly explained the expectations of the interview process and how the data would be used. To gain further rapport I ensured that I was familiar with their body of work and had a sense of their positions prior to when the interview took place (Creswell, 2003).

Key information (expert) interviews were conducted between November 25 and December 16, 2013 (Phase 1) and April 10, 2014 and April 25, 2014 (Phase 2). Interviews were audiotaped and conducted entirely by myself as the primary researcher. To ensure the highest quality of data and a successful interview, a set of steps were taken prior to and during the interviews. First, I created an interview guide (see Figure 3.1) to ensure that the same basic lines of inquiry were followed with each participant.

To guarantee that the interview guide was clear, comprehensive, and drew on the lines of inquiry that I was seeking, I conducted a series of pilot tests of procedures. For Phase 1 of my interviews, a draft of my interview guide was shared with graduate students at the Florida Prevention Research Center at the University of South Florida. Pilot interviews were set up with three graduate students who are all currently working on a PhD in Community and Family Health with a focus on social marketing. They were deemed appropriate for a pilot-test due to their knowledge of social marketing and qualitative research methods. Throughout this process, I walked through the interview guide with the students, and made changes to my questioning based on their reactions and feedback. At the end of each interview, I adapted my script and sent it to the next pilot participant.

After completing the pilot interviews with graduate students, I set up a second series of pilot interviews with social marketing experts currently working at the University of South Florida. Similar to the initial interviews with students, I walked the experts through my questions, and took their feedback as to how I might make the lines of inquiry more precise, clear, or useful for my study. Finally, I received feedback on the interview script from a member of my dissertation committee, and a social marketing expert located in Canada. Overall, seven drafts of the interview script were completed prior to finalizing the final interview guide. Building on the existing interview guide, the interview guide for Phase 2 of this study was adapted slightly to reflect the introduction of other countries (US/UK).

Interviews were conducted by phone, and were scheduled at a time that was convenient to the participant. Participants were made aware that the interview would take no more than one hour of their time. All interviews were conducted in less than one

54

hour, with the average length of interview being approximately 45 minutes. Prior to the interview, I emailed the participant with a reminder of the interview date and time. In addition, attached to the email was a copy of the consent form for them to sign and return to me. I attached a copy of the interview guide, which they could review, before our discussion.

At the beginning of the interview, I de-briefed the participant about the overall purpose of my research, and how the expert interviews fit. I provided participants with the opportunity to ask any question they had, or provide any information they felt was necessary and not included in the interview script. Using the interview guide, I walked each participant through the questions. Where necessary, I shifted away from the guide to follow up on an interesting comment the participant had made, or to gather further detail on an answer they had provided.

Figure 3.1.   Interview Script

- Can you please describe your current role in social marketing or public health.
- When you describe social marketing to your students/colleagues that don't know what social marketing is, how do you describe it?

In the past, social marketing has been used as an approach to facilitate social change, and is often used in conjunction with other theories of change:
- Do you think other theories of change facilitate the development and/or implementation of social marketing strategies?
- Can you think of any other behaviour change theories, or theories from other disciplines that would change the current application of social marketing?

As you may know, traditionally, social marketing has been used to change individual behaviours:
- Can you think of any other theories that might shift social marketing from this traditional approach, to one where it is being used as an application to influence upstream social change?

As you may know, social marketing is often founded upon the following six benchmarks [understanding the consumer, market research, audience segmentation, exchange theory, competition, and the marketing mix] …
- Do all the benchmarks that make up 'social marketing' need to be used together in order to be effective?
    - If no, what does that look like i.e., what constructs are essential for social marketing to still be social marketing?
    - If yes, what does that look like to you?

Throughout my study, I am curious to understand how social marketing has contributed to chronic disease prevention; in particular, I am wondering about risk factors such as physical inactivity, nutrition and smoking cessation….
- In your opinion, what is the potential for social marketing to impact risk factors associated with chronic disease?
    - What resources (monetary and non) would be required for this to happen?
    - Who would have to advocate for this to happen?
- Social marketing has been used successfully to reduce risk behaviours for diseases such as HIV/Malaria. Are there lessons learned from global health infectious disease prevention that can be applied to chronic disease prevention in the developed world?

Can you describe what you understand by the term 'knowledge translation'?

In Canada, the national funding body for health research defines knowledge translation as:

> *'a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system'.*

In other words, knowledge translation is a way to: disseminate and engage researchers and the knowledge user, encourage the adoption of evidence in practice and, facilitate positive social change for health promotion and health care delivery.

- In your experience, does social marketing contribute to knowledge translation?
- What are the challenges in attempting to use social marketing as a framework for knowledge translation?

- Finally, as an individual who has years of experience working in the field of social change, what is your greatest wish for the future of social marketing?
- What do you envision actually happening to the field of social marketing in the future?

3.2.4. Ethical Concerns

The study was approved through the Simon Fraser University Human Ethics Research Board [2013s0677]. The study was deemed low risk and did not pose any harm to the participants; therefore, no additional measures were needed to ensure the participants' wellbeing

3.2.5. Data Analysis

As stated by Hatch (2002): "data analysis is a systematic search for meaning. It is a way to process qualitative data so that what has been learned can be communicated with others" (p. 148). For this study, interviews were chosen as the best method to draw data that would help gather information from expert social marketers. To bring meaning to the interview data gathered in this study, I conducted a series of steps prior to, and during the data analysis process. The steps, described next, made up the data analysis process that would guide me to develop and share the themes discussed throughout this article.

First, in gathering the data, and throughout the duration of the expert interviews, I collected notes and discussed emerging findings with my supervising professor, as well as a fellow graduate student working on a PhD at the University of South Florida. The discourse that occurred with colleagues allowed me to process the data, and reflect on what information I was gathering, determine if I was missing anything, and how I might change my line of questioning to uncover different results.

In addition to the conversations that occurred throughout the data collection process, each interview was audiotaped and then transcribed verbatim immediately following its completion. By transcribing and reviewing the interview notes immediately, changes could be made when necessary to the interview guide, and areas that were not sufficiently covered could be improved for the next interview. Upon completion of all interviews, data were uploaded into NVIVO 10 for MAC Software for qualitative research. This allowed the data to be organized and managed easily throughout the analysis.

The data analysis process was guided by a constant comparison method. This approach is commonly used in qualitative research when the goal of the analysis is to use an entire dataset to identify underlying themes (Leech & Onwuegbuzie, 2007). The constant comparative method involves an iterative compare-and-contrast strategy to break down data into discrete units, and then categorize them first, into codes, and then into themes (Thorne, 2000).

Data analysis occurred in two parts. First, I constructed categories from the raw data. A category has been defined by Morse (2008) as "a collection of similar data sorted into the same place" (p. 727). For example, an initial code developed was 'evidence' with sub-headings including 'lack of evidence', 'evidence is building' and 'scalability'. This code would later be embedded within a theme, a process that will be discussed next. The initial coding process was inductive, meaning that the codes emerged from the data, although after coding the first set of interviews ($n = 8$), at times a deductive approach was conducted to find further evidence to support or negate existing 'codes' (Patton, 2002). Next, to make meaning of the data, themes were developed.

Developing themes allowed me to make sense of the data, and create a 'package' of information to develop the narrative of capturing the experts' experiences and perspectives. Member checking was not conducted for two primary reasons. First, due to the lack of consistency across participants, it was considered that member checking may in fact surface more confusion than confirmation, and second, due to the nature of the relationship between myself and the experts, I considered that member checking may influence my ability to be critical of the data and those that provided the information (Angen, 2000). Data collection was conducted in two rounds (first with Canadian experts, and then with experts from the US and UK). This process was useful because it allowed me to do an internal check of the data and assess the relevance and meaning of the initial interviews (Leech & Onwuegbuzie, 2007).

A constant comparative method was useful as an analytical strategy because it allowed me to interpret the data in a sequence of steps, while simultaneously juxtapose data in an iterative process, while asking the questions: why is this idea different from another?, and how are these two things related? The results of this study describe the

experiences of the social marketing experts who participated in the interview process and are discussed in the following sections.

3.3. Results

Four themes emerged from the data analysis that captured participants' experiences and perspectives in response to the two research questions. Themes were developed using the most salient data, and therefore, not all responses to interview questions are included. Select data were not included in the thematic analysis because responses were unique to one expert participant and could not be summarized to bring meaning to the overall analysis of this study. Table 3.1 provides an overview of key themes that emerged, with a few examples of quotes from participants for each theme.

Table 3.1.   Summary of Key Themes: Expert Interviews

Theme	Summary	Participant Quotes
It's about social change	Social change was the driving factor behind the work that they do, and social marketing was one way that they could achieve this goal.	It's really about social change, so why get so hung up on the language? Social marketing is one strategy for social change
New and old challenges	Participants of this study highlighted many of the existing challenges discussed in the field, and raised further concerns.	We need to show studies that clearly show that social marketing is effective and efficient, if we did that [show more evidence], we would get more funding and we would stop doing efforts that didn't give us a return on investment. That research part of it is really important. Also, what's important is funding.

Theme	Summary	Participant Quotes
Lack of consensus	Experts participating in this study did not agree on all aspects of social marketing, this lack of consensus is not new to the field, and this study highlights the areas where leaders in the field continue to disagree.	I always think that if you are missing some of the critical components, then you shouldn't even be using the label social marketing for your strategy. Even now, when I teach Basic Marketing in universities, I teach them about the four Ps as a historical footnote. I really love theory because I do think it helps us understand things but one thing I've encountered so often … particularly out in the field and kind of closer to their communities or populations that they get, they tend to be much more practical than theoretical.
Glass half full	Participants of this study, though confident in their own work and abilities, did not provide an overly optimistic view of the future of social marketing	I fear that it is not going to be that great for us in the field… it is the social change that drives me, not protecting the field of social marketing

3.3.1. Theme 1: It's not about social marketing; it's about social change

Participants all recognized and appreciated their role in social marketing, and the influence they had on the field; however, the reason for choosing their profession was not to be a social marketer, but rather, to make a difference in the world. Fomenting social change was the driving factor behind the work that they did, and social marketing was one way that they could achieve this goal. One participant eloquently stated: "it is the social change that drives me, not protecting the field of social marketing" [Participant 1].

Participants of this study recognized that social marketing was not the only approach to social change, and so, when clients approached them to conduct work, they first considered the wants and needs of that client. In most cases, clients did not seek the assistance of the social marketing experts specifically to use social marketing, rather, clients sought the participants expertise to achieve their social change goals. In

most cases, experts had been working to influence change within the realm of public health, by influencing behaviours such as physical activity, tobacco use, breastfeeding, and healthy eating, while others were involved with environmental change such as reducing idling, reduction of time spent in shower, and composting. This is described here by a participant: "very few people said can you deliver the best social marketing project, they always said, can you help me achieve my goals" [Participant 2]. Like social marketers, the clients that are seeking solutions have the end goal of social change in mind. A participant reiterates this here: "people are interested in outcomes, and that is what gets them excited, can you change the world?" [Participant 3].

3.3.2.   Theme 2: "New and old challenges"

Participants in this study highlighted many of the challenges that already exist, including the confusion about the term social marketing, the focus and attention placed on using social marketing as a communication or advertising tool only, and the difficulty of taking risks and being innovative in addressing social change issues. In addition to these challenges, participants highlighted areas of concern that continue to influence the field, including the lack of evidence supporting social marketing. Though highlighting the need to increase evidence, participants also recognized that evidence was currently available:

> There's a Cochrane Review on social marketing that has started up which is quite good…CDC had done a big review on social marketing…the UK government in Sterling University had done quite a number of reviews about social marketing, so it is coming on [Participant 4].

Whereas some recognition for existing evidence was discussed, the call for increasing access and availability of evidence was loud and clear. Here a participant explains:

> I think one of the things that is going to start to fill up our sill a little bit is increasing interest in good evaluation…I am not very encouraged

by what I have seen…but there has been a movement to demonstrate that programs are based upon, that we have good evidence…what we need to be asking constantly is 'what is the data'? [Participant 5]

The need for strong evidence is rooted in a second challenge that was raised by participants of this study, that of funding, or lack thereof. In order to improve social marketing as a discipline, social marketers must do a better job of developing strategies that focus on 'hard data'. This was described by a participant when they said: "…we're competing against people who, where there is hard core evidence [e.g., randomized control trials], so why would they go with us? I wouldn't if I was a funder" [Participant 6]. Whereas the recognition that evidence and funding go hand and hand, participants of this study also acknowledged that funding agencies may still not choose a social marketing approach due to its time intensive nature. This is described here:

…we need the funders [to] give us the time, permission and funds to invest in the research up front – I think that is the biggest threat to social marketing, everybody wants a quick fix, and evidence based practice is sort of a way to make that seem new and fresh [Participant 1].

In addition to the challenges associated with evidence and funding, participants in this study also expressed concern for the dearth of training opportunities available for educating and persuading people to use social marketing in practice. This lack of training may result in individuals using social marketing incorrectly, as described by one participant here: "… I think adequate training and exposure to social marketing is also needed so that people know what it means, and don't just think it means billboards" [Participant 7]. The lack of knowledge about social marketing also results in what one participant described as a 'branding' problem:

… so we have a branding problem…if I could think of the one thing to do, it would be that it would be a required course or a Master's in Public Health…take a look at the number of people who graduate with a degree, even an undergraduate degree in public health, they should have a social marketing course, and if they did, that is tens of

thousands of people going out into the marketplace who understand this and then they would be part of diffusing it [Participant 8].

Finally, in addition to the lack of knowledge about social marketing for those working in public health or other fields, the future of social marketing is challenged by the lack of individuals who describe themselves as social marketing professionals, as stated here: "…there are very few social marketing professionals in [country], we need more of them, we need to train more public health professionals, introduce them to the world of social marketing, we need to expose them to the effectiveness of social marketing" [Participant 9].

3.3.3.   Theme 3: Lack of consensus

Experts participating in this study did not agree on all aspects of social marketing. This lack of consensus is not new to the field, and this study highlights the areas where leaders in the field continue to disagree. Social marketers have differences in opinions about how we do things, for instance, what benchmarks should be used, the need or use of the 4Ps of marketing, and how theory is applied (or not). Finally, participants of this study had opposing views on the introduction and utility of 'upstream' social marketing.

Participants in the study were asked if, in doing social marketing, all the benchmarks (behaviour change, market research, audience segmentation, exchange theory, marketing mix and competition) needed to be addressed in order for social marketing to be successful. While some agreed that the use of the benchmarks was essential, "I do believe that social marketing is the strongest, and most effective, when you consider all of these benchmarks simultaneously" [Participant 9], others felt that is was merely a tool that could help guide a social marketer;

> … I am going to say that…as an academic it is easy for us to say, 'uh yeah', you have to have all these benchmarks, …but we don't always have all these benchmarks…there is a range, and that is kind of normal [Participant 10].

Some participants of the study support the reality of process, and recognize that in the practical world, it may be hard to accomplish all benchmarks. Here a participant explains,

I don't get bogged down in the process. I think that's where mistakes are being made in the past, because when you take people through the whole process… then I think people get freaked out and they think, "Well, that sounds like an awful lot of work", so I just focus on it being about behaviour change [Participant 6].

A second process-oriented element of social marketing that has long been contested within academic discourse is that of the marketing mix, or the 4Ps, so, not surprisingly, participants in this study had differing views on their utility. While participants agreed that the 4Ps were a useful heuristic, there was still debate about the utility of the Ps in practice. Some participants of the study felt that the Ps are still needed and useful in practice, "I do the 4Ps and I think that the 4Ps have to be accounted for in every project" [Participant 7], while others felt that they were dated and confusing, "even now, when I teach Basic Marketing in universities, I teach them about the 4Ps as a historical footnote" [Participant 2], and "…they are confusing constructs, and for people working on environmental related behaviour changes, they are not just confusing, they are upsetting" [Participant 5], (in terms of using the language of consumption, to try to ameliorate or undo the problems that have resulted from over-consumption). Participants who felt that the 4Ps were confusing highlighted the product 'P' as being difficult to understand, "…deciding what your product is, and your product is usually intangible" [Participant 3].

Participants also spoke about theory, a third process-oriented element of social marketing. Though a few participants of this study were satisfied with the status quo and current application of theory, many participants suggested that the use of individual behaviour change theories was dated, and that social marketers ought to adopt theory from other disciplines. A participant explains, "… I read personally more and more in the field of sociology, political sciences, anthropology, … we need to widen our perspective on theory, and start importing from other fields" [Participant 2]. The need to branch out

and incorporate other theoretical constructs and methods supports the need to consider social marketing as more than just an individual behaviour change approach.

Participants of this study could all agree that addressing social change issues from various levels of influence was important, and necessary as the field of social marketing continues to move forward. Participants were asked about their opinions of 'upstream' social marketing, and how they viewed this approach both in theory and practice.

Like for many other topics already discussed, participants had differing views on the use of 'upstream' social marketing. Some participants of the study explained 'upstream' social marketing as using the same process to target a different audience,

> It's absolutely the same process. It's a different target audience, and a different behaviour. That's primarily how it's going to differ [Participant 8].

Though this may be true, one participant of the study challenged the use of the term 'upstream' stating it was a metaphor used only for public health [Participant 11], while another was doing 'upstream' social marketing as the primary tool at his/her organization but didn't know of the term [Participant 3].

Those who disagreed with language of 'upstream social marketing' could agree that introducing mechanisms to reach groups of individuals, and changing environments was essential for the future of social marketing. Indeed, as stated by a participant: "fundamentally, we should stop thinking about ourselves as individuals, and start thinking about ourselves as a group" [Participant 9]. In addition to changing our 'target' audiences, 'upstream' social marketing can focus on changing the environments and policy change.

3.3.4.   Theme 4: Glass half full

Participants of this study, though confident in their own work and abilities, did not provide an overly optimistic view of the future of social marketing. Participants were asked to answer the question '*What is your greatest wish for the field or social marketing'*, followed by, '*What do you believe to be the reality of the future of social marketing'?* In response, participants presented a wide range of wishes for the field of social marketing, including increased training, recognition and awareness of the field and an influx of young people who begin to take leadership and challenge the status quo.

As mentioned previously, participants reiterated the need for increased training and educational opportunities. One participant said: "That's my wish. That it's a required course and degrees" [Participant 8]. Further, participants commented on the need for increased awareness and comprehension about the use and utility of social marketing, so that becomes commonplace in the world of social change. A participant stated: "…my greatest wish would be that social marketing is an everyday part of, I will say, both public health and social change practice" [Participant 15]. Other participants indicated a rise in new professionals and leadership as a critical element of the future success of social marketing. The need for young people who take on social marketing as a career was deemed important, and not only a new generation of social marketers, but social marketers who are willing and able to push the barriers and take risks. Two participants support this here:

> I am trying to do is get young people like yourself [involved in social marketing], because at the end of the day social marketing will thrive and be successful in [country] if we can get young people [Participant 12].

> My utopia would be loads of young people coming into the field and challenging the status quo. So I want your generation to look at the benchmark criteria and say, "Actually, has [expert social marketer] got it right? He may be a leader in the field, but has he got it right? [Participant 6]

After sharing their wishes, some participants expressed a pessimistic view of the future of social marketing, given the realities of the current social, economic and political climates within the various home countries of participants. In light of the many challenges already mentioned throughout this paper (need for increased training, need for emergent leadership, increased funding, and stronger 'clarity' of the brand), participants of this study expressed concern for the future of social marketing. When asked about their 'realistic' view of the future of social marketers, many responded with a glass half full answer. Some of the most poignant responses included:

> Well, I'm going to say it depends upon my wish [training]. If that doesn't happen, I think it's going to remain underwater and underground and it'll never emerge because it just won't have a critical mass [Participant 7].

> Another way of saying it, just to clear the air, social marketing needs to be relevant to the ways that people are thinking about social and public health problems. If it doesn't become relevant to the way people are thinking about the problems, then it's doomed [Participant 11].

> I think it is still going to be a niche player, I worry that at some point that everybody thinks the name, social marketing is social media, whether we have to think about a different name for the field, to get some level of recognition… honestly I expect it to continue to be sort of a niche player even if the name changes a bit [Participant 14].

Results of this study provide an overview of the current state of social marketing, as told by contemporary experts in the field. Though participants were different in their backgrounds and current roles in social marketing, they shared many common views on the past and future of social marketing. Next how these results can be used to inform future research, practice and education will be discussed.

3.3.5.   Knowledge Translation and Exchange

As described in the methods section of this paper, the themes described above were developed using a constant comparative approach. Although the four themes represent the most meaningful data discussed throughout the interviews, it is sometimes what is left unsaid that is most informative. In the interview script (Figure 3.1) several questions were asked about the role of knowledge translation and exchange in social marketing. Responses from these questions did not create a theme, as among the participants of this study there was great confusion as to what knowledge translation and exchange was, or how it could be applied. A participant described this when they stated:

> I am just being open about my confusion here…is social marketing a tool within, what we have been previously calling health promotion, is KT just a buzz word for health promotion, or is knowledge translation communicating… I see a huge discrepancy between what CIHR calls knowledge translation and how people on the ground have been incubating it, and using it [Participant 9]

Amongst some participants, knowledge translation and exchange was considered synonymous with social marketing, that is, it was already embedded within a social marketing approach, while others had never heard of the term or its roots, and considered it to be akin to implementation science. The lack of understanding and or use of knowledge translation and exchange warrants future attention.

3.4. Discussion

This qualitative inquiry was conducted to better understand the current merits and challenges of social marketing as recounted by experts in the field. This study was conducted to 'set the stage' for future research that would be applied in this dissertation project and beyond, and understand social marketing from some of those who know it best, according to the inclusion criteria of this particular study.

Social marketing continues to develop and rapidly mature (Spotswood et al., 2012). There is a steady stream of documentation and discourse about the evolution of the field, and how it can adapt and change to increase its reach and effectiveness across sectors (French, 2013 ; Gordon et al., 2006; Lefebvre, 2013; Rundle-Thiele et al., 2013). This study adds to the existing literature, and highlights what others have written (Donovan, 2011; Smith, 2003b; Spotswood et al., 2012) or discussed in informal settings (listserv, blogs, conference proceedings etc.). For instance, at the 23rd Annual Social Marketing Conference held in Clearwater Beach, FL, the final plenary of the conference was entitled 'The Future of Social Marketing'. Further, blogs written by experts have described several accounts of the future of social marketing, and debated the challenges with which the field is faced. For instance, this exert from 'Social Marketing Panorama' a blog written by Mike Newton Ward, described the students that he engages with in his teachings: "They all seem to come in having drank the public-health Kool-Aid (how I hate that phrase, but it's appropriate here) of communication–only approaches". In essence, Newton Ward is lamenting that many students who express interest in applying social marketing are pre-conditioned to believe that it is a communication-only approach and are not aware of the other key constructs, including segmentation, formative research, and understanding the consumer. Newton Ward suggests that, because of this, the first item on the teaching agenda must be to re-educate the students on what social marketing is, in its entirety.

This study highlights various themes that were also discovered in the literature (much of which was written by the experts themselves), and affirms that differences within a group of social marketing's key champions persist. This study found a surprising readiness on the part of these respected experts to turn over the field, along with its challenges, to new leadership, and emerging experts. They appear, overall, to invite a changing of the guard, and would welcome a young cadre to come together to re-organize the field and bring creative energy to confront the challenges that have been persistent in the field far too long.

The purpose of this study was to uncover the existing challenges that social marketing faces, along with how social marketing experts believe the field will evolve in the next few years. As documented above, a discussion of the future of social marketing

is not innovative; rather this has been a conversation both formally and informally for years. Although this study gathered and imparted information heretofore unavailable in the literature, many of the issues and suggestions were not unsurprising or unusual. It appears that, as discussed by participants of this study, it is time for the field of social marketing to make a concerted effort towards ensuring that 'the changing of the guard' is well supported, resourced and applauded.

3.4.1. Implications for Social Marketing

Results of this study contribute to the social marketing literature by highlighting the ways in which social marketers can create and document social change in their communities, organizations and countries. The insights of the social marketing experts who participated in the study will be presented here as recommended actions.

Practice and academic preparation. The future of social marketing is dependent upon the continued adoption and uptake of the method by those hoping to influence social change in the areas of public health, the environment, transportation and many other disciplines. Results from this study highlight the need to continue offering training, and educational options for those that wish to adopt social marketing. In recognizing the need for consistent training, Lefebvre and colleagues (2014) have released a document entitled 'Academic Competencies for Social Marketing.' It outlines a set of requirements that those being trained as social marketers should be able to identify and apply in their work. Further, in the US, social marketing may soon see an emergence in public health schools (Conference June 2014). The act of training is on the agenda for participants of this study. For the broad social marketing community, however, it comes with caveats. For instance, although training opportunities currently exist, Lagarde (2013b) cautions that 'an isolated training session is unlikely to be sufficient for social change practitioners to be able to appreciate and systematically apply social marketing' (p. 200). Training opportunities may contribute to the 'mass of social marketers', however, there may still exist a gap between those that know, and those that do.

As supported by participants of this study, for social marketing to contribute to social change, over the long run, it appears that new professionals must be able to not only learn about social marketing, but also actually have a place, and resources to implement the method. Participants of this study emphasized that doing social marketing is different than learning about it. It may be that formal education, including undergraduate and graduate studies from educational institutions will be overlooked if new professionals have nowhere to practice and implement their skills. It may be that the current infrastructure does little to support the future of social marketing. Those that are formally educated may not have the opportunity to apply their skills, while those who have the skills, may not be formally educated in social marketing. This gap between education and practice will surely persist if steps are not taken to ensure a better alignment of resources between the two groups. Many of the challenges to be discussed next may be rooted in the lack of training, and inability to practice social marketing on the frontline.

Spotswood et al. (2012) have expressed their concern that those who are entering the field are adopting the status quo and not taking risks and pushing the limits of social marketing's capabilities. Results of this study support the notion that in order for the field to progress, those who are just beginning to use social marketing should be encouraged and provided with opportunities to take risks and be innovative (Participant 6). Though social marketers can't force individuals to be creative or daring, the field of social marketing can provide opportunities for voices to be heard, ideas to be shared and risks to be rewarded.

These risks may lie simply in the way that social marketing is documented and 'marketed' to others. For too long, social marketers have focused on the fact that social marketing is more than an advertisement tool. The need to convey this, as mentioned by Newton Ward on his blog, is central to the way that social marketers frame the approach. Although those external to the field may view social marketing solely as an advertisement tool, it may not be necessary to spend so much time dispelling this belief. In fact, it may be that the focus and attention to this matter has contributed to the lack of progression that has been documented within the field of social marketing.

Professional preparation. The field of social marketing has been in existence for 40 years, and over time, has been developed and led by a group of academics, practitioners and social change advocates. Continued and sustained leadership will help this field to grow and adapt to the needs and requirements of our ever-changing world. In addition to those who are already within the field, the leaders 'within', in order for social marketing to continue to expand and grow, increased leadership must come from 'outside'. Support and leadership from those who are responsible for governments, funding agencies and educational institutions must be present.

To increase levels of reach and adoption of social marketing, the field must become relevant to those who we are asking to do social marketing. It may be that the existing structure of social marketing, primarily documented and discussed among academics, does not suit the 'hands on approach' that is needed for social marketing to continue to expand. To become relevant, participants of this study suggested developing literature that was easy and accessible for *ALL* people to reach. Further, participants indicated that social marketing needs to become highly relevant in the field of social change that it occupies the forefront of brainstorming, conversations and creating solutions.

Reaching this goal presents its own challenges; first it may be that in order to become more relevant and 'noteworthy', greater attention must be spent getting to know the consumers of social marketing. It may be that social marketing is conducted far more often than documented, and those working in academia are 'behind' the times, rather than leading the way. To investigate this further, a consumer analysis of practitioner end users has been conducted and is documented elsewhere. Second, and perhaps of greater importance is the reality that even after understanding the consumer, developing systems that will adhere to their needs, and writing relevant literature, there will still be costs associated with conducting social marketing. The fundamental construct of exchange, as described within the social marketing approach, must be addressed if social marketing is to be adopted on a greater scale by both academics and practitioner end users.

Experts in this study highlighted the many challenges associated with using social marketing including the need to garner research dollars, and funding to support their initiatives, the need to have support from government agencies or those in a decision making role, and finally, the realities of the time needed to conduct a social marketing strategy from conception to completion. It would be naïve to assume that the results of this study, or others can solve these problems. However, perhaps if social marketing is positioned differently, so that more people are aware of its benefits, individuals in a position of power may be more likely to consider the approach and in turn, provide sufficient funding and support for its executive. Embedding social marketing within the structure of the organization (French, 2013) will not happen unless there is value placed on its importance and it becomes part of the ethos of organizations.

Research implications for the future. Many of the issues and challenges raised by the social marketing experts who participated in this study have been documented elsewhere, and mentioned in this paper. Among the issues raised by participants of this study, several key areas are highlighted here.

Evidence in social marketing, though continuing to expand (Luca & Suggs, 2013; Spotswood et al., 2012; Truong, 2014), remains an area of concern for social marketing. Without continued research that documents the effectiveness of social marketing, securing support and funding will remain a challenge. Although it has been suggested elsewhere that social marketers should move away from having behaviour change be the 'bottom line' (Spotswood et al., 2012), results from this study highlight that there needs to be more emphasis on empirical data. As suggested, future research should examine how social marketers can move away from documenting 'process evaluation' results, such as reach, awareness, knowledge and attitudes to documenting outcomes, including behaviour change.

The use of theory in social marketing efforts has long been supported, however, not often documented with much rigor (Luca & Suggs, 2013). In addition to the need to research the use and documentation of theory in social marketing, participants of this study supported the notion that the use of the 'traditional' health behaviour models may no longer be as useful to the field, and social marketers should seek to adopt theories

that assist with 'upstream' social marketing. The challenge with theory, for both those who address individual and upstream behaviour, lies in the ability for the social marketer or practitioner end user to use theory in a way that will ensure that it informs strategy while not encumbering its implementation. Several participants of this study explained that rather than adopt a single theory, they draw upon constructs that help them to define their target audience, write research questions or analyze results. For someone that may not typically adopt theory, it may be intimidating to try to include theoretical constructs into their endeavours. Developing resources that outline theoretical constructs appropriate for adoption or adaptation may position the use of theory as a tool, rather than a hardship, that adds costs to the social marketing process. For years, social marketers have discussed the need to 'market social marketing' (Marshall et al., 2006). In addition to other strategies already described within this paper (increased training and evidence), future research on other levels of 'audience', or those that are using social marketing would add to the literature, and allow 'marketing' attempts to be guided by appropriate formative research.

In addition to the views of experts involved in this study, the total sum of evidence highlights an area of future research that should be considered. Throughout this paper, the discussion of the future of social marketing has been relevant, both in how to adapt the field, and how to foster new leadership. Although this study provides useful information to guide the field, much of the information has been reported before (although not in a similar structure). It may be that to truly understand the future of social marketing, rather than engaging those who have studied and practiced it for decades, it may have been more instructive to recruit the next generation of academics and practitioners to consider how they believe that social marketing can advance social change.

3.5. Limitations and Delimitations

3.5.1. Target Audience

Upon completion of the data collection and analysis of data, it became clear that the best target audience for this research may not have been those individuals who have been working in the field for over 10 years. Rather, it may have been that more innovative answers to my queries would have been drawn from those who are currently breaking into the field of social marketing, e.g., the new professionals who have negotiated the training systems, conducted research in the field, and critically analyzed the theories and approaches that have been used for the last 40 years. It is the leaders of social marketing who will be active in the future, who may have better been able to inform the future. Moving forward, future research should strive to understand the perspectives of these individuals and document their opinions in the same way that this study has documented those of the social marketers who have guided this field so well.

3.5.2. Researcher as an Instrument

Although many of the well-known social marketing experts in Canada, the US, and the UK were included in this study, numerous others were not. Further, social marketing experts working in other countries other than Canada, the US, and the UK were not included in the recruitment pool. Only social marketing experts who used English as a first language were included in the study. Moreover, due to the nature of qualitative research, the researcher is considered an instrument in the research process (Lincoln & Guba, 1985). As the researcher, I must acknowledge my role in the research process and be reflexive as to how my previous experiences, assumptions, values, and personal interests may contribute to the data collection, analysis, and interpretation processes (Creswell, 2003). I recognized that my previous experiences and knowledge of social marketing would influence my understanding of, and analysis of the data provided. As a relative newcomer to the field of social marketing, I recognized that I may be "influenced" by the experts' opinions and thus I ensured that prior to the interview, I had a strong understanding of their written work and existing roles in the field. This

ensured that I was able to speak with assertion when discussing issues that may be contentious.

In addition, I recognized that my personal values would influence my interest in this study and I portray them below to enhance transparency. First, I believed that qualitative research, including the interview process, was an important and robust form of research and data collection. I also believed strongly that social marketing could help to create social change, and should be used to achieve social good. I believed at the outset that there was currently a dearth of training and support for social marketing in Canada and elsewhere, and that an increase in infrastructure and support would strongly influence the capacity for social marketing to influence social good. In addition to my existing knowledge and perceptions of the field of social marketing, I also came to the interviews from a position of lower 'power', that is, as a student of social marketing, I was interviewing those who had helped to grow and shape the field. As a result, in some cases I may have been intimidated, and although I had conversations with each participant, there is a chance that I failed to question or contest their thoughts and opinions (and in doing so, perhaps gather richer data) because of my unwillingness to overstep the professional boundaries of expert versus student. My previous knowledge, experiences and values shaped the study from its inception to completion, including determining the research questions, methodological choices and the analysis and interpretation of data.

Finally, the scope of information obtained was limited to the specific items comprising the interview guide, the expertise of the interviewer and the interviewees, and the time allotted for each telephone conversation. Further, there may have been a limitation of method – face-to-face interviews may have yielded data of a different nature or quality emanating from nonverbal cues and kinesics that are not possible to observe via telephone.

3.5.3. Conclusions

This study provides a unique look at the experiences and perspectives of 16 leading social marketers in Canada, the US and the UK. As written, the paper highlights

many of the challenges already presented in the field, as well as bringing forward those that may be less well discussed. Although participants of this study indicated a desire to create social change and shift the field of social marketing, this documentation provides many areas of concern for the future of social marketing. For social marketing to continue to influence social change, the take-away conclusion from listening to this set of experts' perceptions is that social marketing must strive for strong evidence of outcomes, increased training opportunities and places for application, improved relevance of the field, both in how social marketers market themselves and the field, including addressing issues of exchange and understanding the consumers that will adopt this approach in their social change efforts, and finally, this paper supports the need to foster and advocate for new and emergent leaders in the field.

Chapter 4.

Social Marketing and Chronic Disease Prevention: A Scoping Review of Literature

The importance and success of social marketing has long been recognized (Andreasen, 1995; Grier & Bryant, 2005; Lee & Kotler, 2011). The application of using marketing principles to solve social problems was formally deemed 'social marketing' in 1971, through an inaugural article written by Philip Kotler and Gerald Zaltman (Kotler & Zaltman, 1971). In the early years, social marketing was used primarily in developing countries to support family planning initiatives (Andreasen, 2003) and, since then, social marketing has been adopted worldwide to prevent both infectious and chronic disease.

Chronic diseases are the leading cause of death and disability worldwide (Masuda et al., 2012). Globally, chronic disease rates continue to rise, and influence all socioeconomic classes (WHO). Cancer, cardiovascular disease, chronic obstructive pulmonary disease and type 2 diabetes are currently the most prominent chronic diseases. These diseases are all linked by common and preventable behavioural risk factors, including poor diet, physical inactivity and tobacco use (Masuda et al., 2012).

The global public health community continues to strive to identify programs, strategies and policies that will help influence individuals and society to address the issue of chronic diseases, and create solutions for prevention, reducing the magnitude of mortality, morbidity and disability attributed to their onset (Bauer, Briss, Goodman, & Bowman, 2014). One such strategy has been the use of social marketing. Social marketing has been effective in changing behaviours associated with all three behavioural risk factors listed above, including changing nutrition habits (Evans, Christoffel, Necheles, Becker, & Snider, 2011; Johnson, Bellows, Beckstrom, & Anderson, 2007), increasing physical activity (McDermott, Davis, Bryant, Courtney, &

Alfonso, 2010; Wong, Greenwell, Gates, & Berkowitz, 2008), and modifying tobacco use behaviours (Zucker et al., 2000).

Although there has been documented evidence of the utility of social marketing in addressing chronic disease prevention, there continues to be a gap in the literature about how best to 'do' social marketing for chronic disease prevention. In 2001, Lefebvre and then again in 2013, Luca and Suggs called for the increased use and documentation of theory in the development and implementation of social marketing strategies (Lefebvre, 2001; Luca & Suggs, 2013). Others have suggested that the use of outcome measures and evidence of impact is limited in this field (Cairns & Rundle-Thiele, 2014; Stead et al., 2007; Truong, 2014). Thus the aim of this study was to increase understanding of how social marketing has been applied to chronic disease prevention over the last 20 years, and how this has been documented in the peer-reviewed literature.

4.1. Methods

4.1.1. Research Design

Scoping review methods (Arksey & O'Malley, 2005) were used to guide the research process including the development of research questions and searching strategies. The use of scoping reviews (or studies) has become increasingly popular in health research (Levac, Colquhoun, & O'Brien, 2010) because of their exploratory nature. Scoping studies have been defined as "…concerned with contextualizing knowledge in terms of identifying the current state of understanding; identifying the sorts of things we know and do not know; and then setting this within policy and practice contexts" (Anderson, Allen, Peckham, & Goodwin, 2008, p. 10). Researchers have conducted scoping studies to examine the extent, range, and nature of a research activity, disseminate research findings, or identify gaps in the literature. Though most scoping reviews are conducted within the realm of a specific framework (Arksey & O'Malley, 2005) the process is iterative and can be adjusted throughout the study.

79

Researchers often choose scoping reviews as a preliminary investigative step, one that may be conducted prior to embarking on a systematic review. Unlike systematic reviews, scoping reviews are not highly focused on the quality of data; rather, they emphasize expanding the breadth of information, not depth (Davis, Drey, & Gould, 2009; Levac et al., 2010). Scoping reviews can draw data from multiple sources including peer-reviewed articles, grey literature and web based resources. Information gathered can include qualitative and quantitative studies, and often seeks to gain insight concerning 'what' and 'why' questions (Arksey & O'Malley, 2005; Davis et al., 2009).

Originally developed by Arksey and O'Malley (2005), and adapted by Levac et al. (2010) the scoping review includes five stages: (1) identifying the research questions; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; and (5) collating, summarizing and reporting the results.

4.1.2. Identifying the Research Questions

Identifying the research questions is the first step of the scoping review. In their original framework, Arksey and O'Malley (2005) suggest that the research questions should be broad in nature to gather the breadth of information needed. They then state that decisions about how to narrow the scope of literature can be conducted once some sense of the volume and general scope of information has been discovered. In refining the original framework, Levac et al. (2010) argued that having broad research questions could lead to a lack of clarity and focus in subsequent stages of the research. Therefore, they suggested that the research questions be clearly articulated with considerations for the priority population, concepts, and health outcomes.

This scoping review was first developed with the broad research question: *How has social marketing contributed to chronic disease prevention and management in high-income countries?* An initial overview of the literature revealed that this question has been addressed by others (Gordon et al., 2006; Luca & Suggs, 2013), and therefore, the scoping review as well as the research questions supporting it, were adjusted in an effort to garner new insight into the use of social marketing for chronic disease prevention and then inform the social marketing literature more adequately.

This scoping review seeks to answer the question: *What existing constructs of social marketing are used to address chronic disease prevention in high-income countries?* This question is answered by the following, more specific research questions:

1. How has theory been used, and documented, in social marketing efforts aimed at chronic disease?
2. How do researchers employing social marketing approaches for their interventions and strategies measure success?
    a. How often is 'behaviour' reported as an outcome?
    b. How often is 'knowledge, attitude, or awareness' reported as an outcome?
    c. What proportion of studies report only the planning phase of research?
    d. How often do people report the use of all 4Ps of the marketing mix?
3. How has the product 'P' been used in chronic disease prevention?
    a. How often does the product include a tangible component?
    b. Do those studies that report using a tangible 'P' have more measurable outcomes, than those that do not?
4. When describing 'upstream social marketing' how do researchers describe the audience?

4.1.3.   Identifying Relevant Studies

Identifying relevant studies for the scoping review is the next step. In their original framework, Arksey and O'Malley (2005) describe this stage as:

> …identifying the relevant studies and developing a decision plan for where to search, which terms to use, which sources are to be searched, time span, and language. Comprehensiveness and breadth is important in the search. Sources include electronic databases, reference lists, hand searching of key journals, and organizations and conferences. Breadth is important; however, practicalities of the search are as well. Time, budget and personnel resources are potential limiting factors and decisions need to be made upfront about how these will impact the search (p. 23)

In their analysis of the original framework, Levac et al. (2010) point out that this stage of the review can be challenging; balancing breadth and comprehensiveness of resources is not easy. To overcome this challenge, they proposed two solutions. First, ensuring that the research is guided by the research questions becomes essential, and second, Levac suggests that a research team be assembled (Levac et al., 2010). This study was conducted as one component of a dissertation project, and therefore, a research team was not assembled. Although the doctoral committee provided input and guidance to the methods and approaches, one researcher conducted this scoping review. The lack of a research team has been identified as a limitation (Arksey & O'Malley, 2005).

In identifying relevant studies within a scoping review, it may be appropriate to limit the range of sources used to gather information (Armstrong, Hall, Doyle, & Waters, 2011). For this scoping review, scholarly literature was identified using academic online databases central to health sciences and social marketing. Databases included in this scoping review included Web of Science, Medline, and PyschInfo. In addition, journals that were primary outlets for social marketing research were selectively included to ensure that all of the relevant articles that were pulled from the aggregated databases were retrieved. Selected journals included Social Marketing Quarterly, Journal of Social Marketing, Health Marketing Quarterly, Health Promotion Practice, Journal of Health Communication, and International Review on Public and Non-Profit Marketing. Keywords were used to search all data sources and included: Social Marketing *and* physical activity *or* exercise *or* weight loss *or* motor activity *or* healthy eating *or* nutrition *or* food habits *or* smoking *or* tobacco *or* smoking cessation *or* smoking prevention and control.

4.1.4. Study Selection

Article selection took place at the beginning of the research project, and was continuously re-visited throughout the scoping review. Articles were chosen, rather than studies, because studies are often represented by a series of articles; by searching for articles, studies were represented by multiple manuscripts, if necessary. By allowing the process to be iterative, the literature was scanned and then search strategies were refined based on the findings. As encouraged by the scoping review framework, defining

the inclusion and exclusion criteria for this study was an iterative process. After conducting an initial scope of literature, the inclusion and exclusion criteria were defined as follows:

Inclusion Criteria:

- Peer reviewed articles written 1994 – 2014; 1994 was chosen as it represents the first year that Social Marketing Quarterly was published.
- Articles acknowledged or indicated that the study used social marketing.
- Articles that contained information on social marketing AND physical activity OR healthy eating OR tobacco use.
- Articles written in English.
- Articles conducted in Canada, the USA, the UK, and Australia.
- Articles must describe at least one of the following social marketing. benchmarks: behaviour change, market research, audience segmentation, exchange theory, competition, or the marketing mix.

Exclusion Criteria:

- If social marketing is only included as 'next step' or 'recommendation for future practice.'
- Reviews of social marketing.
- Commentaries or theoretical papers.

Figure 4.1. Scoping Review: Study Selection Process

```
┌──────────────────────────┐
│ Number of articles in    │
│ database searches        │
│ (n = >2000)              │
└──────────────────────────┘
          │
          ↓ ────────────────→  ┌──────────────────────────────┐
                               │ Duplicates removed; studies  │
┌──────────────────────────┐   │ included based on broad      │
│ Studies (n = 147)        │   │ relevance to the topic area  │
│ identified as relevant to│   └──────────────────────────────┘
│ the topic                │
└──────────────────────────┘
          │
          ↓
┌──────────────────────────┐
│ Abstracts reviewed       │
│ (n = 93)                 │
└──────────────────────────┘
          │
          ↓ ────────────────→  ┌──────────────────────────────┐
                               │ Studies excluded (n = 36)    │
┌──────────────────────────┐   │ based on not meeting         │
│ Studies in review        │   │ inclusion criteria           │
│ (n = 57)                 │   └──────────────────────────────┘
└──────────────────────────┘
```
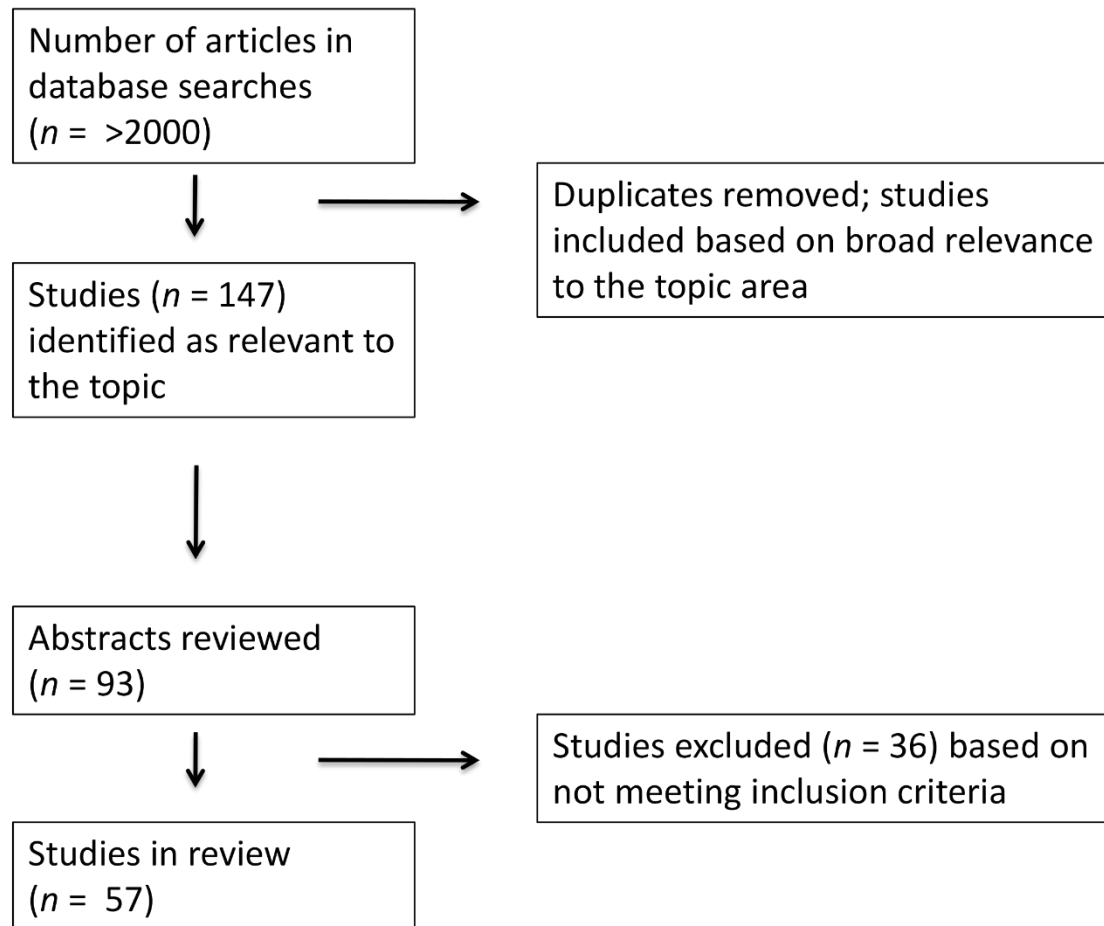
4.1.5. Charting the Data

In a scoping review, charting refers to the process of synthesizing and interpreting the data. Specific information was recorded, and then commonalities, themes, and gaps in the literature were identified. Charting was conducted in two stages. First, articles were reviewed for information about author name, year, risk factor (e.g., physical inactivity, poor nutrition, tobacco use), and which benchmark(s) were recorded.

Second, using the research questions to guide the process, the following elements were also documented: (1) What type of study was it? (2) Was a theory used? (3) How is the evidence reported? (4) How was the product 'P' described? and (5) Is the study addressing 'upstream' social marketing?

4.1.6.   Collating, Summarizing and Reporting the Results

A full text review was completed for all 57 articles selected in the final sample. Data were summarized and collated to bring meaning to them and highlight information and gaps that correspond to the research questions. What follows are the results from the scoping review discussed in conjunction with the research questions.

4.2. Results

4.2.1.   Study Publication Year and Region

Detailed information about all of the studies included in the review are displayed in Table 4.1. Research studies spanned from 1999 to 2014, with 64% being published between 2008 and 2014. Studies reported the use of quantitative methods ($n = 14$), mixed methods ($n = 15$), and qualitative methods ($n = 28$). Studies were predominantly from the United States ($n = 41$), followed by the United Kingdom ($n = 9$), Canada ($n = 4$), and Australia ($n = 3$).

Table 4.1.   Comprehensive list of articles included in the scoping review

Primary Author	Year	Target Audience	Target Behaviour	Outcome Measure	Used Marketing Mix	Used 'Promotion' P Only	Marketing Mix for Planning Purposes Only	Theories Used	Study Type	Country
Donovan	1999	Smokers Aged 25-44	Smoking					Stages of Change	Quantiative	USA
Walter	2002	Adolescents	Nutrition/Physical Activity		✓				Qualitative	USA
MacAskill	2002	Low income smokers	Smoking						Qualitative	UK
Courtney	2004	Tweens	Physical Activity						Qualitative	USA
Fitzgerald	2004	Communities and families	Nutrition						Qualitative	USA
Wong	2004	Tweens	Physical Activity		✓				Qualitative	USA
Young	2004	Preschoolers	Nutrition						Mixed Methods	USA
Tucker	2005	University Students	Physical Activity		✓				Qualitative	USA
McDermott	2005	School Board Members	Nutrition		✓				Mixed Methods	USA
Peterson	2005	Residents of Delaware, aged 18-33	Physical Activity			✓		Theory of Reasoned Action/Theory of Planned Behaviour	Qualitative	USA
Bellows	2006	Parents	Nutrition					Social Learning Theory	Qualitative	USA
Donovan	2006	Adolescents	Smoking			✓			Qualitative	Australia
Burroughs	2006	Adults	Physical Activity				✓		Qualitative	USA
Shive	2006	College students	Nutrition	FV Consumption					Quantiative	USA
Evans	2007	Youth	Nutrition/Physical Activity						Qualitative	USA
Van Duyn	2007	Individuals with low income	Physical Activity						Qualitative	USA
Singh	2007	Canadian Adults	Physical Activity					Stages of Change	Quantiative	Canada
Richert	2007	Lay Health Educators/Indivdiuals with Type 2 diabetes	Physical Activity	Registration for PA program	✓			Stages of Change	Mixed Methods	USA
Johnson	2007	Preschoolers/Teachers	Nutrition	FV Consumption					Mixed Methods	USA
De Gruchy	2008	Low income smokers	Smoking	Clinic Attendance		✓		Stages of Change/Theories of Change/Evaluation Model	Qualitative	UK
O'Brien	2008	Older men	Health Checks	Health Checks	✓				Qualitative	USA
Maddock	2008	Adults, aged 35-55	Nutrition/Physical Activity					Stages of Change, TPB, Ecological Model	Qualitative	USA
Huhman	2008	Preschoolers	Nutrition/Physical Activity		✓		✓		Qualitative	USA

Primary Author	Year	Target Audience	Target Behaviour	Outcome Measure	Used Marketing Mix	Used 'Promotion' P Only	Marketing Mix for Planning Purposes Only	Theories Used	Study Type	Country
Bellows	2009	Children, aged 3-5	Physical Activity		✓				Qualitative	USA
Rivera	2009	Hispanic Adults	Nutrition	FV Consumption and Drinking Soda	✓				Mixed Methods	USA
Staley	2009	Firefighters	Physical Activity	Blood Pressure, BMI, Body Fat, Flexibility	✓			Social Ecological Model	Quantiative	USA
McCausland	2009	Adults	Smoking			✓		Health Belief Model, TRA, Stages of Change	Qualitative	USA
Bryant	2009	Youth	Physical Activity	Physical Activity Rates	✓			Community Based Prevention Marketing	Mixed Methods	USA
Schmidt	2009	Youth	Smoking			✓			Mixed Methods	Canada
Francis	2009	Older women	Nutrition	Dietary Habits					Quantiative	USA
DeBar	2009	Youth	Nutrition/Physical Activity			✓			Mixed Methods	USA
Lowry	2009	Mothers	Smoking/Breastfeeding	Increased breastfeeding, decreased smoking	✓				Mixed Methods	UK
Huberty	2009	Residents of Omaha that are currently inactive	Physical Activity	Use Active Transportation					Mixed Methods	USA
Majid	2010	Aboriginal Canadians	Nutrition		✓				Qualitative	Canada
Bush	2010	Adolescents	Physical Activity	Increased PA	✓				Mixed Methods	Canada
Dharod	2011	Low income mothers	Physical Activity					Ecological Model, Stages of Change	Qualitative	USA
Buchtal	2011	Residents of Hawaii	PA/Nutrition			✓			Qualitative	USA
Parker	2011	Native American Women	Nutrition				✓		Qualitative	USA
Pettigrew	2011	Parents	Nutrition	Dietary Habits	✓				Quantiative	Australia
Stead	2012	Community	Nutrition/Physical Activity						Mixed Methods	UK
Abercrombie	2012	Partnership Organizations	Nutrition/Physical Activity		✓			Social Ecological Model	Qualitative	USA
Woodhouse	2012	Low income parents/children	Nutrition	FV Consumption					Quantiative	UK
Withall	2012	Individuals with low income	Physical Activity	Recruitment/Adherence and Attendance	✓				Quantiative	UK
Glasson	2012	Parents	Nutrition	FV Consumption				Social Cog. Theory, DOI, Stages of Change	Quantiative	Australia
Keller	2012	Mothers	Physical Activity		✓			Social Support	Mixed Methods	USA

Primary Author	Year	Target Audience	Target Behaviour	Outcome Measure	Used Marketing Mix	Used 'Promotion' P Only	Marketing Mix for Planning Purposes Only	Theories Used	Study Type	Country
Crocker	2012	Parents	Nutrition/Physical Activity	Dietary habits, and PA					Quantiative	UK
Coulon	2012	Underserved African Americans	Physical Activity					Ecological Framework	Mixed Methods	USA
Friedman	2012	African American Men	Physical Activity						Quantiative	USA
Dahl	2013	Elderly	Physical Activity		✓			Stage of Change/Transtheoretical Model	Qualitative	UK
Parvanta	2013	Low income smokers	Smoking			✓			Qualitative	USA
Lee	2013	Youth	Smoking					Crowd Identity	Qualitative	USA
Rudd	2013	Young Black Women	Physical Activity			✓		Ecological Model, DOI	Qualitative	USA
Wilson	2013	Low income adults	Physical Activity				✓		Qualitative	USA
Kennedy	2013	African American Women	Smoking	Call in to Quitline					Quantiative	USA
Paek	2014	Grocery Stores	Nutriton		✓			Social Ecological Model	Quantiative	USA
DiGuiseppi	2014	Older Adults	Physical Activity	Attendance at balance classes	✓				Quantiative	USA
McNeill	2014	PolicyMaker	Smoking						Mixed Methods	UK

4.2.2. Application of Benchmarks

Of the six benchmarks outlined by Andreasen (2002) the most commonly cited benchmark was formative (market) research ($n = 53$), followed by the use of at least one P, in the marketing mix (i.e., either or all of product, place, price and promotion) ($n = 32$), behaviour change ($n = 19$), and segmentation ($n = 18$). Few articles cited the use of exchange ($n = 5$) or competition ($n = 5$).

4.2.3. Research Question 1: Use of Theory

Not all articles in the review provided information on the theoretical approach used to guide the interventions. Of the 57 articles included in the review, only one third (19) mentioned the use of theory. The most commonly cited theoretical approaches included the Transtheoretical model/Stages of change ($n = 9$), the Social Ecological model ($n = 7$), and Theory of Planned Behaviour/Theory of Reasoned Action ($n = 3$). In addition, theories such as Diffusion of Innovations ($n = 2$), and the Health Belief Model ($n = 1$) were documented. In many cases ($n = 7$), more than one theory was used to guide the research, for instance Glasson et al. (2013) documented using Stages of Change, Diffusion of Innovations and the Social Learning theory in their attempt to increase fruit and vegetable consumption among children.

In addition to the theories used, several models were mentioned in studies, including Precede-Proceed ($n = 1$), McGuire's Hierarchy of Effects ($n = 1$), and Community Based Social Marketing ($n = 1$). Few articles that used theory included detailed explanation of how or why it was used. Most often, the information was stated, and then the authors moved on to explain the next section of their social marketing strategy. For example, Maddock, Silbanuz, and Reger-Nash (2008) described the use of the theoretical foundation for their study, and after describing the theory of planned behaviour, stated: "Since our goal in developing the campaign was to affect intentions to be physically active at least 30 minutes a day and to eat five or more servings of fruits and vegetables, the campaign needed to address the core beliefs of attitudes, perceived

behavioral control, and subjective norms that differed between those who were engaging in the behavior and those who were not" (p. 210).

4.2.4. Research Question 2: Evidence

Clarifying the mechanisms for reporting impacts and outcomes of social marketing interventions was necessary to improve understanding of the strengths and weaknesses of this approach. Results of this review indicate that one third (19) of 57 articles reported behavioural outcomes.

Many of the studies (n = 22) provided in the review describe/utilize a formative (or market) research process only. For instance, Dahl, Eagle, and Ebrahimjee (2013) described the process of developing a marketing mix for increasing physical activity in an elderly population, whereas Bellows, Anderson, Gould, and Auld (2008) described the process by which they developed an obesity prevention strategy for preschoolers. In both cases, researchers conducted focus groups to gather insights from the priority audience and build an appropriate marketing mix that could be applied in an intervention. These and other articles included in the scoping review provided detail on how they developed the marketing mix, but did not include information on the implementation and evaluation of the intervention.

Finally, understanding how researchers employed the marketing mix (4Ps) was important for this scoping review. Of the 57 articles in the final review, 21 mentioned using all 4Ps, whereas 9 mentioned using only the promotion P. In addition, four studies described the use of the Ps as part of their planning process, but had not implemented the marketing mix in the social marketing strategy. In the case where the Ps were used for planning only, it may be that the authors used social marketing to guide and organize their research, or that in the future, they would use the marketing mix outlined to implement an intervention or social marketing strategy. When studies used the promotion 'P' only, it was described in detail without mention of the other Ps.

4.2.5.　　Research Question 3: Product 'P'

In social marketing, the product 'P' is defined as a 'set of benefits associated with the desired behaviour or service usage' (Grier & Bryant, 2005, p. 323). Unlike traditional marketing, where the product is associated with a tangible good (e.g., a coffee, running shoes, or a car), the product in social marketing is often describing a behaviour (e.g., voting, wearing sunscreen, or drinking water instead of sugar sweetened beverages). Based on the literature it could be expected that this review would uncover examples of researchers using a 'tangible' product to meet their behaviour change goals. In fact, very few studies (n = 6) discussed the use of a tangible product 'P'. Although augmented products were often used as part of the product platform, studies did not focus attention on a tangible product. Some of the tangible products described included the VERB Summer Scorecard (Bryant et al., 2010; Wong et al., 2004), the use of a Quit-Line (Kennedy et al., 2013) or physical activity classes (DiGuiseppi et al., 2014; Withall, Jago, & Fox, 2011; Withall, Jago, & Fox, 2012).

4.2.6.　　Research Question 4: Upstream

Few (n = 6) of the articles retrieved for this review provide examples of 'upstream' social marketing. Table 4.3 documents the priority audiences for each of the studies retrieved. Two of the six studies highlighted using social marketing to build partnerships and increase capacity among communities (Abercrombie, Sawatzki, & Doner Lotenberg, 2012; Stead, Arnott, & Dempsey, 2012). Two of the six studies analyzed existing programs or partnerships and evaluated their effectiveness, the first, examining a food program (Majid & Grier, 2010) and the latter exploring partnerships to tackle illicit tobacco use (McNeill et al., 2014). Finally, McDermott and Paek used upstream social marketing to influence school board members, and shopkeepers, respectively, to adopt healthy food policies within their schools and stores (McDermott, Berends, McCormack Brown, Black, & Pitt Barnes, 2005; Paek et al., 2014).

Table 4.2. Articles demonstrating upstream social marketing, including target audience

First Author	Publication Year	Target Audience
McDermott	2005	School Board Members
Majid	2010	Northern Communities
Stead	2012	Community Members
Abercrombie	2012	Community Partners
Paek	2014	Grocery Store Shopkeepers
McNeill	2014	Policymakers

4.3. Discussion

The purpose of this review was to discover which existing constructs of social marketing were used to foster chronic disease prevention in English-speaking high-income countries and then, as a result, identify what gaps and limitations these approaches currently highlight in the literature. Previous reviews have addressed the use of theory and models in social marketing (Luca & Suggs, 2013), aimed to understand the effectiveness of social marketing in improving diet, physical activity rates and substance misuse (Gordon et al., 2006), and documented social marketing research through the years (Truong, 2014). This review builds on, and adds to the existing literature, by exploring studies that have used at least one social marketing benchmark, to address three risk factors associated with chronic disease; physical inactivity, unhealthy eating, and smoking.

The use and documentation of theory and models in social marketing have been discussed in previous literature. Although deemed as valuable for helping to identify the problem, guide research, and assist with outcome measures, there still remains a dearth of theoretical application in social marketing (Lefebvre, 2013). Prior research has identified that many social marketing studies were not theoretically informed, or if they were, lacked depth and detail in the reporting of their use in the development, implementation, and evaluation of the strategies (Truong, 2014). This review confirms a lack of diversity of theories, particularly within chronic disease prevention, and highlights a gap that could be addressed in future social marketing efforts. In fact, as this review

documents, the social marketing literature still draws predominantly from the traditional behavioural change theories. In addition to the lack of diversity, these theories are primarily individual-level behaviour change theories. As social marketing strives to address social determinants and adopt upstream approaches (Andreasen, 2006), the theoretical playing field may need to be broadened in application. For instance, rather than choosing one theory, future social marketing efforts may wish to adopt constructs from multiple theories, where each construct would be relevant to the problem and context of the issue (Lefebvre, 2011).

A challenge associated with social marketing is the lack of evidence and thus limited ability to highlight the impact that social marketing has had on social change. Although the evidence is growing (Stead et al., 2007), there are limited reports in the literature. This study aimed to uncover both how behaviour change was reported in the literature and how often. As the results illustrated, behaviour was reported as an outcome measure less than half the time. In chronic disease prevention, this may be a result of a multitude of factors, including the contextual realities of conducting health promotion work, confounding factors, lack of resources, including both internal resources, and external support of the issue, and the realities of how much time it takes to realize change. Although faced with these challenges, Lefebvre (2012) suggested that social marketing must strive to find ways to achieve behaviour as the bottom line. It is commonly accepted by the field that marketers are not satisfied with making consumers aware of their products; rather, they are satisfied when people purchase their products. Similarly, health promoters are likely not satisfied with individuals merely thinking about changing behaviour or being aware that they need to change. Smith and Strand (2008) argued that behaviour change must be made 'easy, fun and popular'; these terms mirror the theoretical constructs of self-efficacy, perceived advantages, and social norms. Future research should continue to investigate how to shift behaviours at both the individual and contextual level. The process of developing new indicators of change and other proximal measures of success may alleviate some of the financial/resource burden of demonstrating individual behaviour change, while still preserving the integrity of social marketing evaluation.

Conversely, the systematic nature of social marketing has been described as one of its greatest strengths (Lee & Kotler, 2011), enabling researchers to follow a sequence of steps, with clear directions along the way as to what to do and how to do it. Unfortunately, this same systematization has been criticized for its complexity (Robinson-Maynard et al., 2013). Critics have suggested that the lack of consistency among approaches, and the number of steps and procedures, make it difficult to know what is fundamental to social marketing and what makes it distinctive from other health promotion counterparts.

To understand how social marketing can be both simplified and streamlined, results of this scoping review highlight the most commonly used and cited benchmarks adopted and implemented in the literature. Results show that formative (market) research, the use of segmentation to develop a priority audience, and the use of the 4Ps, or a multi-pronged approach, are the benchmarks that set social marketing apart. These benchmarks address many of the distinguishing features of social marketing (Lee & Kotler, 2011). To simplify social marketing's application and more widespread adoption, these benchmarks may need to become the pillars that receive the greatest emphasis. Understanding and implementing three key features (market research, segmentation, and a multi-pronged approach) may be the answer to ensuring that practitioners address chronic disease prevention through the eyes of a marketer.

According to some, the use of the marketing mix (the 4Ps of marketing) is imperative in social marketing (Grier & Bryant, 2005; Lee & Kotler, 2011). Conversely, others have argued that the 4Ps are dated and confusing (Rundle-Thiele et al., 2013). In addition to interventions that report the use of at least one of the Ps in the marketing mix, a systematic review of literature uncovered interventions that adopted all four basics of the marketing mix, typically considered the 'the full marketing mix' (i.e., product, place, price and promotion strategies) (Luca & Suggs, 2010). In that systematic review, authors reported only 5 of the 17 interventions used a complete marketing mix; however, all of the articles included the product 'P'. The authors of that review called for future social marketing interventions to include a full product platform (core, actual, augmented), and develop a strong positioning statement (Luca & Suggs, 2010). Results of the present scoping review supported the call for social marketers to adopt a full marketing mix as it

94

was discovered that only a third of the articles were using a full marketing mix to develop and implement their strategies, and few identified the use of a complete product platform.

In addition to understanding how the marketing mix was reported, this scoping review aimed to learn more about the use of the product 'P'. A challenge to social marketing is that due to the nature of behaviour change, the product is often less tangible (e.g., physical activity, wearing a seatbelt, eating fruit and vegetables, breastfeeding) than its commercial marketing counterparts (e.g., Coca Cola, Honda, or Air Canada, for example). This scoping review aimed to uncover examples of researchers that had employed a strong product that included a tangible component; however, few were documented. It may be that in order to highlight social marketing as a successful approach to social change, researcher and interventionists should place more focus on ensuring that there is a tangible product, one that can be evaluated and reported on. In doing so, the visibility of the social change will be increased, and both the audience and those that are supporting the initiative, will be able to see concrete change. Of course, as with many efforts to reduce chronic disease, it is difficult to demonstrate the change in heart disease, or cancer, or obesity rates, because of the length of time it takes for these changes to occur, and the inability to track and measure over time (Cohen, Scribner, & Farley, 2000). However, by emphasising the augmented or tangible products, and evaluating efforts as such, the intermediary outcomes will become more visible, and therefore more likely to influence a greater number of individuals and communities.

This scoping review failed to identify a shift toward upstream social marketing. The articles included in this review (Table 4.3) adopted a traditional social marketing approach (e.g., using the benchmarks as outlined by Andreasen). There are several possible explanations for the dearth of articles that applied upstream social marketing techniques. First, it may be that researchers employing an upstream approach are discussing social marketing in an entirely different language, such as Lefebvre suggests, and rather than simply using constructs of social marketing to reach an 'upstream' audience, are shifting their focus to changing environments, and shifting markets (Lefebvre, 2013). Further, upstream social marketing is often referred to as macro-social

marketing (Kennedy & Parsons, 2012) and the lack of focus on this term may have excluded some articles from being discovered. In addition, it may be that this scoping review failed to uncover articles that had applied upstream social marketing simply because of the nature of the searching process, that is, by looking at individual risk factors (e.g., physical activity, nutrition and smoking), the search may have neglected to uncover those articles that focused on determinants of health and contextual factors. In fact, an article written by Scott and Wharf Higgins (2011) that examined the use of upstream social marketing in municipal recreation centres to increase physical activity among low income individuals was not uncovered through this search, and therefore supports that the search strategy was ineffective in this regard. Future research may negotiate this flaw by conducting a similar search that includes more diverse inclusion criteria, both in using additional databases and the approach to scoping. For instance, the Journal of Macromarketing may have uncovered articles where complex problems (e.g., obesity, climate change) are being addressed with social marketing. Finally, this scoping review used a deductive approach in that I went into the literature looking for articles that had specifically adopted social marketing benchmarks, and addressed an individual risk factor. Future research may wish to start with a wicked problem, such as obesity, and comb the literature for those publications that represent 'underground social marketing' (i.e. those interventions that apply constructs of social marketing but do not necessarily label it as such).

Issues of knowledge dissemination and sharing were raised by findings of this scoping review. The scoping review examined peer reviewed literature that is accessible primarily to those working in the academic realm. In some cases, this literature may also be available to practitioners and others who are working within public health; however, it is unclear how much information practitioners are willing and able to access. In addition to the potential lack of uptake of research results by practitioners, results of this study underscore a potential limitation within the field of social marketing, that is, that although there are individuals conducting social marketing, and publishing the results, there may also be many who are practicing social marketing without publishing outcomes that a scholarly search would reveal. It may be that the majority of practitioners working in the field, who use constructs of social marketing, do not place value on publication, and therefore, their stories are left untold. In order for social marketing to continue to expand

its reach, and adoption, more research should be conducted to explore how both academicians and practitioners are documenting and disseminating their successes and challenges. Rather than focus primarily on peer reviewed journals as a dissemination tool, it may be that services and strategies such as building platforms for collaboration through online networks, working groups, and conferences will assist in allowing practitioners to share their work in a way that is both meaningful to them, and provides exposure to the academic world.

4.4. Limitations

There are several limitations associated with this review. First, scoping reviews are typically done by a team of individuals (Arksey & O'Malley, 2005). A single individual conducted this review as one component of her doctoral work; therefore, studies were included or excluded based on a single opinion. To narrow the scope of literature, only select databases were chosen; other studies may have surfaced through additional databases and searches of grey literature. Further, the search terms used were behavioural risk factors that contribute to the onset of chronic disease, and may not have reached all the articles relevant to this topic area. Finally, although the report of behavioural outcomes was discussed, results did not look at the effectiveness of each study, therefore, conclusions about behaviour as an outcome cannot be drawn.

4.5. Conclusion

This scoping review contributes to the existing literature describing how social marketing has been employed for the prevention of chronic disease. Although social marketing provides examples of success in changing behaviour, many challenges remain, as well as gaps in research, strategy development, implementation, and evaluation. Results of this review highlight areas that social marketers may wish to explore further and consider as they develop, implement and disseminate research. These include: the use of theory to guide and frame the strategy, using tangible products to enhance the feasibility of tracking and measurement, employing the marketing mix,

and when possible, focusing on an expanded array of changes including but not limited to behaviour change as outcome measures.

Chapter 5.

It's an art and a science: understanding social marketing from the inside out

This study addresses perceptions of persons who adopt and apply social marketing in seeking to bring about social change; I refer to them here as practitioner end users. They are the consumers of social marketing. They are not the target audience for health behaviour or policy change, although they can be considered the priority audience of expert researchers who wish to foster adoption of social marketing beyond academia. They employ the social marketing approach and principles to accomplish the objectives of their project, organization, or policy advocacy initiative. These users are distinct from academic experts because of their position within the field of social marketing. Unlike academic experts who may spend time advocating, teaching and theorizing about social marketing, practitioner end users focus on applying the tenets of social marketing in efforts to achieve their organizational goals. Practitioners as social marketing consumers thus merit attention apart from the experts.

A fundamental construct of social marketing is understanding the consumer (Grier & Bryant, 2005; Lefebvre, 2013). Social marketing focuses on the desires and values of the consumer, as Lee et al.'s definition of the field indicates:

> a process that uses marketing principles and techniques to influence target audience behaviors that will benefit society as well as the individual. This strategically oriented discipline relies on creating, communicating, delivering, and exchanging offerings that have positive value for individuals, clients, partners and society at large (Lee, Rothschild, & Smith in Lee & Kotler, 2016, p. 9)

In order to accomplish change, the core principle or heart of social marketing, as Smith (2006) suggested, involves understanding the consumer and conducting market research.

Social marketers are tasked with persuading their consumers to change behaviour, oftentimes to one that they view as potentially less desirable than the one they are giving up (e.g., waking up early to be physically active, rather than staying in bed to sleep). The task of social marketers is to increase the benefits of the desired behaviour so that it is deemed more important than alternative possibilities. To do this, social marketers must "get the consumer to the point where the desired behaviour is considered meaningful, important and convenient" (Smith & Schneider, 2009, p. 129). In order to persuade potential practitioner end users in organizations to use social marketing, social marketing experts need to understand very well what appeals to and speaks to those end users.

Conducting a consumer analysis is one of the first steps to developing a social marketing strategy, and is designated as one of the 'must have' components of any social marketing endeavour (Lee & Kotler, 2011). The process of market research is designed to garner consumer-focused insights that inform the roadmap for strategy development and delivery. A comprehensive consumer analysis is the cornerstone of any successful social marketing strategy. As social marketing expert Dr. Carol Bryant stated in Kotler and Lee (2011):

> Social marketing demands a passionate commitment to understanding consumers. Although existing data are used whenever possible, original research is usually needed to fully understand how people view the benefits, costs, and other factors that influence their ability to adopt new behaviors…Without these unique insights, it is impossible to develop an effective, integrated marketing plan (Lee & Kotler, 2011, p. 81).

Attention to practitioner end users of social marketing holds promise for addressing challenges that the field is facing. Although the field of social marketing is growing, its potential has not yet been realized (Dibb & Carrigan, 2013). Scholars of social marketing, although dealing with their own challenges related to social marketing

100

research, have discussed why practitioners and policymakers may not adopt social marketing at higher rates. Whereas some argue that there are low levels of awareness and understanding of social marketing at senior management levels (Andreasen, 2002), others suggest that despite increased recognition of the approach, public health professionals are not able to apply social marketing due to resistance from public health agencies and the community, for reasons such as the time and resources needed to conduct social marketing (Andreasen, 2006; Marshall et al., 2006). Challenges raised by policymakers and legislators surrounding the time for and mistrust about the formative research process that must be conducted are also reported in the literature (Dibb et al., 2013). Finally, social marketing has often been viewed as a 'add on' or program strategy, rather than being embedded into the strategic structure of an organization (French, 2013).

Negotiating these challenges and 'marketing' social marketing has been a topic of discussion for many years (Marshall et al., 2006). Both academia-based and practice-based social marketers continue to discuss and debate the merits of its use. To continue to grow the field of social marketing, further understanding of practitioner end users' perspectives is needed to improve leadership, training, and resources that will increase social marketing's utility across all sectors. Understanding the social marketing practitioner end user as social marketing's consumer -- the persons who will adopt and apply social marketing -- is imperative to the future marketing efforts of those who support and advocate for the field.

5.1. Purpose

The purpose of this study was to explore the perceptions of practitioner end users of social marketing through the application of a consumer analysis. Opinions including challenges to, and benefits of using social marketing were elicited from practitioner end users in Canada who currently use social marketing as a tool for chronic disease prevention. The study concludes with recommendations for how social marketing could be positioned to serve the field better.

5.1.1. Research Questions:

1. In Canada, how do practitioner end users understand social marketing?

2. In the view of practitioner end users who apply social marketing principles, what are the existing advantages and disadvantages of this approach?

3. Using the perspectives of practitioner end users, what insight can be used to position and advocate for the use of social marketing in practice settings?

5.2. Methods

5.2.1. Research Design

This qualitative inquiry adopted an exploratory research design. Exploratory research seeks to identify and understand "the most basic criteria of the research topic" (Sarantakos, 2005, p. 11), meaning that it is often the first step in exploring a topic that has not yet been clearly defined. An exploratory research design is appropriate for this study as the purpose was to better understand how practitioner end users apply social marketing within their organizations. Results of this study should be useful to future research that will broaden the scope of understanding on how social marketing is adopted within practice settings.

5.2.2. Sample Selection

As is typical within qualitative research, purposive sampling was conducted to recruit participants of this study. The sampling strategy was employed to ensure that sufficient data was collected to inform the research questions. To do this, a combination of homogeneous and criterion sampling strategies were used. Homogeneous sampling was used to reduce the sample pool to a scope that was feasible for the purpose of this research, and criterion sampling was used, because in order to make this reduction, the criteria for sampling were specific (Creswell, 1998). Participants were identified because

they all met the requirements of being a Canada-based practitioner end user who used social marketing for the purpose of chronic disease prevention, and worked for a government department, not-for-profit or private organization. Individuals working in academic settings were excluded from this study. Practitioner end users were selected if they had been identified by health promotion stakeholders or self-identified as someone who had experience using social marketing and was currently in a decision-making role in the organization for which they worked.

Sample selection followed a snowball or chain sampling approach (Sarantakos, 2005). Participants were approached in one of two ways. First, I approached potential participants at the 23rd Annual Social Marketing Conference in Clearwater, Florida in June 2014. There, I was able to reach out to at least one participant who provided me with further contacts. Second, using pre-existing contacts with health promotion and chronic disease prevention experts and professional networks I emailed potential participants to invite them to join my study. After a person agreed to participate, we set a mutually acceptable interview time. At the end of each interview, participants identified other individuals they felt might be important contacts. Names and information provided by the participants were then used to recruit additional participants. Sampling was discontinued when the majority of individuals suggested by participants had been interviewed or contacted; of those contacted, two did not respond to a request for an interview.

The are no set rules for sampling size within qualitative research; instead the sampling size should be determined based upon the research questions, and the population for which the sample is being drawn (Creswell, 1998). Research participants in this study were 10 practitioner end users working in chronic disease prevention across Canada. Included in the sample were nine women and one man. Each participant played a significant role in the organization for which they worked, and was in a position to make decisions about how initiatives and strategies were developed and implemented. Participants represented private, public, and not-for-profit organizations.

5.2.3.   Interviews

For the purpose of this qualitative, exploratory study, I conducted semi-structured interviews. Interviewing has been described as one of the "the most common and powerful ways in which we try to understand our fellow human beings" (Fontana & Frey, 2000, p. 645). Semi-structured interviews allowed the interview to be guided by the same series of questions, while still permitting the conversation to deviate from the script and explore areas of interest that may not have been anticipated (Creswell, 2003).

To gain trust and establish rapport with the participants, I first ensured that I was thorough in my explanation of what would be expected of them during the interview process, and how the data would be used. I confirmed that all data would be aggregated and no self-identifiers of either the interviewees or their respective organizations would be used. To gain further support, I let them know that I was aware of their role in the organization for which they worked, and that they had been involved with social marketing.

Key informant interviews of practitioner end users took place between August 2014 and November 2014. Interviews were audiotaped and conducted entirely by the primary researcher. The interviews were recorded to enable listening and consideration of probes or additional questions that could be employed, as well as verbatim transcription of the exact words spoken by participants, thereby ensuring minimal interpretative loss during the interval between the interview and data analysis (Patton, 2002).

To promote the highest quality of data and a successful interview, I first created an interview guide (see Figure 5.1) to be sure that I followed the same basic lines of inquiry with each participant. An interview guide provides a framework for which the researcher can lay out essential questions, develop probes for details, and make decisions about which information to pursue in greater depth (Patton, 2002).

Second, to guarantee that the interview guide was clear, comprehensive, and drew on the lines of inquiry being sought, I received input from my doctoral dissertation committee as well as several members of the international social marketing community.

The interview script was reviewed and tested with a social marketing expert and my supervisor. Interviews were conducted by phone, after scheduling them at a time that was convenient for the participant. Participants were made aware that the interview would take no more than 45 minutes of their time. Prior to the interview, participants received an email reminder of the interview date and time and a copy of the interview guide for their review beforehand. In addition, attached to the email was a copy of the consent form for them to sign and return.

Third, at the beginning of the interview, participants were debriefed about the overall purpose of the research and the place of the practitioner end users' interviews within it. Participants were given the opportunity to ask questions or provide any pertinent input about the interview script. Verbal consent was received to conduct the interview and use an audiotape recorder. Using the interview guide, participants were introduced to the questions. Where appropriate, follow-up to an interesting comment or probes were used to gather further detail.

Figure 5.1.   Interview Script

- Can you describe your current role in social marketing or public health?
- What is your professional background?[i.e. do you come from marketing/public health/other?]
- When you describe social marketing to people that don't know what social marketing is, how do you describe it?

As you may know, social marketing has been used for health promotion and disease prevention in the past; I'd like to know how you have used social marketing:

- Can you explain how you have used social marketing in the past?
  - o Why did you choose to use social marketing?
  - o What did you want to achieve?
    - ▪ Did it work?
      - Did you evaluate it?
      - How did you measure success?
  - o Do you use the 4Ps? If so, how?
  - o What is your process for strategy development?

I'd like to know about your perspectives of using social marketing, can you tell me…
- What was good about it, and what wasn't?
  - o What can we do differently?
- What made using social marketing easy?
  - o What could we do to make using social marketing easier?
- What made using social marketing hard?
- Who (individuals or groups) do you think would approve if you use social marketing in your work?
- Who (individuals or groups) do you think would disapprove if you use social marketing in your work?

I know that there are lots of alternative ways to achieve social change, and conduct health promotion efforts:
- Can you tell me about other approaches that you use or have used?
  - ▪ Why do you choose these approaches over social marketing?
  - ▪ To you, what are the main differences between using social marketing to other approaches?

Often, health promotion efforts are conducted with support and help from various partnerships:
- Can you tell me about how you have worked with partners within your social marketing efforts?
  - ▪ How has that impacted the work?

Funding and sustainability can be challenging when conducting health promotion efforts:
- Can you tell me about how you fund your efforts?
  - o What happens when the funding runs out?
- How long does it take you (typically) to achieve your goals?

Finally, as you know, it is important that we share our successful efforts with others:
- Can you tell me how you share your findings and/or stories with others?
- Who will you share your findings with?

- As someone who has worked with social marketing, what would be your greatest wish for the field of social marketing?
  - o What do you think will actually happen?

- Is there anything else you want to tell me about how you have used social marketing, or how you plan to use it, that we haven't already talked about?

5.2.4. Ethical Concerns

The study was approved through the Simon Fraser University Human Ethics Research Board [2013s0677]. The study was deemed low risk and did not pose any harm to the participants; therefore, no extraordinary measures were needed to ensure the participants' wellbeing.

5.2.5. Data Analysis

To ensure that the data analysis was conducted comprehensively, I took several steps. As soon as data collection began, the process of analysis started. Though done informally after each interview, I was reflective of what I had just heard, and took notes about what I thought was interesting, relevant or unexpected. After each interview, I reviewed the interview guide to ensure that I was still satisfied with the interview script. Further, when possible, I discussed the interview with my supervising professor to share any information that I felt would improve the data collection process.

In addition to the informal analysis of data, each interview was audiotaped and then transcribed verbatim immediately following its completion. By transcribing and reviewing the interview notes immediately, changes could be made when necessary to the interview guide, and areas that were not sufficiently covered could be improved for subsequent interviews. Upon completion of all interviews, data were uploaded into NVIVO 10 for MAC Software for qualitative research. The software allowed the data to be organized and managed easily throughout the analysis. With NVIVO, 'parent' nodes capture large abstractions of the data within which 'child' nodes reflect more specific sub-categories of data.

Data analysis for this study was guided by a constant comparative analysis approach. Originally developed for use in the grounded theory method by Glaser and Strauss, this strategy involves taking one piece of data (in this case an interview or topic in an interview), and comparing it to others, to find the similarities and differences, and then develop a conceptualisation of the data (Thorne, 2000). The initial phase of data analysis was guided by both deductive and inductive reasoning. At the outset, deductive

reasoning was applied as the interview script itself embedded several theoretical constructs within the questioning (e.g., social norms, self efficacy and perceived advantage).

Once data was collected, the analysis occurred in two parts. First, descriptive categories were created from the raw data. A category has been defined by Morse (2008) as "a collection of similar data sorted into the same place" (p. 727). To create categories, chunks of data were placed together. This process was largely inductive, although after a series of codes had been developed; a deductive approach was used to assemble data into descriptive categories. In the initial phase of data analysis 10 categories were developed, for example, information sharing was a parent category (node), with the following child nodes: academic strategies, exposure and new business, training and 'we share what we do'. Next, to make meaning of the data, I developed themes using axial coding. During this stage I began to draw conclusions by exploring and establishing relationships and patterns between the categories and concepts, and condensing the information into meaningful themes (Creswell, 2003). By creating themes, I was able to interpret the data in a way that added knowledge and supported the purpose of the study and its research questions.

5.3. Results

All participants had prior experience using a social marketing approach and were currently leaders in the organizations for which they worked. Participants represented private (n = 3), public (n = 3) and not-for-profit (n = 4) sectors. Practitioner end users provided their perspectives on the utility of social marketing in the practical world, including how they conduct their work, the challenges that surface, and how they adapt social marketing to develop and implement social change strategies within their communities and across Canada.

Prior to discussing the key themes that emerged, it is important to explore how these participants understand social marketing. One of the challenges that social marketing scholars often discuss is what they regard as misunderstandings by

practitioner end users of what social marketing is, including the tendency of practitioner end users to focus solely on advertising or the promotion 'p' (Grier & Bryant, 2005). Findings from this study dispel this claim, as all participants were aware of the roots of social marketing, and described the approach in their own words in ways that a social marketing scholar would regard as consistent with definitions in the literature. At the beginning of each interview, participants were asked to answer the question "*When you describe social marketing to people that don't know what social marketing is, how do you describe it?*" Representative examples from their responses include:

> I say we use the principles and tenets of marketing to get people to change their behaviour for social good; for the good of society [Participant 1].

> I would explain it in a way where it's talking about using a marketing approach that is aimed at actually changing behaviour in people. To explain that it would be ultimately for the good of society, so you're changing something that is actually going to affect a much larger group [Participant 2].

> I would describe it as being similar to regular marketing, only instead of selling a product; it's trying to create behaviour change or influencing the way someone makes decisions [Participant 3].

The data indicate that participants of this study had an accurate understanding of social marketing, including many of its key constructs. For instance, one participant highlighted the need to develop a consumer insight driven strategy by stating: "So therefore, it's about looking at more behavioural insights around creating change and that can't be done by just saying "Thou shalt" [Participant 5]. In addition to having a thorough understanding of the meaning and tenets of social marketing, some participants also had negotiated the challenge of social marketing being misunderstood or synonymous with terms such as 'social media' by addressing the confusion of its name. One participant explains this dilemma by saying:

> So a descriptor, like behavioural being inserted in there seemed to clean up that confusion. So when you say social behavioural

marketing, people get it and there isn't any confusion off the start [Participant 4].

Further results are described below with the most salient themes extracted from the data.

5.3.1. Theme 1: The complexity of social marketing: it's an art and a science

Social marketing, as described by participants, is not about the rote application of a set of formal steps or systems framework from a rigorous, scientifically validated scheme. It involves complex, sometimes unanticipated social processes including an extended timetable. As a participant explained:

> It's an art and a science. There is a science for social marketing and how to advance social change, and it isn't something that just happens with a quick little promotion over a month-long period. Social marketing takes time. The change doesn't just happen overnight [Participant 6].

Participants of the study were aware not just of social marketing but its complexities. As Participant 3 said, "It is not complicated, it is not rocket science, but it is complex. There are a lot of moving parts to it." That same participant expressed appreciation for its potential, despite the complexities, for making a difference: "I don't find it easy, but I find it impactful" [Participant 3]. Even with the challenges associated with the complexities of the approach, participants identified the purpose of social marketing to creating positive social change as a driving factor for why they would choose this approach: "What I think is good about it is the ultimate goal of trying to improve society and people's lives" [Participant 5].

Social marketing, as already discussed in this paper, relies heavily on understanding the consumer perspective, and these interviewees recognized the need to master this 'art' by understanding the science (e.g., evidence-based knowledge). A participant described this phenomenon:

We feel that because we have a strong reputation for being credible and trustworthy, and science-based that it behooves us to utilize that reputation and speak directly to consumers [Participant 7].

The need to understand the consumer (e.g., the individual who is being asked to quit smoking) through formative research is somewhat of an art, as described by this participant:

What's good about it is it really focuses you to do some background research, gain insight into your consumer, look at how to use the marketing mix… understand the competition, [and learn about] the exchange that is needed to hone in to the change you need to make. So, it really compels you to think about [what] the behaviour is before you develop a strategy to change it or influence it [Participant 8].

In addition to referencing the evidence, and developing strategies based on formative research, participants highlighted the 'art' of ensuring that social marketing was embedded within the context and culture of the consumers for which they were asking to shift their behaviours. This was described by one participant when they said: "we need to identify what the shared values are in [our] audiences and [try] to reach and be able to come from their context" [Participant 6]. Participants identified the strategies used to develop and implement social marketing as both an art and a science. How they developed and implemented their social marketing efforts is discussed next.

5.3.2.   Theme 2: We adopt and adapt

Participants demonstrated the ability to take constructs of social marketing and adopt them into their organizational contexts, and then as needed adapt them to ensure that they were both meaningful and useful tools for the development and implementation of their social marketing strategies.

Prior to discussing strategy development in detail, it is important to note the attention to language that has been so often discussed in the field of social marketing,

and how participants negotiated this challenge by adapting the terminology that they apply in their work. Participants were challenged by the term social marketing, and how it can be confused for social media or have negative connotations that sometimes can be coupled with the marketing approach. One participant explains how, when applying for grants, they simply use a different language all together:

> Funders don't always like to fund social marketing kinds of things. We find that with our funding applications, we have to change the language quite a bit to make it sound more healthy, helpful and less marketing language. They don't tend to like that kind of language [Participant 3].

Another participant shared how they describe social marketing in their organization:

> We would use the term communications broadly. We wouldn't use communications to simply represent advertising. Communications could be an outreach program. It could be a letter. It could be using communications to advance policy [Participant 6].

Finally, in addition to reporting adapting social marketing and the language associated with it, participants also highlighted the fact that many people are using constructs of social marketing unknowingly. For instance, one participant said: "… social marketing is happening, but people don't know they are using the process of social marketing" [Participant 2]. Another reported: "They may not call it social marketing, but the principles and the approach that they have taken to plan the programs are not very different from what we would advocate for, or educate people on the approach of social marketing" [Participant 8].

Participants all shared the strategies with which they had adopted and adapted social marketing to meet the realities and needs of the organizations that they represented. In all cases, formative research was deemed important for strategy development and was conducted by these participants and their colleagues. As one interviewee explained:

We always rely quite heavily on research. So, we always do environmental scans. We do literature reviews. We do exploratory research. We do baseline research. We do tracking research. We do follow up research… So, research is really important to us here [Participant 9].

Further supporting the need for research, practitioner end users described the process of developing a well rounded strategy that does not rely solely on advertisement, this is illustrated in the following statement:

When a client walks in the door and says, "We want to do X, Y, Z", we don't just automatically turn to the creative department and say, "Go." We actually spend the time researching what the issue is, looking at the target audience insights… [Participant 4].

One topic that is of particular relevance to current debates among social marketing experts was their use (or not) of the 4Ps of marketing (product, place, price and promotion), which have historically been treated in the academic literature as a definitional element of social marketing (Rundle-Thiele et al., 2013). Participants were asked if they used the 4Ps, and in most cases, participants acknowledged the 4Ps and had an understanding of how they could be applied, but did not use them in their organizations. Some participants suggested that the 4Ps were there as a reference, but ultimately, not used. For instance, this participant said:

They're there but it's kind of like a boilerplate. So in the sense that as you develop those programs sufficiently…ensuring that we're covering the 4Ps but we don't highlight them specifically [Participant 4].

Other participants suggested that they had developed their own Ps for their organizations. This participant described it as indicated below:

We actually do have a model based on the four Ps… they're different Ps than what other people use. We talk about what the program,

what's the promotion, what are the partnerships, and what are the policy pieces that are attached to it [Participant 6].

Another participant commented: "Yes to the Ps. We have more than four… Partnerships, Policy, and People" [Participant 3]. Participants were aware of, and used the 4Ps when necessary; however, they have adapted the use of the 4Ps to incorporate additional Ps that would help them to meet their end goals.

Participants identified that when they did not apply the 4Ps (or additional Ps), they might use another approach to strategy development, such as the W5 (who, what, when, where, why) [Participant 4] or the Cs (consistency, clarity and other considerations) [Participant 9]. In essence each practitioner end user had an organizational mechanism that they used in their strategy development and did not need to rely on the traditional 4Ps of marketing to do so.

Although participants of this study reported that they adapted many of the constructs of social marketing to meet their organizational needs, challenges remained that impeded their ability to use the approach in their social change efforts. Limitations of time and money were recognized by participants; however, the most notable challenge was the realities of the multi-faceted problems that are being addressed through their social change efforts. This is described by one participant when they said:

> So social marketing is one piece of the puzzle and that's the hard part, it's not, it's not a guaranteed solution, it's part of the solution. It takes a whole bunch of interventions…so that's the hard part is that it's not this fantasy of that like okay, we're going to do a social marketing campaign and the world would be a better place [Participant 6].

The challenge of addressing complex social problems with a single behaviour change approach was, as mentioned, limiting to participant end users. Further, participants of this study highlighted the misconceptions of social marketing (e.g., that it is a social media tool, or that it is coercive) by others in the field, or even within their own organizations. One participant explained this by saying:

114

…in terms of people who don't fully understand or embrace what social marketing is, and I think that there are some perceptions that social marketing is just fluff [Participant 9].

To educate and inform others about the use of social marketing, participants have often sought out partnerships as a way to engage a broader audience and increase the capacity to influence social change.

5.3.3.   Theme 3: There is great strength in partnerships

As noted above, participants identified partnerships as integral to the development and implementation of their social marketing efforts. They explained that partnerships could help them to extend their reach, build credibility, and assist financially. One participant summarized this by saying: "Partnerships can really make social marketing easier to do and more effective" [Participant 7]. Another said: "From a partnership perspective, we're recognizing that more and more, it's very difficult to go it alone" [Participant 6].

Building partnerships was deemed so important by participants that some reported that how to align and increase relationships was part of a broader conversation within their organization. Here a participant explains:

> That, actually, is one of our key pieces in our strategic plan…we actually talk about [how] partnering with stakeholders was one of the key ways we're going to achieve our goals… [Participant 2].

Finally, many of the participants explained that the model they used was based primarily on the use of partnerships. For instance, this participant says: "Everything we do is in partnership. In fact, [organization] is not an organization, we are a partnership" [Participant 3].

5.3.4. Theme 4: Evaluation can't be just about 'likes': change indicators matter

To understand how interviewees evaluate their efforts, they were asked to discuss how they measure success. Participants were aware that behaviour change is considered the 'gold standard' by those who developed the approach and continue to advocate for its use as a tool for social change, however, many expressed barriers to achieving this outcome. A participant described this problem:

> But it is hard to measure the results of social marketing. I think that's where we will struggle. Everything is still result oriented. You have to show who you impacted. What behaviour change was made, and how many, and what's the cost benefit [Participant 1].

Although recognizing that behaviour change is the gold standard, participants commented on the realities of social marketing and the challenge of measuring behaviours in an evolving world. For instance, this participant discussed the challenge of measurement:

> You can't get behaviour change without awareness and understanding so it's … the tip of the iceberg and on the bottom of the iceberg is the actual behaviour change which is sometimes harder to measure…that's probably our biggest challenge…because we don't work in a vacuum [there are so many contextual factors that influence behaviour change, outside 'the vacuum'] [Participant 7].

Although many participants were satisfied with the measurement that they could achieve, one participant was adamant that social marketers needed to strive for better:

> They [social marketers] are more interested in capturing how many friends and followers and earned PR that we got… as opposed to [our strategy] we actually moved the needle on the issue [Participant 6].

Though recognizing that behaviour change may not always be measured, participants did agree that their organizations had evaluation strategies, and would gather as much impact and outcome data as possible. For instance, this participant said:

It's a challenge for us. It's not the same for every campaign. We try to look at where our target audience is in terms of awareness, knowledge and behaviour… we look at where we think we can have impact [Participant 9].

When possible, participants gathered a good deal of empirical evidence and although they did use metrics from social media efforts, they cautioned that this was not enough:

I think with the introduction of social media, we've become so quick in terms of trying to figure out what's going to get lots of likes, follows and re-tweets. I think that because we're so responsive to the immediacy of those kinds of platforms that we've become tactic driven and promotions driven, as opposed to social change drive. I'm disappointed by the lack of research that often is paid attention to when it comes to evaluating and setting up long-term change programs [Participant 6].

5.3.5.   Theme 5: We do marketing, not knowledge dissemination

Participants were asked to discuss how and why they shared their success stories with others. Participants explained that they shared information to attract more business, foster partnerships, and speak directly to consumers.

The need to market themselves was one of the primary reasons why participants shared their stories through attending conferences or presentations: "My interest would be in attracting additional customers" [Participant 4] and, "There are two reasons why we would participate in those types of things. Number one, to get profile priority for [organization], and also to get profile priority for our clients" [Participant 6].

117

Maintaining existing and new partnerships was a second reason that participants engaged in knowledge sharing. One participant explains: "We use our social media … as well as newsletters… just to communicate with different stakeholders, because a lot of our funding comes from individuals" [Participant 2]. Reporting directly back to consumers also was deemed valuable:

> We package it as a success story and then we have used that to share with the public at large, through our newsletters, also through the presentations that we do with various outlets in the community [Participant 8].

Whereas some organizations did see value in publishing in peer-reviewed journals, there was not an emphasis on this; rather, participants in this study placed more focus on marketing their efforts through conferences and online platforms.

5.4. Discussion

This consumer analysis of end users who have adopted social marketing in their organizations provides two useful lenses by which to understand the consumers of social marketing. First, this study provides useful information on how practitioner end users understand social marketing and how they adopt and adapt it to meet the realities of their organizational settings. Second, it provides insight into how the field of social marketing, including those who advocate for its adoption, may wish to position the approach so that is adopted and applied in practice settings.

Amongst scholar-experts and within the field of social marketing, there is often discussion about how to 'market' social marketing so that it is adopted at greater rates and applied to achieve social change (Marshall et al., 2006). Using information gathered through practitioner end user interviews, the following discussion will provide information that may help inform both how social marketing is currently being applied in practice settings, and also, what information and knowledge those who are advocating for its use (e.g., scholar experts, social marketing gurus) can use to apply to their advocacy efforts.

The discussion will begin by exploring training in social marketing, and the use of both instrumental and conceptual knowledge in developing social marketing strategies. Next, I discuss the role of partnerships and how they can help further advance the field. Finally, strategy development including organizational mechanisms and evaluation methods will be presented, followed by the use of knowledge translation and its impact and utility in practice settings.

5.4.1.   Training and use of knowledge

Over its lifespan, the field of social marketing has encountered various challenges (Andreasen, 1995; Grier & Bryant, 2005; Spotswood et al., 2012), including the lack of training opportunities available in formal and informal settings. Participants of this study were not formally trained in social marketing, however their knowledge of the approach mirrors that of the statement by Lagarde (2012) about the level of comprehension he expects of students who have taken a social marketing course with him: "At the end of the semester, they understand that good audience analysis, segmentation, and context analysis lead to a sound and comprehensive strategy" (p.78). Persons interviewed for this study also appear to have that understanding. Although not formally trained, practitioner end users have self-taught the concepts that they have identified as necessary to conduct social marketing. This adaptation of knowledge, whereby practitioners apply informal knowledge has been discussed within the academic health promotion literature.

The use of conceptual knowledge is common amongst those who are working in practice settings. This language introduced by Cousins and Leithwood (1993) and adapted for public health by Manske (2001) described knowledge utilisation in the context of health promotion. In this work, both sets of authors discuss knowledge utilization from two paradigms. First, *instrumental knowledge* defines when a specific research finding or program would be used to inform a decision, and *conceptual knowledge* defines when someone learns something and eventually this has an impact on how they make decisions, or take action on an issue (Cousins & Leithwood, 1993; Manske, 2001; Naylor, Macdonald, Reed, & McKay, 2006). Indeed, as mentioned previously, practitioner end users in this study were not formally trained in social

marketing, however, throughout their careers, they have adapted many of the fundamental constructs that allow social marketing to be successful, i.e., understanding the consumer, targeting the audience, and using a multi-pronged approach. Considering how to adopt and adapt a model for knowledge development and application in social marketing may help to make social marketing more accessible for practitioner end users, by recognizing and applauding their social marketing efforts even if they do not conform fully to what is prescribed by those considered experts in the field.

5.4.2.   Partnerships

In recognizing that social marketing takes time, money, and effort, participants highlighted the need for partnerships, and included the partnership 'P' as fundamental to their success. Results of this study were congruent with existing literature that highlights the success of using partnerships to improve social marketing efforts (Luca & Suggs, 2010). As documented in the literature, the use of partnerships can increase reach, improve credibility, provide additional resources, and increase recognition (Thomas, 2008). In this study, when discussing the use of partnerships in their work, participants all supported the need for partnerships in developing and implementing their social marketing efforts. It may be that the future of pro-health social change lies heavily in the ability for partnerships to assist with and develop meaningful social change strategies.

The benefits of the marketing mix, as described earlier (product, place, price and promotion), may not be realized without the assistance of additional Ps, including but not limited to, partnerships, policy, and people. The expansion of the Ps may be presented in two ways: first, as participants of this study have acknowledged, through the addition of the Ps that address other factors in strategy development including those considered upstream (discussed next); and second, with the recognition that although the Ps serve as a guide post, they may not be adopted as prescribed. In keeping in mind the conceptual knowledge that practitioners end users have identified as so important to their work, the Ps may not resonate with their goals and objectives, and as such, they may take on their own set of organizational mechanisms to guide their work.

5.4.3. Strategy development and organizational mechanisms

Although it may not work for all organizations, to help move the field of social marketing forward, it may be that the marketing mix must be expanded by those implementing the approach to include other factors in the development and implementation of strategies, such as those previously mentioned including policy and partnerships. This movement towards 'upstream social marketing' may be necessary to the future success of social marketing, however, it may not be necessary to label it as such. Rather, practitioner end users could simply be encouraged to address their social issues using an approach that focuses on societal and contextual factors. Shifting goals towards strategies that are more comprehensive, and incorporating both behaviours and environments is a trend that continues in the existing health promotion literature (Golden et al., 2015; McLeroy, Bibeau, Steckler, & Glanz, 1988; Richard et al., 2011), and social marketers may do well to adopt it.

5.4.4. Evaluation

Participants highlighted the challenges associated with gathering meaningful evidence. However, as with other challenges, they have adapted to ensure that they are able to gather the data they need and report impacts and outcomes to their funding bodies, clients, and partners. Due to the methodological complexities of measuring and critically assessing inputs and outcomes of social marketing work, it is often not possible to claim cause and effect as a result of specific social marketing efforts. This reality, coupled with the intangible factors in social marketing (i.e., values, perceptions, unanticipated or unrecognized contextual 'nudges' and constraints), means that participant end users most often report on intermediary outcomes rather than behaviour change. In reality, it may not always be possible to report behaviour change, however, rather than simply admitting defeat, practitioner end users may wish to continue to strive for outcome measures such as intermediate measures (e.g., increased consumption of fruits and vegetables), or organizational level change (e.g., policy change; use of clinical practice guidelines). Both practitioner end users and experts recognize that simply tracking social media and website traffic limits the focus on interventions' usefulness to reach factors rather than their effectiveness (Glasgow, Vogt, & Boles, 1999).

121

The practitioner end users in this study are innovators beyond adapting or stretching definitions and algorithms of social marketing. They also have been quick to embrace new communication technologies and channels. They are not wrong to have adopted social media practices in their social marketing strategies. Although tracking the number of Facebook 'likes' and 're-tweets' is not a sufficient measure of successful social marketing nor of behaviour change, academic social marketers have suggested that value must be placed on the use and feasibility of social media as both a distribution and communication channel (Kotler et al., 2002). Social media, if used as one component of a social marketing strategy, may increase the capacity of organizations at putting their customers first, and listening to the voices of their target audience (Thackeray et al., 2012). Rather than spend time and energy trying to educate the general public (and colleagues) that social marketing is different than social media, those embedded within the field of social marketing may wish to embrace this confusion and use this ever increasing platform to spread the message about not only the social issues important to communities, nations and the world, but also the incredible value of this discipline.

5.4.5. Knowledge translation and exchange

Significant focus has been placed in the academic literature on knowledge translation and exchange or KTE (which overlaps with dissemination and implementation science) and how to move evidence into action (Graham et al., 2006; Wharf Higgins, 2011). With increasing demand for prevention programs and approaches within public health, KTE has become ever more important, as academics place merit on their ability to share findings with a broader audience and foster appropriate action. Within the field of public health, how to do this remains a challenge (Graham et al., 2006; Straus, Tetroe, & Graham, 2009), and some have suggested that social marketing can assist with the process of knowledge translation and exchange, through the emphasis on exploring the research problem, understanding the consumer, the use of segmentation, and fostering partnerships (Wharf Higgins, 2011). Although critical to researchers, processes of knowledge translation and exchange may not hold the same value for practitioner end users. In fact, results of this study show that whereas successful social marketing is being conducted in Canada, other success stories are being shared for

reasons that are valuable to the consumer (participants of this study) – increasing business, fostering partnerships, and engaging communities. The field may wish to take notice of this distinction. For knowledge translation and exchange to occur, the platforms by which we offer knowledge dissemination must be agreeable to the consumer, that is, rather than rely solely on academic mechanisms of knowledge translation and exchange, tools that meet the needs of the practitioner end user, such as collaboration and exchange, story telling, and increased visibility of their organization or brand should be considered.

5.4.6. Implications for social marketing

Results of this consumer analysis provided much needed insight into the current perspectives and practices of practitioner end users. Information gathered indicated that those working in practice settings were applying some constructs of social marketing in their social change efforts and were successful at doing so. Although challenges surfaced, practitioner end users adapted (e.g., teaching themselves, changing language, finding platforms for knowledge sharing) and conducted social marketing in the best way they could.

Those who are champions for the field of social marketing and continue to advocate the adoption of this approach should take note of the following findings that may assist in encouraging the continued adoption of social marketing in practice settings:

1. Training opportunities, particularly informal (online resources, webinars, textbooks and learning seminars) should continue to be offered to those working in practice settings.
2. Engaging practice settings through partnerships will increase the reach and adoption of the approach, and in turn, educate a greater number of individuals, organizations and communities on the benefits of social marketing.
3. Strategy development should not be prescribed, rather, practitioners should be encouraged to adapt the 4Ps (and other constructs of social marketing) to meet their organizational needs.

123

4. Practitioner end users should be encouraged to develop meaningful outcome measures, and not rely solely on social media traffic.

5. Platforms for knowledge exchange, including collaboration, storytelling and the opportunity to showcase their 'brand' or organization should be developed.

5.5. Limitations and Delimitations

Due to the narrow scope of the sampling pool, the number of participants who took part limited this study. The sampling pool was limited to individuals who had previously used social marketing in chronic disease prevention, who were located in Canada, and who were decision-makers in the organization for which they worked. Results of this study may not represent the true benefits and challenges of using social marketing for chronic disease prevention in Canadian settings. For instance, it may be that practitioner end users do not classify their work or methods within a category such as 'chronic disease prevention.' It may be that this kind of classification reflects disciplinary niches of academic scholars and limited the scope of the sample. Future research should consider interviewing those who are employing social marketing for *any* social change efforts or those who are not currently using social marketing to find out why, including what costs they perceive to adopting the approach.

Only individuals who could conduct the interview in English were able to participate in the study. Although participants were asked to provide names of potential additional participants, some were not able to, while others indicated they would facilitate an introduction but failed to do so despite several requests.

Due to the nature of qualitative research, I must acknowledge my role in the research process (Creswell, 2003). As this was the third of three studies conducted for a doctoral research project, I recognize that the results and findings of the first two studies influenced my interpretation and analysis of the data. Further as an individual who has been researching social marketing for the last 8 years, I came into the research process acutely aware of many of the challenges that social marketing was faced with. My

previous knowledge and opinions may have influenced the way I heard the feedback, interpreted the meaning and discussed the findings of this study.

Finally, the interview guide, the expertise of the interviewer and the interviewees, and the time allotted for each telephone conversation, limited the information gathered through this interview series. In at least one interview, the time had to be restricted due to competing obligations of the interviewee. There may have been a limitation of method in that face-to-face interviews might have yielded data of a different nature or quality emanating from nonverbal cues and kinesics that are not possible to observe via telephone.

5.6. Conclusions

This consumer analysis of practitioner end users who have adopted social marketing in their chronic disease efforts provides interesting insights into the field of social marketing. The practitioner end users I interviewed understand the constructs of social marketing and have adopted and adapted them to create pro-health change in their respective organizations and communities. Participants of this study indicated that although there were challenges to using social marketing (e.g., time, resources, and issues with language), they had each negotiated these to facilitate the ability to include social marketing in their health promotion and social change efforts. They did this by self-learning, fostering partnerships, creating unique strategy development mechanisms and striving to develop innovative evaluation methods. Information gathered through this set of interviews provides useful insights into how those who advocate for social marketing may approach practitioner end users to encourage the future adoption and adaptation of social marketing. Future research may wish to continue to explore the use and adoption of social marketing in practice settings by extending the sample of participants and the depth of the investigation.

Chapter 6.

Discussion

As documented in the literature, and supported by this dissertation project, the field of social marketing has evolved and changed (Andreasen, 2003; Lefebvre, 2012; Spotswood et al., 2012). My results highlight current challenges and potential strategies for increasing the accessibility and adoptability of social marketing in both academic and practice settings. The purpose of this dissertation was three-fold. First, the project aimed to understand the perspectives of individuals who have been foundational in developing, educating and marketing social marketing. Next, I examined the literature to highlight gaps and challenges in using social marketing for chronic disease prevention, and then my project aimed to understand further how social marketing is being employed by practitioner end users in public, private and not-for-profit settings.

Throughout this dissertation project, the focus has been on chronic disease prevention (e.g., experts were asked about their perspectives of the utility of social marketing for chronic disease prevention, the scoping review was guided by individual risk factors associated with chronic disease, and practitioner end users were sampled based on their efforts to conduct chronic disease prevention in their work). Although this chapter does not particularly highlight chronic disease prevention in the way it has up until this point, this is not considered a limitation to the discussion. A focus on chronic disease was chosen in order to narrow the scope of the research and, pragmatically, meet the goals of the doctoral funding agency. The proceeding discussion is not only relevant but also useful for social marketing aimed at chronic disease prevention and otherwise. That said, the purpose of this chapter is to discuss the findings across all three research studies described in this dissertation. To do so, I present crosscutting themes, along with commonalities and differences within and between the perspectives

explored in each of the studies, i.e., the expert-leaders, data drawn from the scoping review, and the practitioner end users. I present these findings in the form of assertions for social marketing and I highlight each theme for two reasons: the compare and contrast approach provides a useful tool for analysis; and second, within the field of social marketing, as described, there are inconsistencies among users (experts and practitioner end users) and my synthesis of findings promises to be a proactive contribution to this discussion. The latter half of the chapter uses Everett Rogers' Diffusion of Innovations theory as a final lens to re-examine the data to shed further light on potential barriers and facilitators to the uptake of social marketing as a tool for social change.

6.1. Assertions for social marketing

6.1.1. Assertion 1: Rigorous evidence and tools for knowledge transfer may help advance the visibility and credibility of social marketing

Insufficient rigorous empirical evidence of social marketing's effect on change outcomes was a theme that surfaced in each of the studies conducted for this dissertation project. Interviewees who were experts and leaders in social marketing were more concerned about this gap than the practitioner end user participants, but endorsement of more and better evidence was common to all groups. Experts' concerns related to addressing the quality of the foundational knowledge (the evidence base), and in doing so, increase the rigorous evidence supporting social marketing effectiveness. This in turn could enhance and promote the use of social marketing through its knowledge translation and sharing platforms.

Although the relevant literature is increasing (Stead et al., 2007), experts, practitioners, and results from the scoping review bemoaned the dearth of empirical evidence to support and promote the use of social marketing as a social change tool. Indeed, there remains a dearth of published literature that highlights the impacts of social marketing as demonstrated by research with rigorous methodological designs and statistically significant results. The issue of gathering and reporting evidence, as

described by participants of this dissertation is difficult due to the time, resources, and expertise needed to conduct research. Smith and Schneider (2009) critique methodological inconsistencies in studies: "there's no consistent measure of the bottom line. This difference is really important. In public health, for example, we're trying to change complex behaviors like food choice…" (p. 131). Unlike traditional marketing, social marketers are not able to concretely and consistently measure the sale of their product, and communicate its impact. Even with the challenges of gathering empirical evidence, results from all three studies in this dissertation project highlight the need for more empirical evidence, in both academic and practice settings.

In academic social marketing circles, a need to increase 'rigor' has been identified by leader-experts (Rundle-Thiele et al., 2013), with calls to use triangulation in formative research and look outside the traditional social marketing toolbox to develop evaluations that draw from other disciplines (Spotswood et al., 2012). In addition to the recommendations by these authors, participants interviewed for this dissertation project provided insight into how and where evidence should be strengthened. For instance, in an academic setting, experts pointed to the need to improve study design and conduct quasi-experimental studies or randomized controlled trials in an effort to measure and document successes, and then advocate for further support and/or funding of social marketing initiatives.

In addition to calling for increased use of experimental methods, experts indicated that the platforms for dissemination of research should continue to support and applaud these efforts. For example, as well as publishing research that describes and outlines the formative research process, and its subsequent planning stages, expert participants indicated that the two primary journals of social marketing might want to encourage studies that use more experimental designs.

The recommendation to make scientific standards in academic journals more rigorous may indeed have merit. However, it highlights a contradiction between studies in this dissertation, and ultimately, within the field of social marketing. Results of the scoping review highlight the scarcity of well formulated analytical and evaluative studies (Rychetnik, Hawe, Waters, Barratt, & Frommer, 2004), and call for more documentation

of successful social marketing. Further, social marketing scholars in this study criticize the relative lack of empirical evidence while simultaneously calling for improved dissemination of social marketing efforts from both academia and practice. Such an argument can be interpreted as tautological, meaning that in order to contribute to the knowledge base we must produce more science, however, what we have heard from the practitioner end user study is that we need platforms by which those in practice settings can showcase their results. More 'practice-based evidence' is needed (Green 2006), therefore a middle ground should be sought where stronger empirical evidence is gathered and reported upon, while providing space for researchers who may not have the time, funding, or resources to continue to share their successes and challenges. Although many of the studies in the scoping review focused on formative research and are perhaps not sufficient to take on the task of proving the effectiveness of social marketing, it is neither realistic nor ethical to imagine that in the near future, all social marketers will be conducting randomized controlled trials. In order to achieve social change, social marketing must shift towards reporting evidence gathered from studies with control groups and multiple and mixed data collection points to produce quantitative and qualitative data. The field should also embrace the less well-resourced projects, lest social marketing novices abandon the approach when experiencing the challenges associated with developing analytical and evaluative studies.

In the practical world, the range of outcomes is broader than is desirable in social marketing scholarship. That is, there is much less emphasis on conducting studies that achieve concrete behavioural or policy outcomes; rather, as described by practitioner end users, those working in practice settings are often (for better or worse) working towards seeing a shift in awareness, knowledge and/or attitudes towards the social issue that is important to them at a given time. Providing mechanisms for these individuals to share their social marketing stories (including the aforementioned shifts in knowledge, awareness, etc.) may be as important as the need for scholarly evidence, if we expect that the practice of social marketing in practice settings to be as popular and useful as to those who are using it within academic settings. Therefore, developing strategies for tracking, monitoring, and sharing different sources of evidence – experiential, tacit - at a practical level is important.

The ways in which evidence was reported and shared was discussed at length in both the expert and practitioner end user interviews. Findings from this dissertation highlighted that knowledge sharing for practitioners was often conducted for the purpose of marketing to their clients and funding agencies. Future research may examine how this process can be streamlined so that the knowledge disseminated by practitioners can also be used for knowledge exchange amongst academicians.

My findings highlight a key predicament discussed at length in the public health literature, the challenge of knowledge translation and exchange. Knowledge translation is an interactive process of knowledge exchange between researchers and users (Kothari & Armstrong, 2011). This research arena has become very important in the field of public health as it addresses the need to successfully transfer knowledge derived from research into diverse real world settings (Wharf Higgins, 2011). As previously discussed, the concept of knowledge translation and exchange is important to the future of social marketing for three primary reasons: first, meeting the need for empirical evidence to be reported and shared will increase support for the future of social marketing endeavors; second, practitioner end users who are conducting social marketing must have a way to share and engage with their audiences, including funding agencies, potential clients, and community groups; and third, academics and practitioner end users would benefit from ways to not only co-exist but co-create in the world of social marketing.

The differing perspectives and needs of academic researchers and practitioners in organizations who are not scholars are not unique to social marketing, Wharf Higgins et al. (2011) state the following about this issue in public health:

> In their article entitled "What's next for translation research?" Ginexi and Hilton (2006) remark that "academic researchers often bemoan how infrequently empirical findings seem to influence everyday practice" (p.335) almost in harmony with practitioners who wonder why research is so far removed from real life (p. 11).

The gap between the needs of academic scholarship and the needs of intervention/implementation practice mirrors other areas of public health (Armstrong, Waters, Crockett, & Keleher, 2007; LaRocca, Yost, Dobbins, Ciliska, & Butt, 2012). Green (2006) discusses the challenge that most evidence is not very practiced based

and more should be done to address the call for pragmatic-oriented solutions (Glasgow, 2013). One pragmatic solution may present in the form of building platforms by which practitioners can share their expertise, thereby narrowing the gap between the two schools of thought. The gap between research and practice reflects interventions that may not be fully relevant to the settings and environments in which the results will be embedded (Ammerman, Smith, & Calancie, 2014). To negotiate the gap between evidence and practice, various frameworks and models have been developed to ease the process. On paper, many models of KTE depict two-way and ongoing engagement of both the researcher and end users; however, in practice it appears that the onus remains on the transfer of knowledge from scientist to practitioner (Graham et al., 2006; Kramer, Wells, & Carlen, 2013). Findings from my dissertation reflect those of the health promotion literature; that is while the field of social marketing must continue to build its academic profile by assembling evidence and conducting knowledge translation, there must also be focused placed on ensuring that practitioner end users have an appropriate platform to share their stories.

When choosing a platform for KTE, the following should be considered. Knowledge translation is inherently embedded within the social marketing process, and has been suggested as a model for KTE by others (Wharf Higgins, 2011). Evidence from this dissertation project highlights that the prescribed use (by academic leaders) of theory, benchmarks and systems of social marketing may not be adopted by the practitioner end users. As described by practitioner end users, this is often because the research process does not fit with their professional reality. As with the evidence it produces, scholarly research protocols seem too unwieldy, not relevant to their issues, not rewarded by, or not suitable to conduct within the environment they are working.

To negotiate these challenges, and further promote the adoption and effective use of social marketing through KTE, I endorse two directions. First, social marketers might, following their own advice, seek to better understand the practitioner end users, as consumers and partners, and develop strategies that can foster co-creation of and collaboration regarding strategies and evidence. Second, a strategy or process might be developed to encourage practitioner end users to share their efforts with the general public, as well as advocate their perspectives to academic and policy-related audiences.

Several potential solutions for how to encourage practitioner end users to share their knowledge are presented next.

To foster open dialogue, and increase the profile of social marketing in the eyes of thought leaders, funding agencies and social change advocates, social marketers within academia and practice should continue to work together. In the health promotion and disease prevention literature, one avenue for collaboration has been the use of Community Based Participatory Research (CBPR). Like SM and KTE, CBPR recognizes the need to work with the community (or consumer) to understand community issues and impact long-term and sustainable change. CPBR evolved from the works of various psychologists and theorists who shared the belief that research should be conducted *with* communities rather than *on* them (Leung, Yen, & Minkler, 2004). Leung et al. (2004) were theorist who held that community members should participate in research rather than being mere objects of study, and that knowledge could be learned from people's lived experiences as well as from academia (Minkler & Wallerstein, 2008). This approach places the researcher "in the position of co-learner and put[s] a heavy accent on community participation and the translation of research findings into action for education and change" (Minkler, 2000, p. 192). This notion of "communication with the people" and "understanding their perspectives" aligns neatly with the constructs of social marketing.

Another approach that may well suit the needs of social marketers both in academia and practice is the use of Communities of Practice (CoP). A Community of Practice is 'based on principles of social learning in that people do not learn in isolation, but by action and interacting with others' (Meagher-Stewart et al., 2012). The informal nature of a CoP and its ability to serve as a platform for the sharing and dissemination of both tacit and implicit knowledge may serve the social marketing community. As research has shown: "CoPs can improve the transfer of research evidence to practice by providing learning opportunities that facilitate interaction and information sharing among peers, so that the use of evidence can be timely and context relevant" (Meagher-Stewart et al., 2012, p. 725). In social marketing, virtual CoPs are already being developed in the form of International Social Marketing Associations, where an online portal brings together members from around the world. Continued research and the application of

CoPs may help to negotiate the challenge of knowledge dissemination from practitioner end users to academia and elsewhere.

Another potential platform for research collaboration and knowledge translation is the use of Practice Based Research Networks (PBRN). PBRN networks 'have experienced notable successes in convening broad networks of researchers and practitioners from public health settings and engaging these stakeholders in research implementation and translation activities during their initial years of development' (Mays, Hogg, Castellanos-Cruz, Hoover, & Fowler, 2013, p. 759). PBRNs foster engagement among users, increase reach and connections among researchers and practitioners and help to build capacity within participating organizations.

All three of the potential mechanisms for KTE within and between social marketers and practitioner end users involve a strong emphasis on collaboration, knowledge sharing and partnerships (to be discussed next). It may be that in order to serve the dissemination of social marketing efforts, less emphasis should be placed on traditional mechanisms for knowledge translation (writing journal articles, circulating reports, and presenting at conferences), and more focus should be placed on informal strategies of both knowledge creation and dissemination, including the use of grey literature, blogs, and discussion forums as evidence, and encouraging informal conversation and collaboration among academics and practitioner end users.

6.1.2. Assertion 2: Partnerships have a critical role in the advancement and future of social marketing

Findings of this dissertation project highlight the continued need for partnerships amongst social marketers in academic and practice settings. Results of the expert and practitioner interviews indicated that partnerships were integral to the success and effectiveness of their efforts. Just as researchers and interventionists within chronic disease prevention have done, social marketers both in academia and practice may consider the expansion of the stakeholders involved in the development and implementation of social marketing efforts. Partnerships in health promotion have 'long served as bridge builders, uniting diverse groups around health issues' (Golden et al., 2015, p. 11); in essence, it is through partnerships that groups and organizations can

133

collaborate to build strong research and practice. Within the childhood obesity literature, few studies are conducted without the use of collaboration or partnerships (Borys et al., 2011; Economos & Curtatone, 2010; Perry et al., 1997). This may be because of the need to pool resources, but it is also because it is recognized by those working in the field of health promotion that partners can reach and engage different audiences, and that without using partnerships, at some point the intervention or strategy may have limited reach, not be sustained, or hit a dead end. Increasingly, partnerships are drawn from not only those who are typically focused on improving health, but also 'unlikely' intersectoral players, such as shop owners, city engineers, and the food industry (Kindig & Isham, 2014).

Partnerships, as discussed in both the expert and practitioner interviews, may play two significant roles in the application of social marketing. First, as suggested by Andreasen (2003), rather than work against other social change approaches or mechanisms, social marketers should take action in educating and advocating for social marketing, and in doing so, rather than compete with others, social marketers can complement other approaches to social change. Second, with the help of partnerships, whether they come in the form of stakeholders, funding agencies, community partners, or educational institutions, social marketing will have increased capacity for reach in the initial phases of development and implementation, and in turn, will have additional resources available for sustainability.

As social marketing (through academic and practitioner advocates) continues to market itself, and strives to reach new audiences, social marketers need to continue to advocate for themselves and the field. Although not directly mentioned by participants of this dissertation project, there appears to be a gap in how partnerships are viewed amongst social marketers. Partnerships are often discussed as collaboration between organizations, to implement a social change effort (e.g., schools, restaurants, and not-for-profit agencies working towards increasing fruit and vegetable consumption). However, there was little mention of the need for partners to be 'within' the discipline of social marketing or between academic and practitioner. Based on the findings of this dissertation, in order for social marketing to continue to expand and excel in the social change movement, it may be that further efforts should be taken to bridge academia with

practice so that these two groups collaborate and work together to impact social change. In addition to this partnering, the role of others, whether they be individuals, organizations or communities will become necessary in reaching larger audiences, both within public health, and in other disciplines that may wish to adopt social marketing. In fact, documented in the literature are examples of how partnerships have already advanced the field of social marketing. For instance, working together to decrease the incidence of eye infections among citrus workers, academics worked with citrus workers to identify the barriers to wearing sunglasses, and decrease these so that protective eyewear could be worn (Tovar-Aguilar et al., 2014). Organizations make up the foundation of the ParticipAction program that aims to increase physical activity among Canadians, each organization contributes their time and resources to create a comprehensive network of individuals and groups that are working towards a common goal (Craig et al., 2009). Finally, the VERB campaign, aimed to increase physical activity levels was a national media campaign that included communities across the United States, and as documented, had a meaningful impact on physical activity at the population level (Cavill & Maibach, 2008).

Public health and social change efforts cannot be tackled alone; engaging in collaboration and partnerships is considered a priority strategy for influencing social change (Lefebvre, 2013). In a systematic review of literature (Luca & Suggs, 2010) reported that the majority of studies reviewed used partnerships for a wide range of purposes, including disseminating the message, increasing funding, developing networks, gaining insight, and generating sustainable behaviour change. As with results of this dissertation project, authors have suggested the use of partnerships to foster and improve both the applicability and sustainability of social marketing (Donovan, 2011; Rundle-Thiele et al., 2013). The use of partnerships from the onset of a project will assist social marketers in setting agendas that are of value and meaningful to the consumer (Bryant et al., In press ; Wharf Higgins, 2011), and in doing so, support the longevity of the project (Rundle-Thiele et al., 2013). In fact, participants of this study provided several examples of how the use of partnerships had been at the cornerstone of their efforts, and that without the support of the grocery store chain, private industry or public sector partner; they would not have achieved the same level of success.

The success associated with the use of partnerships in health promotion and chronic disease prevention is not unfamiliar. In fact, initiatives targeted at risk factors addressed in this dissertation project (physical activity, nutrition and tobacco use) highlight the benefits of partnerships in developing and implementing health promotion efforts (Sibbald et al., 2012). This may not come as a surprise, because the very nature of the social ecological model, a framework that has dominated the health promotion literature in the past few decades implies the need for partnerships, to influence individuals, society and the environment through a set of programs and strategies (Golden et al., 2015; Stokels, 1996).

Though partnerships have been largely documented as a positive influence in social marketing, it is important to note that not all partners are good partners (Donovan, 2011), and those wishing to adopt the use of partnerships in their social marketing work must ensure that the value creation and long-term goals of both social marketers and their partners are aligned and will ultimately influence the most social good (French, 2013). Results of the studies documented in this dissertation provided positive stories of the use of partnerships, and experts and practitioners alike suggested and advocated for the continued use of collaboration.

6.1.3. Assertion 3: Training, both formal and informal, should take centre stage to encourage the adoption of social marketing

The topic of training and education of social marketing approaches was discussed in both the expert-leader interviews and the practitioner end users interviews. Findings from this dissertation revealed a gap between these two groups of individuals, and their thoughts on the need for formal training in social marketing. Experts suggested that training should occur among those who are in fields of public health, or the environment, and emphasized the need to include social marketing in formal training environments (e.g., academic settings). Yet, what was discovered through the practitioner interviews was that most of the practitioners came from a marketing or business background, and were self-taught social marketers.

Social marketing experts, including those involved in this study have called for more opportunities for training, and this section will attempt to unpack this. In exploring

training opportunities and setting criteria that may apply to 'teaching social marketing', in a recent post to his blog, entitled 'Academic Competencies for Social Marketing', Craig Lefebvre (2014) asks the question, 'what should be the minimal requirements for someone who wants to learn about and practice social marketing'? In his post, he suggests that individuals who complete a social marketing certificate or academic course should be able to (adapted for brevity):

1. Describe social marketing and distinguish it from other approaches to social change.

2. Identify where social marketing may be appropriate.

3. Conduct segmentation.

4. Prioritize and select measurable behaviours.

5. Design and conduct situational analysis and formative research.

6. Select and apply relevant theories, frameworks, and research to inform development of the social marketing strategic plan.

7. Create an integrated social marketing mix strategy that extends beyond promotion.

8. Critically reflect and test the effectiveness, acceptability, and ethics of potential social marketing strategies.

9. Finalize an implementation plan, incorporating opportunities for scaling up, and sustainability.

10. Design and implement and evaluation plan.

11. Apply ethical principles.

12. Document and communicate the results of social marketing to relevant end users.

These competencies, Lefebvre notes, were drawn from an initial discussion at the Social Marketing Conference in Clearwater Beach, FL, USA in June 2012. Since then, there has been much discussion about the future of social marketing, and social marketing experts, including those that participated in this study have provided their opinions about how social marketing can be more widely disseminated and taught to a broader range of audiences, including young professionals who are attending college/university, and those who may already be in the work force. Much attention has been placed on how to increase the visibility of social marketing with the field of Public Health. In fact, many of the experts involved in this study advocated for increased training within social marketing, particularly to a public health audience, including mandating social marketing in all Masters of Public Health Programs.

Thus it becomes the challenge of social marketers to continue to educate and train students and professionals who may one day be users of social marketing, and encourage the adoption of this approach across disciplines. Currently social marketing training sessions are offered by many institutions, for instance, the National Social Marketing Centre in the UK, the training academy at the Social Marketing Conference, and Doug McKenzie-Mohr's training program on community based social marketing, among others. However, as documented by Lagarde (2013),

> When introducing social marketing practices into an organization, the traditional procedure is to organize a training session. Although it may be useful to provide an introduction to social marketing principles and practices, an isolated training session is unlikely to be sufficient for social change practitioners to be able to appreciate and systematically apply social marketing (p. 200).

As noted by French and Blair Stevens (2007), the strength of social marketing is that it brings together complementary theories, techniques, expertise and skills from individuals with diverse backgrounds. In order to expand the field of social marketing, current social marketers might seek to reach audiences who are not traditionally viewed as potential social marketers. Social marketers may wish to embed their training sessions within schools and disciplines such as psychology, geography, engineering,

sociology, or environmental studies. And of course, social marketing need not forget its commercial counterparts. Social marketing should be taught to students and professionals within marketing and business schools. Although reaching students and professionals through traditional education will no doubt increase the knowledge and use of social marketing, the traditional education or one-time training opportunity may not serve the broader audience that social marketing experts believe the field must reach if it is to remain viable and grow in influence.

As discussed in Chapter 3, one expert participant discussed the need for social marketing to become more 'conversation worthy'. This participant discussed the idea of writing a book that would make social marketing mainstream by telling stories and engaging with an audience that wishes to learn about social change, not just social marketing. In addition to adapting the literature that is geared at introducing and engaging individuals with social marketing, social marketers should continue to strive for a virtual if not place-based hub or centre of activity. If those people who engage in training sessions anywhere in the world could access an online portal for ideas, support and guidance on how to engage with this approach, social marketing may become "easier, more fun, and more popular" (Smith, 2003a).

6.1.4. Assertion 4: A multi-pronged approach to social marketing employing a menu of flexible, pragmatic options from a set of possible benchmarks is preferable to an approach that requires adherence to a fixed set of prescribed criteria

Throughout this dissertation I have presented findings about definitional considerations and standards for social marketing. In the Introduction I provided background information documenting the history of benchmarks and their relationship to the definition and practices of social marketing. Using pre-existing knowledge of benchmarks, and the desire to further understand their role in social marketing, this dissertation project aimed to uncover whether there should be a prescriptive approach to program development, implementation and evaluation. To do so, each of the studies described in this dissertation project was guided by the benchmark criteria described by (Andreasen, 2002) and were central to the data collection process. In particular, experts were asked if all the benchmarks in this prescriptive scheme needed to be included for

social marketing projects to "qualify" or be described as such, and practitioners end users were asked about their process in developing and implementing their social marketing strategies. As well, the scoping review provided an empirical analysis of those studies that used benchmark criteria, including which criteria were used more often than others. See Table 6.1 for the sources of data relevant to this discussion.

Table 6.1.   Data drawn to inform the multi-pronged approach

	Question asked:
Expert Interviews	Do all benchmark criteria need to be used for social marketing to be described as such?
Practitioner Interviews	Can you tell me about the process for which you develop your strategies?
Scoping Review	Inclusion criteria included the use of the benchmark criteria.

Results of all three studies indicated that although participants understood that 'purist' expert social marketers advocate for or insist on specific sets of fixed, prescriptive benchmark criteria for social marketing, the participants did not appear to be very concerned about adherence to such a mandate. Few experts indicated that all six benchmarks outlined by Andreasen had to be adopted in order for social marketing to be deemed as such, while most agreed that picking and choosing which benchmarks to apply was sufficient to achieve social marketing. Further, practitioner end users did not seem focused on meeting definitional criteria, and rather than adhere to the benchmarks as described by Andreasen, would adopt those constructs that they could (e.g., conducting formative research) but choose not to meet all six, or add additional processes which they believed to be important. Whether they used one or a larger set, they presented their efforts and choice in terms of pragmatic considerations that called for flexibility and responsiveness to contextual considerations.

The common denominator across studies revealed the strength of social marketing was, not the specific benchmarks, but the combination of constructs and approaches that enabled the development and application of a multi-pronged approach to program delivery and implementation. As Neiger et al. (2003) stated, "to consider social marketing as something less than a multi-phased, systematic planning approach will likely jeopardize the potential quality and impact of related interventions" (p. 76). Of course, as has been documented elsewhere (Luca & Suggs, 2010; Robinson-Maynard

et al., 2013), there are some constructs of social marketing that tend to have a stronger influence than others; these will be discussed next for the purpose of shifting away from a prescriptive approach to developing a list of constructs that may serve social marketers well.

Understanding the consumer, documented in the literature (Hastings, 2006; Smith, 2008), and supported throughout this dissertation, remains at the centre of social marketing. In order to understand the consumer, research must be conducted; market or formative research continues to play an important role in social marketing. Next segmentation, or developing target audiences, is also a key construct to social marketing. And finally, the use of a multi-pronged planning approach allows social marketing to reach and influence audience behaviour. Though traditionally the use of a multi-pronged approach has been documented as the use of the marketing mix (Lee & Kotler, 2011; Luca & Suggs, 2010) there was mixed response to this approach throughout the course of this dissertation. It may be that limiting social marketers to the 4Ps constrains those who are not familiar with the language or approach, and do not have access to the resources needed to build and execute a marketing mix. Rather, if those that are wishing to do social marketing understood the need to address at least three of five interactions with their consumer, it may reduce the focus on promotion, and encourage creativity and innovation in program planning and delivery. Those interactions may be items such as: the behaviour that needs to be changed, the policy, law or environment that needs to be adapted, the place at which the consumer will participate, the other organizations or individuals that will take part, the cost associated with the behaviour, or how the message will be disseminated to the target audience.

In order to achieve success in their social marketing efforts, results of this project suggest that social marketing may be more effective when those who are developing, implementing, and evaluating the approach adopt and apply a multi-pronged approach. That is, rather than adopt a single program strategy or mechanism (e.g., changing the price, or providing an advertisement only) social marketing may have increased effectiveness if the strategy development focuses on addressing at least three interactions with the consumer (e.g., formative research conducted to test a message

that addresses logistical barriers and also offers tangible incentives). This, like the other assertions generated from the study, could be a testable hypothesis in future research

6.1.5. Assertion 5: Social media should not be considered the opponent to successful social marketing; rather, it could be used as an ally

Social media refers to the use of Twitter, Facebook, Instagram, and similar online communication websites, and is therefore very different from social marketing. However, social media, like many other promotional tools has value in social marketing (Thackeray et al., 2012). Results of this dissertation project highlight the unique differences between those who are working in academia, and those working in practice. Many of the experts interviewed for this dissertation project lament the introduction of social media and how it has confused the field (both through its name and its approach to change), while those working in practice settings have embraced the tool as a function of their social marketing efforts. For the purpose of this discussion, it is the opinions of the practitioner end users that will be investigated further.

Experts in the field, including those that participated in this study, have long lamented the introduction of the term 'social media', most often, because, for those unaware of, or engaged in, social marketing, the term social media has replaced social marketing, and too often, those wishing to engage in social marketing are satisfied with the use of social media. Although that is frustrating to social marketers, the discussion of social marketing vs. social media should stop, and the conversation about how to engage with social media as a tool for supporting the advancement of social marketing should continue. This discussion has already begun, as several authors have written about the merits of social media in social marketing (Lefebvre, 2013; Thackeray et al., 2008; Thackeray et al., 2012). In addition to the social marketing literature that has engaged with social media, general health promoters and public health practitioners have recognized the merits and use of social media for health promotion. The use of social media platforms has become increasingly popular in recent years, and has shifted the way that consumers interact with information online (Chapman et al., 2014). The use of social media represents a new mode of reaching and educating consumers to make behaviour changes (Chapman et al., 2014).

As discussed by several participants in the practitioner interviews, the value of social media is in its ability to actively involve consumers in the communication process, and stay connected with the individuals and groups who you hope to engage (Thackeray et al., 2008). Practitioners discussed the value of creating a bi-directional conversation with their audience, a process which allows the social marketer to influence and persuade the consumer, while simultaneously listening, and engaging with the same audience. Aligned with this notion, in his recent text, Lefebvre (2013) documents 5E's for social marketers to consider when working with social media: education, engagement, entertainment, empowerment, and evangelism.

So, rather than view social media as the competition, those currently engaging in social marketing should consider the unique platform that social media has presented, not only as a means of communication but also as a 'place'. Place in the marketing mix is 'where and when the target market will perform the desired behaviour, acquire any related tangible objects, and receive any associated services (Kotler et al., 2002, p. 247). As a place strategy, the marriage of social media and social marketing may be one that should be encouraged. Indeed, the use of social media as a 'place' strategy is already occurring (Luca & Suggs, 2010). For instance, consider the SmartPhone, a portable device that is often within hands reach at all times. Applications or 'apps' for behaviour change are plentiful; users can track steps, calories, fruit and vegetable consumption and workouts completed, among many other lifestyle behaviours. Recently, a social marketing effort aimed at foodborne illness prevention included the use of a SmartPhone app to engage with, provide information to, and encourage their target audience to choose food safe behaviours (Albrecht, Larvick, Litchfield, & Weishaar, 2012; James, Albrecht, Litchfield, & Weishaar, 2013). Social marketing must be prepared to evolve and keep pace with technology, and this offers an important direction for future research including mechanisms for delivering messages, engaging with the target audience and being there at the point of decision making.

In addition to the reality that individuals can reach and access an abundance of information from their pocket or purse, there is also the phenomenon that the Internet is becoming the platform for many social change efforts. For instance, websites like www.change.org, now host the ability for petitions to be created and as described by

change.org 'is the world's largest petition platform, empowering people everywhere to create the change they want to see'. In addition to formal websites such as this, change efforts in recent years have 'gone viral' through social media. For instance, in Summer 2014, the ALS bucket challenge went viral on social media. The challenge was simple, and asked individuals to dump a bucket of ice cold water over their heads while being filmed by their friends or family. After completing the challenge, they were to upload the video to a social media platform, donate money to the ALS Foundation and nominate three friends to complete the same. The campaign was widely successful as The New York Times reported that 1.2 million videos were uploaded to FaceBook and $41.8 million dollars in donations were received between July 29 and August 21 (Steele, 2014).

Both www.change.org and the example of the ice bucket challenge point to several attributes that social marketers should pay attention to. First, the ability for people to share and advocate for their beliefs is simplified through the Internet and social media platforms. Starting and advocating for one's social change issue on Change.org does not require creating a disturbance or even leaving the house; rather individuals can advocate for issues from the comfort of home. It may be argued that this is lazy or dispassionate, but factors of convenience and comfort cannot be ignored; indeed these are characteristics of 'place' social marketers often consider in creating access and broadening the reach of a social marketing initiative. In addition to attending to place, the ice bucket challenge also drew upon the construct of social norms, which is prevalent in social marketing and refers to people's desire to fit in and follow their peers. Finally, with most of the information provided on the Internet, there is a low barrier to entry, meaning that there are little costs associated with using a social media platform. This form of engagement is easy, fun, and popular. The rise of social media, as both its own entity and as a partner to social marketing should continue to be explored. It may be that this is one of the most critical avenues for expanding social marketing, and ensuring that it is relevant to experienced and new users of the approach.

As documented above, even if those currently unaware of social marketing begin their social change efforts through the use of social media, this is may be an excellent way to engage with and encourage the use of a broader social marketing strategy.

Further, in a field where exposure and reach are limited, the use of social media as social marketers' own marketing tool will undoubtedly be beneficial.

6.1.6. Assertion 6: Theoretical approaches should be innovative, purposeful, and move beyond the individual

There were mixed results on the application of theory among all three studies conducted in this dissertation project. Both experts and practitioner end users cited that they were aware of theory and its merits, but did not always apply theory in their social marketing approaches. Those in academia were far more likely to do so than others. Experts were more likely to know about the constructs of theoretical approaches, where practitioners simply did what they thought would help them achieve their goals, and paid little attention to theoretical constructs. Findings from the scoping review support the interviewees, and show few studies that adopted and reported theoretical approaches. The lack of consensus about the use of theory mirrors that of the literature (Luca & Suggs, 2013; Rundle-Thiele et al., 2013), and begs the following questions; is theory necessary to advance social marketing, and if so, what theoretical constructs should be considered?

Traditionally, social marketers have adopted individual behaviour change theories, although as documented within the scoping review and supported elsewhere (Luca & Suggs, 2013; McDermott, Hastings, & Angus, 2004), even amongst the published literature, there still remains a dearth of evidence highlighting the use and application of theory. Among expert participants there was a lack of consensus on how or why theory should be used in social marketing. Some considered it a necessary component to strategy development and implementation and suggested the use of comprehensive theories such as the stages of change model or diffusion of innovations. Other experts agreed that theoretical constructs were important, however, rather than adopting one theory and carrying it out in its entirety, those experts suggested pulling constructs from a variety of theories and using those that were pertinent to issue they were trying to address. This mirrors the argument presented by Crosby and Noar (2010) who also disparage the merits of existing theory to inform behaviour change, and call for theory to be developed in and reflect practice. In addition to the use of theory, there were

145

also questions about which theories were relevant to social marketing as the field continues to shift from addressing downstream behaviours to midstream and upstream issues (Andreasen, 2006; Rundle-Thiele et al., 2013). This shift is a welcomed amongst those that consider social marketing a viable tool for social change. One expert participant said this about the adoption of individual behaviour change theories:

> One of the things that annoys me is when people keep trotting out all of these old, usually psychological theories, stages of change, the theory of reasoned action, all those old chestnuts [participant, expert interviews]

Indeed, in addition to the historical nature of these theories, there also lies the reality that the individual behaviour change theories do little to attend to sustainability (Brownson, Haire-Joshu, & Luke, 2006) and their focus on the individual risks the possibility of blaming the victim (Rundle-Thiele et al., 2013).

To negotiate some of the challenges currently persisting in social marketing, two solutions are presented here. The first is to understand new theories of change, including those that address social issues at the upstream level, and account for societal and contextual factors, as well as the behaviours of individuals. Next, the very nature of how we present theories to academics and practitioners who may wish to adopt social marketing should be adapted, and one method of doing this will be discussed.

'Upstream' social marketing is being endorsed by an increasing number of social marketing experts, and accompanying this new way of addressing issues are the theories that support these endeavors (Andreasen, 2006; Dibb et al., 2013). In a social marketing project, engagement with multiple levels, including more societal or policy-related levels, exemplifies attention to upstream determinants of a problem. social ecological model positions social issues within a myriad of conditions that must be addressed in order to influence change. For instance, take the issues of smoking: once health education specialists may have been convinced that if individuals knew about the risk associated with smoking they would abandon the behaviour. It wasn't until policies were enacted, laws created, taxes infused and programs implemented (Mello, Studdert,

& Brennan, 2006; Wharf Higgins, Cookson, Hasting-James, & Frazer, 2014), that a real change in tobacco use occurred. A very recent edition of the social ecological theory, which inverts the order of the micro, meso and macro levels to position policy at the centre of the model, rather than individual-level factors (Golden et al., 2015) may be instructive for upstream social marketing.

Findings from the expert interviews mirrored that of the current literature that suggests that social marketers may wish to adopt the use of behavioural economics theory in shifting and 'nudging' individuals towards a behaviour change (Thaler & Sunstein, 2009) . This theory emphasizes that individuals are not rational, and therefore, even those with the best intentions to be physically active, eat a healthier diet, or abandon smoking may not be able to so without the help of environmental cues (Sugden, 2009; Thaler & Sunstein, 2009). Unlike social marketing, behavioural economics shifts the environment to make the default choice one that will encourage a positive behaviour (at least one that society considers desirable) (Thaler & Sunstein, 2009). This attention to the environment is important to creating positive change, however, the use of 'nudge' theory does negate the 'voluntary' behaviour change that social marketers strive to achieve (Spotswood et al., 2012). As Spotswood and colleagues (2012) discuss, it may be time that social marketers abandon this criteria (of voluntary action) in order to better influence social change on a broader scale, by considering that individuals will likely make choices based on their environments. Eliminating the need for all behaviour change to be driven by the individual may create space for social marketers to influence high-level change and affect social issues that cannot be measured by one individual, for instance, awareness and acceptance of mental health, reduction of poverty and stigma of HIV/AIDS.

In addition to shifting the focus of theory to those who attend to a more holistic approach to social change, social marketers may consider adopting a model similar to that developed by Michie and colleagues (Michie, van Stralen, & West, 2011). As described in their work there currently "exists a plethora of frameworks for classifying behaviour change interventions but an informal analysis suggests that none are comprehensive and conceptually coherent" (p. 2). To address this, they have developed a "Theoretical Domains Framework" and "Behaviour Change Wheel" with three levels:

147

policy categories on the outside, intervention functions in the middle, and sources of behaviour in the centre. The utility of this model is that those wishing to implement a strategy could pick and choose which constructs are relevant to them, are realistic within the time frame, and meet the situational needs of the context. It may be that social marketers develop or adapt this perspective, so that future social marketing attempts could be guided in a similar way.

6.2. Social Marketing as an Innovation

The next section of this chapter presents an application to the data of a different theoretical and explanatory lens, that of Diffusion of Innovations. I employed it to explore alternative or complementary ways of analyzing my data, and I share it here as an exercise that validated and expanded my previous findings, and because it is useful for stimulating ideas about next steps for diffusing or disseminating social marketing. This section is in four parts. First, a brief overview of the Diffusion Of Innovations theory will be provided; next, I will describe why I chose it as the theoretical lens to describe this research. Then I will describe the attributes of an innovation where social marketing is considered the innovation. Finally, I will present limitations to the use of this theory and areas for future research.

6.2.1. Diffusion of Innovations

The diffusion of innovation (DOI) theory was developed and introduced by Everett Rogers in 1962, to explain the spreading of trends (Rogers, 2003). By definition diffusion is the dissemination of an innovation to other people, another region or community. The process of diffusion is when an innovation is communicated through certain channels over time among the members of a social system (Rogers, 2003). Innovation is an idea, practice or object that is perceived as new to an individual and/or organization. Though many innovations 'spread' spontaneously, there are many constructs that can be developed to ensure that your idea or innovation is diffused successfully.

Diffusions of Innovations is perhaps most commonly recognized by the adoption curve where groups of consumers adopting a new technology (innovation) move from those who are considered innovators to those who would be labelled laggards. Innovators are the first to adopt an innovation and are typically considered gatekeepers who have the role of introducing new ideas into a social system. Early adopters, the early and late majority and finally laggards then follow them in an s-curve of growth in the number of adopters. At each stage of the diffusion, the previous group of consumers influences the next (Rogers, 2003).

Another fundamental construct associated with Diffusion of Innovation theory is that of opinion leaders, or change agents. Change agents, as described by Rogers (2003) are influential in being the link between two systems (e.g., in this study it may be a individual who has trained in social marketing but works in a government organization). The role of change agents becomes critical in ensuring that the innovation is adopted appropriately. In his book, 'The Tipping Point', Gladwell (2002) explains change agents by describing the 'The Law of the Few'; connectors, mavens and salesmen all play important roles in ensuring that an innovation is both spread and adopted. Further supporting the need for individuals to lead the way in the adoption process, is the role of champions discussed specifically when looking at innovations within organizations. The roles and titles described by both Rogers (change agents, champions) and Gladwell (connectors, mavens, salespeople) are all representations of a key theme that surfaced in this dissertation, that of leadership. The role of leaders and innovators appears to be paramount to its success of social marketing as an innovation.

The third construct is that of the attributes of an innovation. Rogers (2003) highlights five key attributes that should be considered when developing ideas, practices, or objects to be diffused. They are:

1. Relative Advantage: Is the innovation better than what it will replace?
2. Compatibility: Does the innovation fit with the intended audience?
3. Complexity: Is the innovation easy to use?
4. Trialability: Can the innovation be tried before making the decision to adopt?
5. Observability: Are the results of the innovation observable and easily measurable?

Social marketers commonly use Diffusion of Innovations in their social marketing efforts; to my knowledge, it hasn't been used as a way to describe social marketing as an approach. Next I will justify why I chose to use the Diffusion of Innovations as the theoretical lens to describe this research.

6.2.2. Rationale for Diffusion of Innovations

In order to describe and discuss the data drawn from the three studies conducted for this dissertation project, the Diffusion of Innovations theory was used to bring meaning to the collective data, and assist in telling the story of social marketing. As previously discussed, social marketing was considered the 'innovation'. The Diffusion of Innovations theory was appropriate for this task for several reasons. First, the theory is a classic, it has often been discussed within the marketing and social marketing literature (Dearing, Maibach, & Buller, 2006; Greenhalgh et al., 2005), and its focus on social systems and groups of individuals lends well to the process of asking potential users to adopt social marketing in their social change efforts. Next, as discussed above, the Diffusion of Innovations theory places a large emphasis on opinion leaders or change agents. Two of the three studies conducted for this dissertation project drew upon the experiences of those who would be considered change agents within the field of social marketing, that is, they have already adopted the innovation (the use of social marketing), and it is their perspectives and opinions which will inform the recommendations provided. Further, Diffusion of Innovations, although dated, is well recognized within practice settings (not just in academia), largely due to the influence that 'The Tipping Point' had on mainstream audiences. I felt this was significant because one of the central goals of this dissertation project was to continue to narrow the gap between knowing and doing, and theory can often dissuade those working in practice to adopt and use an approach. Finally, the Diffusion of Innovations theory places an emphasis on the construct of 're-invention', that is 'the degree to which an innovation is changed or modified by a user in the process of adoption and implementation" (Rogers, 2003, p. 180). Re-invention recognizes that the innovation (social marketing) may not be adopted the same way by each user, and within each context. Indeed this focus on re-invention allows potential adopters to adapt social marketing (according to their own needs, time, resources and expertise (Bui, 2013). Having chosen the Diffusion of

Innovations theory, the next section of this discussion chapter will unpack social marketing as an 'innovation', and look at the five constructs as outlined by Rogers to determine what social marketing as a field, and social marketers as leaders, might continue to do, to surmount challenges, and foster reach and adoption of the approach.

6.2.3.   Attributes of the Innovation

Relative Advantage

In social marketing terms, the notion of exchange is simply increasing the benefits of a behaviour, while reducing the cost, so that the perceived value of the intended behaviour is of higher value than that of the previous (Lee & Kotler, 2011), existing, or potential negative behaviour. In Diffusion of Innovation terms, relative advantage is much the same. Rogers (2003) defines relative advantage as 'the degree to which an innovation is perceived as being better than the idea it supersedes' (p.229). Indeed, in order to increase the reach and adoption of social marketing, within public health, and across disciplines, social marketing must position itself so that it is viewed by potential users as being the best approach to developing, implementing and evaluating social change efforts.

Documented in the social marketing literature, several leading social marketers have discussed how to increase the relative advantage of social marketing. For instance, over a decade ago, Rothschild (2000) highlighted the need for government agencies to move beyond simply using law and information to bring about change in their communities, and rather, advocated for the use of marketing. This advocacy for marketing was rooted in the need to provide a more value-based approach to citizens, one that would persuade them to adopt positive social behaviours.

In building upon this value proposition, French (2013) recently wrote a chapter on the need to 'embed social marketing in the strategic DNA of all social programs' (p. 6). This call to action, was described by French (2013):

> Social marketing is often viewed as a second-order task in many public-sector policy and strategy development circles. Even when social

151

marketing is applied, it is most often seen as a set of techniques that can be used to improve the delivery of social programs, but not as essential component of policy development strategy analysis (p. 8).

Participants in my project - especially those in Canada - agreed that in order to advance social marketing and, in effect, build its relative advantage, social marketing had to take on a much more visible role within government and funding agencies. They expressed that it is not enough to view social marketing as, in French's terms, an 'add on' (French, 2013). In some countries that figured in articles in the scoping review for this study, social marketing has seen significant recognition, for instance in the USA, the Healthy People 2020 report included three objectives directly related to social marketing, in the UK, and most recently, although not to the same scale, in British Columbia, Canada, the provincial government has begun the process of developing a Provincial Social Marketing Group.

Embedding social marketing into the structure of an organization addresses the issues of relative advantage at a high level. By having organizational approval and support, social marketing will be far more likely to be adopted than if the organization is lacklustre about the use of social marketing. However, even with organizational support, practitioner end users and academics still ought to adopt it in individual strategy development.

Practitioner end users involved in this dissertation project recognized that there were costs associated with the adoption of social marketing, including the resources needed and the time necessary to implement, pilot test and develop appropriate strategies. Even with these costs, they highlight the benefits of conducting social marketing, including the ability to conduct consumer research, focus on the target audience, measure change and ultimately, improve society and people's lives. One participant stated clearly "I don't find it easy, but I find it impactful" (participant, practitioner end user interviews). It appears that, even with the challenges associated with social marketing, those who have used it in the field recognize and appreciate its merits. Now this may be an overly optimistic impression of the utility of social marketing in practice settings. That is, the individuals interviewed for this dissertation project were identified because they had already used social marketing, so their perspectives may not represent the majority of individuals striving to achieve social good, including chronic disease prevention.

As with practitioner end users, academics involved in the expert interviews recognized that social marketing was not always considered to be the approach with the greatest relative advantage. Barriers to adoption for academics included lack of political support, lack of funding and lack of training opportunities. In order to choose social marketing over other health promotion techniques (health communication or health education), social marketing advocates need to position social marketing as relevant to the ways 'that people are thinking about social and public health problems' (participant, expert interviews).

As has been described elsewhere in this dissertation project, in addition to the mechanisms already mentioned, the study participants overall shared that the relative advantage of social marketing lies in its ability to understand the consumer, segment the audience and provide a multi-pronged approach to strategy development. In order for both practitioner end users and academics to adopt social marketing, further research should continue to explore the barriers that those who aren't using social marketing are faced, so that the relative advantage of this approach can continue to be improved.

Compatibility

Building upon the notion of relative advantage is the construct of compatibility. Rogers (2003) says the following of compatibility:

> Compatibility is the degree to which an innovation is perceived as being consistent with the existing values, past experiences, and needs of potential adopters. An idea that is incompatible with the values and norms of a social system will not be adopted as rapidly as an innovation that is compatible (p.15)

Findings of this dissertation project highlight that social marketing was compatible with the existing values and needs of those who were employing the strategy (both experts and practitioner end users). Ideally, if social marketing continues to build value through increasing its relative advantage, the ability to increase the compatibility of the approach will also improve, because social marketing will already be considered an appropriate and useful approach for social change, and therefore considered compatible to potential adopters. In addition to the need to embed social marketing within the organizational structure, participants of this dissertation project commented on the need

153

to adjust the language they used when discussing social marketing, so as to attend to existing values, and needs of their funding agencies, and support networks. The language of social marketing is often viewed as manipulative, or forceful (Rundle-Thiele et al., 2013), or, because of lack of awareness about the complexity and multifaceted utility of social marketing, it is viewed as merely a messaging or promotional strategy (Andreasen, 2002). When seeking funding or support, participants of this study indicated that such misunderstandings do not often serve them well. To negotiate this challenge, participants have adapted the social marketing language to increase the acceptability and value of the social marketing approach. It may well be, therefore, that a shift in language must occur, in order for social marketing to be aligned with the values and ideas of those who we are wishing to adopt the approach.

Further troubling the field has been the notion that people are saying that they are using social marketing when they are not, they are using only one element of it but assume they are applying a sufficient amount of social marketing's essential criteria, or as reported by various participants in this dissertation project, that people are using social marketing but not labelling it as such. In some cases, the literature documents that practitioners view social marketing as they would traditional health education programs or behaviour change models (Thackeray, 2005). In this study, the practitioners who shared their perspectives and experiences not only understood social marketing, but also were able to identify the distinguishing features of the approach. It may be that there is more social marketing being conducted and broader knowledge of it than is currently acknowledged. Future research may do well to uncover the 'hidden' social marketers, and work with these individuals to find out how they have developed their trade, the tools that they use, and what traditional social marketing can adopt from this work, to increase the accessibility and reach of the global field.

Complexity

Complexity refers to the "degree to which an innovation is perceived as difficult to understand and use" (Rogers, 2003, p. 16). As has been documented throughout this dissertation project, a lack of consensus persists about what social marketing is, and how it should be conducted (Robinson-Maynard et al., 2013). This no doubt adds to the complexity of the approach when viewed by potential social marketers. Results of this

dissertation project suggest that social marketing does not need to be complicated, and the future of its success lies in developing a process that is simple, straightforward and agreed upon by many.

As mentioned previously, the constructs of research, segmentation and a multi-pronged approach are fundamental to the social marketing process. To achieve these three simple steps, a academic, practitioner or social change advocate can use whatever tools or mechanisms they are most familiar with (e.g., focus groups, community based research, logic models or the adoption of theoretical constructs). That is to say, rather than developing prescribed systems for social marketing, a continued emphasis on the foundations of a social marketing approach would perhaps allow for a greater number of individuals to adopt the approach in their organizations. These foundational skills and the teaching that accompanies them may mirror those documented by Lefebvre (2014), and should be available from a variety of platforms and places. As suggested by expert social marketers, the need to increase training both formally and informally will ensure that those working in fields of public health and the environment will have social marketing as a tool that is part of their social change strategies. Indeed although not formally trained, participants of the practitioner interviews had each developed their own process, and clearly understood when they were conducting 'social marketing'. Although they had not adopted the prescribed approach (of benchmark criteria), they were still able tot negotiate the complexities of social marketing by using foundational skills and applying what they knew.

Another notion that should be considered by potential social marketers when examining complexity in social marketing is that of behaviour change. Once considered the gold standard in social marketing, achieving behaviour change and measuring this outcome have become increasingly difficult as "the discipline takes on larger and much tougher problems than its larger, better-resourced commercial cousin" (Rundle-Thiele et al., 2013). That is, where commercial marketers continue to sell products and services, social marketers now strive to reduce obesity and alleviate poverty (Evans, Christoffel, Necheles, & Becker, 2011; Lee & Kotler, 2009). Within the social marketing literature the conversation about realities or need for behaviour change to be the bottom line is

shifting. In a critical analysis of the approach, Spotswood et al. (2012) pose the following question:

> We ask whether social marketers should widen their remit to "re-introduce" a focus on changing ideas, attitudes or language as well as behaviour. For example, could a social marketing goal be to encourage a more open conversation about death at the end of life, or to encourage people in a community to feel better about where they live, or to change attitudes towards racism or ageism? (p.168).

In essence, Spotswood et al. (2012) highlight that where once awareness or attitude change may have been discouraged as an outcome measure in addressing complex problems such as changing attitudes towards a moral and ethical construct such as racism, it may be that shifting attitudes is a sufficient indicator of change. If social marketing is but one way to achieve social change, as described by the expert participants of this dissertation project, then social marketing should be able to influence these issues, and behaviour as the bottom line may not be so critical in such cases. The challenge of this shift in thinking is identifying and creating indicators that will satisfy the need of those funding the social marketing strategy to show forward movement, and assess interim or proxy indicators, because without proof of concept, future research and strategies may not be resourced.

This need for useful and meaningful indicators in social marketing is not restricted to the major issues of our time (e.g., poverty and obesity), but also surfaces among those working as practitioner end users on less complex interventions. Results from this dissertation project may serve to answer the question posed by Spotswood (2012), and suggest that yes, it is time re-introduce changing ideas, attitudes or language as reliable and useful measures of social marketing success in some projects. IDoing so may greatly reduce the complexity of adopting the approach. That is, that without the high bar of striving to achieve and demonstrate behaviour change, policymakers, governments, and practitioner end users can create social change that is still applauded by those wishing to create a better world.

This latter point may appear to contradict earlier suggestions that social marketers need to provide more empirical evidence, through the quantification of results. I believe this is warranted, however, quasi-experimental or RCTs do not merely need to

measure outcomes, as often they are complemented with 'soft' science and include process data or the documentation of attitudes and awareness as called for here. It may be that there is no single appropriate way to achieve this, and that, as has been mentioned throughout this dissertation, providing choice, rather than prescription, will enable academics and practitioner end users to conduct social marketing so that is suits their values and needs.

Trialability

The notion of trialability is simply the ability for a potential user to experience the innovation on a limited basis. Piloting, formative research and pre-testing (Lee & Kotler, 2011; Lefebvre, 2013) are all constructs of social marketing that represent trialability and are currently embedded within the approach. Findings from this dissertation project suggest that trialability is already occurring within social marketing. Participants of both sets of interviews (experts and practitioner end users) referred to the process of testing messages or conducting 'pilot' efforts. Further, many of the manuscripts collected for the scoping review were targeted at formative research and pre-testing.

Trialability may be the most straightforward attribute of social marketing, however, it may also be the most difficult to apply within the context of social change research. In academia, pilot studies are often used to first test and measure the effectiveness of an approach. Pilot studies are excellent for gathering information that can inform the merits and challenges of a project, however, too often, projects are abandoned after the pilot phase due to restricted funding or capacity. In practice, pilot testing is not always realistic due to constraints associated with time and money. When working to show 'action' and provide 'quick wins', time to demonstrate effectiveness may not always be available. Training workshops or academic courses in social marketing could address that gap to some extent by sharing stories (stepping through accessible, relevant and memorable cases) and processes in its use.

Observability

The final attribute of an innovation that Rogers (2003) describes is the need for observability, or "the degree to which the results of an innovation are visible to others"

(p. 16). This has two dimensions. The first relates to social norms and "others" in social networks, i.e., the potential adopter's perception that the innovation is used by or approved of by people who matter to him or her. What is important is the adopter's belief or experience that upon being "observed" engaging with the innovation, others approve. Concretely, diffusion studies hold that the more that people in a practitioner's social network use and openly approve of the innovation, e.g., social marketing, the more likely its use will be adopted and sustained. Use of social marketing, if its observability is positive along with the other attributes, promises to beget more use. If a threshold of adoption is reached in a professional network, e.g., of public health academics or practitioners, the critical mass of those adopters could constitute a tipping point towards rapid, widespread adoption.

The second dimension of observability is about credible, perceivable and preferably tangible results of an innovation. Results of all three studies included in this dissertation project highlighted the paucity of scientific evidence for effectiveness in achieving and sustaining behaviour change objectives. The lack of evidence, including both empirical evidence and informal 'story sharing' has already been discussed throughout this paper. In an effort to make social marketing more visible, findings of this dissertation highlight the continued need to determine the 'gold standard' outcomes of social marketing and information sharing mechanisms.

As documented, behaviour change has been the bottom line of social marketing (Grier & Bryant, 2005), and indeed, to influence social change, we must achieve behaviour change. However, Spotswood et al. (2012) argued that it might be time to "re-introduce a focus on changing ideas, attitudes or language as well as behaviour (p.168). The argument of behaviour change as the bottom line (or not) is rooted in the realities that were discussed by participants in both qualitative studies, and in data drawn from the scoping review. Behaviour change is difficult to achieve, and hard to measure (Gordon et al., 2006). It take times, money and effort. In order to influence many, and as eloquently stated by Spotswood and colleagues, "we note that often changing the language people use or the way people feel may be the optimum achievement within the tight constraints of inadequately funding or temporally constrained intervention" (p. 168). To respond to the needs of practitioners, and work within the realities of contextual

factors, it may be that behaviour change can no longer be the bottom line. This however, does not excuse social marketers from researching with rigor (Rundle-Thiele et al., 2013) it merely opens up the possibilities for social marketing to document and demonstrate its utility in social change. So rather than dismiss behaviour change as the bottom line, social marketers should still strive to achieve this, and if not possible, develop appropriate measures for demonstrating that people's attitudes, or knowledge, or intentions have changed. Ideally, the outcome is change, and whether that behaviour changes or not, rests with those that are implementing the strategies.

In addition to reflection on the outcomes that social marketing wishes to accept and encourage, the field of social marketing must also consider how we are getting our stories out. In academia, traditional methods of dissemination include sharing information through peer reviewed journals, attending conferences, and sharing posters, and oral presentations, or through textbooks, book chapters and formal lectures. These tools of 'knowledge translation and exchange' are limited to an audience that already seeks to know about and understand social marketing. That is, these tools are geared towards the converted, those who have already been persuaded to use social marketing. Results of this dissertation highlight two challenges to the traditional ways of 'getting the message out'. First, as documented in the scoping review, there may be fewer stories and documentations of successful social marketing strategies than are actually occurring due to the fact that those who are conducting the work are less likely to adopt academic modes of knowledge transfer. Participants in the consumer analysis agree with this statement, and support this, highlighting the second challenge that practitioners share their success stories to garner more funding, more business and increase their bottom-line. To increase the visibility and merit of social marketing, a collective voice from both academia and practice must be realized, no longer will it be acceptable to work in silos, and rather, individuals, leaders and networks must come together to bridge the gap between those who are knowing, and those who are doing. Embedding practice into conferences, highlighting the efforts of those working in the field, providing opportunities for academics to share their knowledge in practical settings, inviting practitioners to highlight their work in ways that draws them new business, and fostering the movement of social change in their communities -- these steps should help address these gaps.

6.2.4.   Limitations

Employing Diffusion of Innovations as the theoretical lens for the discussion above was not without limitations. These will be discussed next. Further, suggestions for other theories that may have been useful for framing the data and increasing the reach and use of social marketing will be discussed, and finally, recommendations for future research will be explored.

An innovation as described by Rogers (2003) is "an idea, practice, or object that is perceived as new by an individual or other unit of adoption" (p. 12). Using this definition, social marketing fits the role of an innovation, and therefore examining social marketing through the lens of the attributes of an innovation seems particularly appropriate. That said, the individual in this case must be considered as not merely one person but a person as part of a collective group, because ultimately, the goal of this dissertation was to understand how social marketing could be applied to chronic disease prevention, and the participant groups that contributed to the data collection process were not acting alone, that is they were part of an organization or group. Future research may want to consider the stages of the innovation process, including agenda setting, matching and restructuring as described by Rogers when considering innovations in organizations (Rogers, 2003). These constructs fit well with the overall goal of asking potential social marketers to adopt the approach. Although the Diffusion of Innovations theory did fit this analysis, there are limitations to the approach. It may be very difficult to measure the success or impact that the theory has had on the actual adoption of social marketing, and because the range of individuals and organizations that may adopt it is so broad, it might be difficult to come up with strategies and tools that are homogeneous enough to suggest generalizability, but heterogeneous enough to fit with the individual contexts and needs of organizations.

The application of other theoretical approaches would have changed the data analysis and discussion and offered different perspectives to consider. Two theories that were considered but not applied to this dissertation project were Social Practice Theories (Shove, Pantzar, & Watson, 2012), and branding theory (Evans, Bilstein, Vallone, Post, & Nielsen, 2015).

Recently discussed at the World Social Marketing Conference in Sydney Australia, Spotswood (2015) introduced the notion of Social Practice Theory (SPT) as 'facilitating necessary evolution in social marketing' (p.1). This theory was first adopted in sociological scholarship, and has been recently used in disciplines such as environmental sustainability. SPT theory has the primary goal of describing how individuals in different societies, and organizations, are shaped by the context and cultural atmospheres in which they live (Shove et al., 2012). The framework that accompanies this theory is particularly interesting, as it is useful and simple, both advantages to considering its use for social marketing. The framework is made up of three components: materials (tangibles entities), competencies (skill, know-how, and techniques), and meaning (ideas and aspirations) (Shove et al., 2012). Spotswood (2015) suggests that the application of SPT and social marketing may be useful for two reasons; first, that it allows social marketers to focus on an interdisciplinary approach, and second that it moves away from the individual approach to change that social marketing is commonly known for. Future research may want to continue to consider the application of SPT. Indeed findings from this study could inform the framework, perhaps creating a 'how to' for social marketing.

A second theory that could be discussed, and may wish to be considered for future research is branding or health branding theory (Evans et al., 2015; Evans, Blitstein, Hersey, & Renaud, 2008). As has been documented throughout this dissertation, social marketing has a 'branding issue', and may wish to consider how to reinvent itself through 'rebranding' so that its visibility within and outside the social marketing community is recognized and encouraged. Currently branding theory and practice in social marketing is only partially developed (Evans & Hastings, 2008; Wood, 2008), however, we know from commercial marketing that branding is paramount to success. The use of branding theory in social marketing has been encouraged due to its ability to think about programs and products differently by considering the impact of relationships, values, motivational attributes of the behaviour, and partnerships (McDivitt, 2003). This focus on story telling and value propositions is fundamental to social marketing, and future research may wish to explore how to rebrand social marketing so that fits with needs, values, and desires of those that are implementing social change efforts in their communities, countries, and around the world.

161

Using the Diffusion of Innovations theory to frame and discuss the data collected for this case study analysis served the intended purpose. Future research may wish to continue to explore how the reinvention (i.e., using the terminology from Diffusion of Innovations) of social marketing can be considered an innovation, and how its diffusion could be measured. Further, although change agents were participants of this dissertation project, future research may wish to unpack and explore the value and need for change agents and champions within the diffusion process, particularly in organizational settings such as those where many of the participants end users were employed. Finally, continuing to consider other theories (such as SPT and branding theory) will continue to bolster the credibility and utility of social marketing.

Chapter 7.

Conclusion

7.1. Concluding Remarks

This dissertation project presents a case study of current practices, challenges, and the potential of social marketing. Three distinct research studies generated evidence for understanding the perspectives of experts and other persons using social marketing and future possibilities for the social marketing field. A review of literature, interviews with leaders in social marketing, and interviews with practitioner end users provided diverse lenses and voices that enabled me to construct a multi-faceted assessment.

The juxtaposition of findings from the three studies was fruitful. Beyond consolidating results of the individual pieces, I wish to revisit the distinction between expert leaders and practitioner end users, which seemed clear to me at the outset where I believed expert leaders had more expertise than those working in practice. In fact, it appears that practitioner end users have more knowledge of social marketing than I had anticipated, and are able to adapt and innovate to develop pragmatic, flexible, and responsive strategies that meet their organizational needs. This reflection provides me with optimism for the field of social marketing, as I perceive that it is the chosen approach for social change far more often than I had anticipated. Results of my study have allowed me to more clearly define the distinction between experts and practitioners, where I believe experts identify themselves as 'social marketers,' and draw on this approach more often than not. In contrast, practitioner end users do not embrace 'social marketer' as an identity label, but adopt social marketing as a practical, helpful, often effective tool for their social change efforts. In acknowledging this distinction, it is important to note that not all the assertions provided in Chapter 6 will be appropriate for all audiences (e.g., while calling for more empirical evidence, this dissertation also

163

accepts and recognizes the challenges that practitioner end users would have achieving this).

The characteristics of the different audiences will no doubt impact the action that is taken within the field of social marketing, but even with these differences, this triad of study results taken as a whole also indicate a promising set of recommendations for the field. The perspectives of the writers and interviewees in the studies pointed out a need for increased training and educational opportunities for social marketing, both formally and informally, better evidence of social marketing's effectiveness in generating desired outcomes, knowledge exchange between and within academia and practice settings, and expanded attention to partnerships to ensure collaboration and sustainability.

I also carried out an analytic exercise to unpack social marketing as an 'innovation' through use of key constructs from the Diffusion of Innovation theory. By analyzing each attribute of an innovation, I was able to discuss areas where social marketing as a discipline may be able to continue or increase its merits for potential users of the approach, including embedding the approach within organizations, using a multi-pronged approach and improving the knowledge sharing platforms. This analysis brought to light several directions by which social marketing can continue to improve its accessibility for both academics and practitioners.

Beyond the relative consensus of the writers of peer-reviewed articles, social marketing experts/leaders, and practitioner end users, I gleaned additional conclusions that I present below as my own recommendations and personal interpretation. My findings suggest to me that social marketers should place less focus on the prescribed (e.g., the benchmarks) approach that they are so familiar with and adopt a less complex multi-pronged approach. Better use of social media, as well as the adoption of theory and shared definitions can advance the field of social marketing.

7.2. REAL Social Marketing

To summarize the most important take-away points from this dissertation project, I would like to present the plenary speech I conducted at the 23rd Social Marketing

164

Conference in Clearwater Beach, FL, USA, on June 20, 2014. It is through this speech that I believe the messages of this dissertation are best described, in a manner that is accessible and interesting to both colleagues in the field of social marketing and persons who may not already be engaged in the approach. It is my hope that social marketers and social change strategists can continue to enhance their success in influencing communities, society, and the world through "REAL" social change.

Good morning, and thank you for having me. My name is Jenny Scott, and I am a PhD candidate and aspiring social marketer at Simon Fraser University in Vancouver BC, Canada.

I will start by saying that social marketing has great potential in addressing this morning's question of:

"How do you see social marketing contributing to overcoming inequities in health, economics, technologies, and the environment in your country or around the world?"

However I believe that in order for social marketers to have the impact that I know we all desire, critical changes must be made to the way we present ourselves to the world. This year I have had the fortunate opportunity to talk with 16 leading social marketers about how they view social marketing, both in the past, and in the future. Today, I will provide a very brief overview of my findings; by sharing with you what I think are the most critical elements of ensuring that social marketing continues to expand in the coming years. They are relevance, evidence, audience perspective and leadership.

Relevance:

I would like to start by asking you all to imagine your bookshelves in your offices, or living rooms. When friends come to my house they often comment on what I have read. The conversation goes something like 'oh Nudge, such a great book, have you also read', 'or, the Tipping Point, so what do you think made Hush Puppies so popular?' It NEVER goes like this 'oh the new edition of the SM textbook – didn't you just love the methods chapters?! People don't comment on textbooks in the same way they do on Nudge, the Tipping Point or Bowling Alone. My friends don't go to bookstores seeking

information on behavioral economics, diffusion of innovations or social capital – but in reading those books; they gain knowledge and start a conversation. In my interview with Dr. Rowena Merritt, we discussed the merit (no pun intended) of writing a book that can be read by everyone, we need to spice up our literature and make it conversation worthy. And let me be clear, textbooks are extremely useful, and important but as social marketers, we need to think about how to reach people in their workplaces, on the plane, at the park, poolside and in their living rooms.

In speaking of relevance, we also need to mention the importance of social media. As we are all acutely aware social media has caused great confusion to the field of SM – it is true – people get them mixed up! If you look on Twitter with the hashtag #socialmarketing, you don't find much – but are we as social marketers really putting our work out there? My generation, and the generations behind me live much of our lives through the internet (for instance, I can find a dog, an apartment, a kitchen table, a pair of new shoes and a boyfriend all during the same 30 minute internet browsing session). So as social marketers, rather than spend so much time talking about the confusion of social marketing vs. social media, let's focus on what we can do. Let's hashtag social marketing, and put up YouTube clips about what we are doing, let's use Instagram, and Tumblr and Facebook to start spreading the message about what social marketing IS, and worry less about what it is NOT.

Evidence:

Social marketing is about behaviour change. There is no argument about that. Now in order to do more social marketing, we need to prove that it works. We can do this by increasing our evidence, striving to provide numbers, focusing on return on investment and documenting change. Not one of my interviewees suggested that social marketing was providing sufficient evidence to advance our field, garner new research dollars and showcase our ability to make change in this world. We need to focus not only on the process, but also on the outcome.

***Audience Perspective*:**

In ensuring that we are relevant, we need to continue to focus on the audience perspective. I suggest we spend some more time getting to know the people that could use social marketing: policymakers, practitioners, MPH students. How can we 'market' social marketing, as we have been trying to do for years, if we don't follow our own advice and really understand the consumer? And finally,

***Leadership*:**

The field of social marketing has been a tribe now for 40 years, and during this time, we have been extremely lucky to be led by some remarkable academics, practitioners and social change advocates. Continued and sustained leadership will help this field to grow and adapt to suit our ever-changing world. We need to continue to train people, provide opportunities for networking and collaboration, and advocate for our field.

In order for social marketing to continue to influence social change, I suggest we stop talking about what we disagree about – some social marketers use the 4ps, some don't. Some social marketers use 6 benchmarks, others use 8. Some social marketers have backgrounds in public health, others in marketing, and many others from different disciplines. We are unique in some ways, but ultimately, we are all striving towards the same goal – so let's pool our resources, our ideas and our beliefs, build a social marketing toolbox and make change happen.

In summary, with the help of social marketers around the world, I'd like to suggest that we focus on: Relevance, Evidence, Audience Perspective, and Leadership, if we do that, we will make REAL social change.

References

Abercrombie, A., Sawatzki, D., & Doner Lotenberg, L. (2012). Building Partnerships to Build the Best Bones Forever!: Applying the 4Ps to Partnership Development *Social Marketing Quarterly, 18*, 55. doi: 10.1177/1524500411435484

Albrecht, J. A., Larvick, C., Litchfield, R. E., & Weishaar, C. (2012). Leftovers and other food safety information for iPhone/iPad application ("smartphone" technology). *J Nutr Educ Behav, 44*(5), 469-471. doi: 10.1016/j.jneb.2012.04.004

Ammerman, A., Smith, T. W., & Calancie, L. (2014). Practice-based evidence in public health: improving reach, relevance, and results. *Annu Rev Public Health, 35*, 47-63. doi: 10.1146/annurev-publhealth-032013-182458

Anderson, S., Allen, P., Peckham, S., & Goodwin, N. (2008). Asking the right questions: scoping studies in the commissioning of research on the organization and delivery of health services. . *Health Research and Policy Systems BioMed Central 6*(7), 1-12.

Andreasen, A. R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment* San Francisco: Jossey-Bass

Andreasen, A. R. (2002). Marketing Social Marketing in the Social Change Marketplace *Journal of Public Policy & Marketing 21*(1), 3-13.

Andreasen, A. R. (2003). The life trajectory of social marketing some implications *Marketing Theory 3*(3), 293-303.

Andreasen, A. R. (2006). *Social Marketing in the 21st Century* Thousand Oaks, CA: Sage Publications, Inc. .

Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue *Qualitative Health Research, 10*(3), 378-395.

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *iNternational Journal of Social Research Methodology, 8*(1), 19-32. doi: 10.1080/1364557032000119616

Armstrong, R., Hall, B. J., Doyle, J., & Waters, E. (2011). Cochrane Update. 'Scoping the scope' of a cochrane review. [Research Support, Non-U.S. Gov't]. *J Public Health (Oxf), 33*(1), 147-150. doi: 10.1093/pubmed/fdr015

Armstrong, R., Waters, E., Crockett, B., & Keleher, H. (2007). The nature of evidence resources and knowledge translation for health promotion practitioners. [Research Support, Non-U.S. Gov't]. *Health Promot Int, 22*(3), 254-260. doi: 10.1093/heapro/dam017

Bauer, U. E., Briss, P. A., Goodman, R. A., & Bowman, B. A. (2014). Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA *THE LANCET, 384.* doi: 10.1016/

Bellows, L., Anderson, J., Gould, S. M., & Auld, G. (2008). Formative Research and Strategic Development of a Physical Activity Component to a Social Marketing Campaign for Obesity Prevention in Preschoolers. *Journal of Community Health, 33*(3), 169-178. doi: 10.1007/s10900-007-9079-z

Best, J. W., & Kahn, J. V. (1989). *Research In Education* (6th ed.). Englewood Cliffs, New Jersey: Prentice Hall

Boblin, S. L., Ireland, S., Kirkpatrick, H., & Robertson, K. (2013). Using Stake's Qualitative Case Study Approach to Explore Implementation of Evidence-Based Practice *Qualitative Health Research*.

Borys, J.-M., Le Bodo, Y., Jebb, S. A., Seidell, J. C., Summerbell, C., Richard, D., . . . Group, t. E. S. (2011). EPODE approach for childhood obesity prevention: methods, progress and international development. *Obesity reviews : an official journal of the International Association for the Study of Obesity*. doi: 10.1111/j.1467-789X.2011.00950.x

Brownson, R. C., Haire-Joshu, D., & Luke, D. A. (2006). Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic disease. . *Annual Review of Public Health 27*, 341-370.

Bryant, C. A., Courtney, A. H., Lindenberger, J. H., Swanson, M. A., McDermott, R. J., Mayer, A. B., . . . Lefebvre, R. C. (In press). A social marketing approach for increasing community coalitions' adoption of evidence-based policy to combat obesity. . In L. Brennan, L. Binney, L. Parker & T. Watne (Eds.), *Behavior change models: Theory and application for social marketing.* . Cheltenham, UK Edward Elgar Publishers

Bryant, C. A., Courtney, A. H., McDermott, R. J., Alfonso, M. L., Baldwin, J. A., Nickelson, J., . . . Zhu, Y. (2010). Promoting Physical Activity Among Youth Through Community-Based Preventing Marketing. *Journal of School Health, 80*(5), 214-224.

Bui, Q. N. (2013). *What is being reinvented? Toward a conceptual model of reinvention.* Paper presented at the Eighteenth DIGIT Workshop Milan, Italy

Cairns, J. E., & Rundle-Thiele, S. (2014). Eating for the better: a social marketing review (2000-2012). *Public Health Nutrition 17*(7), 1628-1639.

Cavill, N., & Maibach. (2008). VERB Demonstrating a Viable National Option for Promoting Physical Activity Among our Children *American Journal of Preventive Medicine*, 1-2. doi: 10.1016/j.amepre.2008.03.013

Cohen, D., Scribner, R. A., & Farley, T. A. (2000). A Structural Model of Health Behavior: A Pragmatic Approach to Explain and Influence Health Behaviors at the Population Level. *Preventive Medicine, 30*(2), 146-154. doi: 10.1006/pmed.1999.0609

Cousins, J. B., & Leithwood, K. A. (1993). Enhancing Knowledge Utilization as a Strategy for School Improvement *Knowledge Creation, Diffusion, Utilization 14*(3), 305-333.

CPHA. (1986). Ottawa Charter for Health Promotion *Canadian Journal of Public Health 77*(6), 425-430.

Craig, C. L., Bauman, A., Gauvin, L., Robertson, J., & Murumets, K. (2009). ParticipACTION: A mass media campaign targeting parents of inactive children; knowledge, saliency, and trialing behaviours. *Int J Behav Nutr Phys Act, 6*, 88. doi: 10.1186/1479-5868-6-88

Creswell, J. W. (1998). *Qualitative Inquiry and Research Design Choosing Among Five Traditions* Thousand Oaks, CA: Sage Publications, Inc. .

Creswell, J. W. (2003). *Research Design Qualitative, Quantitative, and Mixed Methods Approaches* (2 ed.). Thousand Oaks: Sage Publications

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3 ed.). Los Angeles, CA Sage

Crosby, R., & Noar, S. M. (2010). Theory development in health promotion: are we there yet? [Review]. *J Behav Med, 33*(4), 259-263. doi: 10.1007/s10865-010-9260-1

Dahl, S., Eagle, L., & Ebrahimjee, M. (2013). Golden Moves: Developing a Transtheoretical Model-Based Social Marketing Intervention in an Elderly Population *Social Marketing Quarterly*. doi: 10.1177/1524500413505569

Davis, K., Drey, N., & Gould, D. (2009). What are scoping studies? A review of the nursing literature *International Journal of Nursing Studies, 46*, 1386-1400. doi: 10.1016/j.ijnurstu.2009.02.010

Dearing, Maibach, & Buller. (2006). A Convergent Diffusion and Social Marketing Approach for Disseminating Proven Approaches to Physical Activity Promotion *American Journal of Preventive Medicine*, 1-13. doi: 10.1016/j.amepre.2006.06.018

Denzin, N. K. (1970). *The Research Act in Sociology* Chicago Aldine

Denzin, N. K. (2012). Triangulation 2.0. *Mixed Methods Research 6*(2), 80-88.

Denzin, N. K., & Lincoln, Y. S. (2011). *Introduction: Disciplining the practice of qualitative research.* (4 ed.). Thousand Oaks, CA Sage

Dibb, M., & Carrigan, S. (2013). Social marketing transformed. *European Journal of Marketing, 47*(9), 1376-1398. doi: 10.1108/ejm-05-2013-0248

Dibb, M., Carrigan, S., & Gordon, R. (2013). Unlocking the potential of upstream social marketing. *European Journal of Marketing, 47*(9), 1525-1547. doi: 10.1108/ejm-09-2011-0523

Dibb, S. (2014). Up, up and away: social marketing breaks free *Journal of Marketing Management 30* (11-12).

DiGuiseppi, C. G., Thoreson, S. R., Clark, L., Goss, C. W., Marosits, M. J., Currie, D. W., & Lezotte, D. C. (2014). Church-based social marketing to motivate older adults to take balance classes for fall prevention: Cluster randomized controlled trial. *Prev Med, 67*, 75-81. doi: 10.1016/j.ypmed.2014.07.004

Doner Lotenberg, L. (2010). Place: Where the Action Is. *Social Marketing Quarterly, 16*(1), 130-135.

Donovan, R. (2011). Social Marketing's mythunderstandings *Journal of Social Marketing, 1*(1), 8-16. doi: 10.1108/20426761111104392

Dorfman, L., & Wallack, L. (2007). Moving nutrition upstream: the case for reframing obesity. [Review]. *J Nutr Educ Behav, 39*(2 Suppl), S45-50. doi: 10.1016/j.jneb.2006.08.018

Eagle, L., Case, P., & Low, D. R. (2013). Challenges Facing Behaviour Change Interventions: A Social Marketing Perspective on Communicating Sustainability and Climate Change Science In K. Kubacki & S. Rundle-Thiele (Eds.), *Contemporary Issues in Social Marketing* Newcastle upon Tyne, UK Cambridge Scholars Publishing

Economos, C. D., & Curtatone, J. A. (2010). Shaping up Somerville: a community initiative in Massachusetts. *Prev Med, 50 Suppl 1*, S97-98. doi: 10.1016/j.ypmed.2009.10.017

171

Evans, D. W., Bilstein, J., Vallone, D., Post, S., & Nielsen, W. (2015). Systematic review of health branding: growth of a promising practice *Translational Behavioral Medicine* 24-36.

Evans, D. W., Blitstein, J. L., Hersey, J. C., & Renaud, J. (2008). Systematic Review of Public Health Branding *Journal of Health Communication, 13*(721-741).

Evans, D. W., Christoffel, K. K., Necheles, J., Becker, A. B., & Snider, J. (2011). Outcomes of the 5-4-3-2-1 Go! Childhood Obesity Community Trial. *American Journal of Health Behavior, 35*(2), 189-198.

Evans, D. W., Christoffel, K. K., Necheles, J. W., & Becker, A. B. (2011). Social Marketing as a Childhood Obesity Prevention Strategy *Obesity, 18*(S1), S23-S26.

Evans, D. W., & Hastings, G. (2008). *Public Health Branding: Applying marketing for social change* Oxford University Press

Evans, W. D., Necheles, J., Longjohn, M., & Christoffel, K. K. (2007). The 5-4-3-2-1 go! Intervention: social marketing strategies for nutrition. *J Nutr Educ Behav, 39*(2 Suppl), S55-59. doi: 10.1016/j.jneb.2006.08.024

Fontana, A., & Frey, J. H. (2000). The Interview: From Structured Questions to Negotiated Text In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2 ed.). Thousand Oaks, CA SAGE Publications

Forthhofer, M. S., & Bryant, C. A. (2000). Using Audience-Segmentation Techniques to Tailor Health Behavior Change Strategies *American Journal of Health Behavior, 24*(1), 36-43.

French, J. (2013). From the Periphery to the Core: Embedding Social Marketing in the Strategic DNA of All Social Programmes In S. Rundle-Thiele & K. Kubacki (Eds.), *Contemporary Issues in Social Marketing* Newcastle upon Tyne Cambridge Scholars Publishing

French, J., & Blair-Stevens, C. (2007). Big Pocket Guide Social Marketing (2 ed.). London National Consumer Council

French, J., & Mayo, E. (2006). It's our health. National Social Marketing Strategy. . London: National Consumer Council. .

Gillham, B. (2000). *Case Study Research Methods* New York, NY Wellington House

Gladwell, M. (2002). *The Tipping Point How Little Things Can Make a Big Difference* New York, NY: Hachette Book Group

Glasgow, R. (2013). What does it mean to be pragmatic? Pragmatic methods, measures, and models to facilitate research translation. *Health Education & Behavior, 40*(257-265).

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the Public Health Impact of Health Promotion Interventions: The RE-AIM Framework. *American Journal of Public Health, 89*(9), 1322-1327.

Glasson, C., Chapman, K., Wilson, T., Gander, K., Hughes, C., Hudson, N., & James, E. (2013). Increased exposure to community-based education and 'below the line' social marketing results in increased fruit and vegetable consumption. *Public Health Nutr, 16*(11), 1961-1970. doi: 10.1017/S1368980013001614

Golden, S. D., McLeroy, K. R., Green, L. W., Earp, J. A., & Lieberman, L. D. (2015). Upending the social ecological model to guide health promotion efforts toward policy and environmental change. *Health Educ Behav, 42*(1 Suppl), 8S-14S. doi: 10.1177/1090198115575098

Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: What's the evidence? . *Public Health* (120), 1133-1139. doi: 10.1016/j.puhe.2006.10.008

Graham, I., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in Knowledge Translation: Time for a Map? . *The Journal of Continuing Education in Health Professions 26*(1).

Green, L. W. (2006). Public Health Asks of Systems Science: To Advance Our Evidence-Based Practice, Can You Help Us Get More Practice-Based Evidence? . *American Journal of Public Health 96*(3). doi: 10.2105/ajph

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., Kyriakidou, O., & Peacock, R. (2005). Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review. [Research Support, Non-U.S. Gov't Review]. *Soc Sci Med, 61*(2), 417-430. doi: 10.1016/j.socscimed.2004.12.001

Grier, S., & Bryant, C. (2005). Social Marketing in Public Health. *Annual Review of Public Health, 26*, 319-339.

Hastings, G. (2006). Ten Promises to Terry: Towards a Social Marketing Manifesto. *Social Marketing Quarterly, 12*(2), 59-62. doi: 10.1080/15245000600721776

Hastings, G. (2007). *Social Marketing Why Should The Devil Have All The Best Tunes?* Oxford Butterworth-Heinemann.

Hatch, J. A. (2002). *Doing Qualitative Research in Education Settings* Albany: SUNY Press.

Hawe, P., & Potvin, L. (2009). What is Population Health Intervention Research? . *Canadian Journal of Public Health, 1*(18), 1-7.

Hopwood, T., & Merritt, R. (2011). Big Pocket Guide to using social marketing for behaviour change National Social Marketing Centre.

HP2020, U. D. o. H. a. H. S. (2012). Health Communication and Health Information Technology - Healthy People Retrieved June 28, 2013 from http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=18

James, K. J., Albrecht, J. A., Litchfield, R. E., & Weishaar, C. A. (2013). A Summative Evaluation of a Food Safety Social Marketing Campaign "4-Day Throw-Away" Using Traditional and Social Media *Journal of Food Science and Education 12*

Janssen, M. M., Mathijssen, J. J., van Martens, M. J., van Oers, H. A., & Garretsen, H. F. (2013). Effectiveness of alcohol prevention interventions based on the principles of social marketing: a systematic review *Substance Abuse Treatment, Prevention and Policy 8*(18).

Johnson, S. L., Bellows, L., Beckstrom, L., & Anderson, J. (2007). Evaluation of a Social Marketing Campaign Targeting Preschool Children. *American Journal of Health Behavior 31*(1), 44-55.

Kennedy, A.-M., & Parsons, A. (2012). Macro-social Marekting and Social Engineering: A Systems Approach *Journal of Social Marketing 2*(1), 37-51.

Kennedy, M. G., Genderson, M. W., Sepulveda, A. L., Garland, S. L., Wilson, D. B., Stith-Singleton, R., & Dubuque, S. (2013). Increasing tobacco quitline calls from pregnant african american women: the "one tiny reason to quit" social marketing campaign. *J Womens Health (Larchmt), 22*(5), 432-438. doi: 10.1089/jwh.2012.3845

Kindig, D. A., & Isham, G. (2014). Population Health Improvement: A Community Health Business Model That Engages Partners in All Sectors *Frontiers of Health Services Management 30* (4), 3-20.

Kothari, A., & Armstrong, R. (2011). Community-based knowledge translation: unexplored opportunities. *Implement Sci, 6*, 59. doi: 10.1186/1748-5908-6-59

Kotler, P., & Eduardo, R. (1989). *Social Marketing: Strategies for Changing Public Behavior.* . New York The Free Press.

Kotler, P., Roberto, N., & Lee, N. R. (2002). *Social Marketing Improving the Quality of Life* Thousand Oaks CA: Sage Publications Inc.

Kotler, P., & Zaltman, G. (1971). Social Marketing: An Approach to Planned Social Change. *Journal of Marketing, 36*, 3-12.

Kramer, D. M., Wells, R. P., & Carlen, N. (2013). Did you have an Impact? A Theory-Based Method for Planning and Evaluating Knowledge-Transfer and Exchange Activities in Occupational Health and Safety *International Journal of Occupational Safety and Ergonomics 19*(1), 41-62.

Lagarde, F. (2012). Insightful Social Marketing Leadership. *Social Marketing Quarterly, 18*(1), 77-81. doi: 10.1177/1524500412438178

Lagarde, F. (2013a). *The Canadian Social Marketing Experience: From Early Adoption to Sustained Use.* . Paper presented at the World Social Marketing Conference, Toronto ON.

Lagarde, F. (2013b). Socratic Questioning Applied to Social Marketing. *Social Marketing Quarterly*. doi: 10.1177/1524500413495607

Lalonde. (1981). A New Perspective on the the Health of Canadians 1-77.

Landers, J., Mitchell, P., Smith, B., Lehman, T., & Connor, C. (2006). "Save the Crabs, then Eat Em": A Culinary Approach to Saving the Chesapeake Bay *Social Marketing Quarterly, 12*(1), 1-15.

LaRocca, R., Yost, J., Dobbins, M., Ciliska, D., & Butt, M. (2012). The effectiveness of knowledge translation strategies used in public health: a systematic review. [Evaluation Studies

Research Support, Non-U.S. Gov't Review. *BMC Public Health, 12*, 751. doi: 10.1186/1471-2458-12-751

Lazer, W., & Kelley, E. J. (1973). *Social Marketing: Perspectives and Viewpoints*. London, England Irwin-Dorsey International

Lee, N. R., & Kotler, P. (2009). Ending Poverty: "What's Social Marketing Got to Do With It?". *Social Marketing Quarterly, 15*(4), 134-140. doi: 10.1080/15245000903382508

Lee, N. R., & Kotler, P. (2011). *Social Marketing Influencing Behaviors for Good* (4 ed.). Thousand Oaks, CA SAGE Publications

Leech, N. L., & Onwuegbuzie, A. J. (2007). An array of qualitative data analysis tools: A call for data analysis triangulation. *School Psychology Quarterly, 22*(4), 557-584. doi: 10.1037/1045-3830.22.4.557

175

Lefebvre, R. C. (2001). Theories and models in social marketing. . In P. N. Bloom & G. T. Gundlach (Eds.), *Handbook of marketing and society.* (pp. 506-518). Newbury Park, CA SAGE

Lefebvre, R. C. (2008). Making Change Happen: The Marketing Approach from http://socialmarketing.blogs.com/

Lefebvre, R. C. (2011). An integrative model for social marketing. *Journal of Social Marketing 1*(1), 8-16. doi: 10.1108/20426761111104437

Lefebvre, R. C. (2012). Transformative social marketing: co-creating the social marketing discipline and brand. *Journal of Social Marketing, 2*(2), 118-129. doi: 10.1108/20426761211243955

Lefebvre, R. C. (2013). *Social Marketing and Social Change Strategies and Tools for Improving Health, Well-Being, and the Environment.* San Francisco, CA Jossey-Bass

Lefebvre, R. C., & Flora, J. A. (1988). Social Marketing and Public Health Intervention *Health Education Quarterly, 15*(3), 299-315.

Leung, M. W., Yen, I. H., & Minkler, M. (2004). Community-based participatory research: a promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology, 33*(3), 1-8.

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science, 5*, 69. doi: 10.1186/1748-5908-5-69

Lindenberger, H., & Bryant, C. A. (2000). Promoting breastfeeding in the WIC program: A Social marketing case study *American Journal of Health Behavior 24*(1), 53-60.

Lindenberger, J. H., & Bryant, C. A. (2014). Twenty Years. *Social Marketing Quarterly, 20*(1), 7-10. doi: 10.1177/1524500413519541

Locke, L. F., Spirduso, W. W., & Silverman, S. J. (2000). *Proposals That Work A Guide for Planning Dissertations and Grant Proposals* (4th ed.). Thousand Oaks, CA Sage Publications

Luca, N. R., & Suggs, L. S. (2010). Strategies for the Social Marketing Mix: A Systematic Review. *Social Marketing Quarterly, 16*(4), 122-149. doi: 10.1080/15245004.2010.522767

Luca, N. R., & Suggs, L. S. (2013). Theory and model use in social marketing health interventions. *J Health Commun, 18*(1), 20-40. doi: 10.1080/10810730.2012.688243

MacDonald, L., Cairns, G., Angus, K., & Stead, M. (2012). Evidence review: social marketing for the prevention and control of communicable disease Stockholm: ECDC

Maddock, J. E., Silbanuz, A., & Reger-Nash, B. (2008). Formative research to develop a mass media campaign to increase physical activity and nutrition in a multiethnic state. *J Health Commun, 13*(3), 208-215. doi: 10.1080/10810730701807225

Mah, M. W., Tam, Y. C., & Deshpande, S. (2008). Social marketing analysis of 20 [corrected] years of hand hygiene promotion. *Infect Control Hosp Epidemiol, 29*(3), 262-270. doi: 10.1086/526442

Majid, K., & Grier, S. (2010). The Food Mail Program: "When Figs Fly" - Dispatching Access and Affordability to Healthy Food *Social Marketing Quarterly XVI* (3-4).

Manske, S. R. (2001). *Explaining Knowledge Use Among Clients of the Program Training & Consultation Centre* (Doctor of Education), University of Toronto, Toronto, ON.

Marshall, R. J., Bryant, C., Keller, H., & Fridinger, F. (2006). Marketing social marketing: getting inside those "big dogs' heads" and other challenges. *Health Promot Pract, 7*(2), 206-212. doi: 10.1177/1524839905278875

Masuda, J. R., Robinson, K., Elliott, S. J., & Eyles, J. (2012). Chronic disease prevention and the politics of scale: lessons from Canadian health reform. [Comparative Study]. *Soc Work Public Health, 27*(7), 639-657. doi: 10.1080/19371910903182880

Mays, G. P., Hogg, R. A., Castellanos-Cruz, D. M., Hoover, A. G., & Fowler, L. C. (2013). Engaging Public Health Settings in Research Implementation and Translation Activities: Evidence from Practice-Based Research Networks *American Journal of Preventive Medicine 45*(6), 752-762.

McDermott, L., Hastings, G., & Angus, K. (2004). *A systematic review of the effectiveness of social marketing models in nutrition and food safety interventions. .* Paper presented at the Social Marketing Advances in Research and Theory Conference (SMART), Alberta, Canada

McDermott, R., Davis, J., Bryant, C., Courtney, A., & Alfonso, M. (2010). Increasing physical activity in children 8-12 years old: experiences with VERB summer scorecard. *Perceptual and Motor Skills, 111*(1), 1-9.

Mcdermott, R. J., Berends, V., Mccormack Brown, K. R., Agron, P., Black, K. M., & Barnes, S. P. (2005). Impact of the California Project LEAN School Board Member Social Marketing Campaign. *Social Marketing Quarterly, 11*(2), 18-40. doi: 10.1080/15245000500214575

McDermott, R. J., Berends, V., McCormack Brown, K. R., Black, K. M., & Pitt Barnes, S. (2005). Impact of the California Project Lean School Board Member Social Marketing Campaign. *Social Marketing Quarterly, 6*(2), 18-40.

McDermott, R. J., & Sarvela, P. D. (1999). *Health education evaluation and measurement: A practitioners's perspective* (2nd ed.). St. Louis WCB/McGraw-Hill.

McDivitt, J. (2003). Is There a Role for Branding in Social Marketing? . *Social Marketing Quarterly, 9*(3), 11-17.

McKenzie-Mohr, D. (2011). *Fostering Sustainable Behavior* (3 ed.). Canada: New Society Publishers

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. . *Health Education Quarterly 15*(4), 351-377.

McLeroy, K. R., & Crump, C. E. (1994). Health Promotion and Disease Prevention A Historical Perspective *Preventive Healthcare and Health Promotion for Older Adults* 9-17.

McNeill, A., Iringe-Koko, B., Bains, M., Bauld, L., Siggens, G., & Russell, A. (2014). Countering the demand for, and supply of, illicit tobacco: an assessment of the 'North of England Tackling Illicit Tobacco for Better Health' Programme. *Tob Control, 23*(e1), e44-50. doi: 10.1136/tobaccocontrol-2013-050957

Meagher-Stewart, D., Solberg, S. M., Warner, G., MacDonald, J. A., McPherson, C., & Seaman, P. (2012). Understanding the role of communities of practice in evidence-informed decision making in public health. . *Qualitative Health Research, 6*, 723-739.

Mello, M. M., Studdert, D. M., & Brennan, T. A. (2006). Obesity - the new frontier of public health law *New England Journal of Medicine 354*(24), 2601-2610.

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions *Implementation Science, 6*(42).

Minkler, & Wallerstein. (2008). Community-based participatory research for health 1-24.

Minkler, M. (2000). Using Participatory Action Research to Build Healthy Communities *Public Health Reports 115*(2/3), 191-197.

Mintz, J. (2014). *Introduction to Social Marketing Planning* Ottawa ON

Mitchell, S. (2011). *Change4Life Three Year Social Marketing Strategy*

Morse, J. (2008). Confusing Categories and Themes. *Qualitative Health Research 18*, 727-728.

Naylor, P. J., Macdonald, H. M., Reed, K. E., & McKay, H. (2006). Action Schools! BC: A Socioecological Approach to Modifying Chronic Disease Risk Factors in Elementary School Children *Preventing Chronic Disease, 3*(2), A60

Neiger, B. L., Thackeray, R., Barnes, M. D., & McKenzie, J. F. (2003). Positioning Social Marketing as a Planning Process for Health Education. *American Journal of Health Studies, 18*(2/3), 75-81.

Neuman, L. W. (2006). *Social Research Methods Qualitative and Quantitative Approaches* (Sixth ed.): Pearson Education, Inc. .

Paek, H. J., Oh, H. J., Jung, Y., Thompson, T., Alaimo, K., Risley, J., & Mayfield, K. (2014). Assessment of a healthy corner store program (FIT Store) in low-income, urban, and ethnically diverse neighborhoods in Michigan. *Fam Community Health, 37*(1), 86-99. doi: 10.1097/FCH.0000000000000014

Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* Thousand Oaks, CA SAGE Publications Inc. .

Perry, C. L., Sellers, D. E., Johnson, C., Pederson, S., Bachman, K. J., Guy, S., . . . Cook, K. (1997). The Child and Adolescent Trial for Cardiovascular Health (CATCH): Intervention, Implementation, and Feasibility for Elementary Schools in the United States. *Health Education and Behaviour 24*(6), 716-735. doi: 10.1177/109019819702400607

Quinn, G. P., Ellery, J., Thomas, K. B., & Marshall, R. (2010). Developing a common language for using social marketing: an analysis of Public Health literature. [Meta-Analysis

Review]. *Health Mark Q, 27*(4), 334-353. doi: 10.1080/07359683.2010.519989

Reger, B., Wootan, M., Booth-Butterfield, S., & Smith, H. (1998). 1% Or Less: A Community-Based Nutrition Campaign. *Public Health Reports 113*.

Richard, L., Gauvin, L., & Raine, K. (2011). Ecological models revisited: their uses and evolution in health promotion over two decades. [Research Support, Non-U.S. Gov't Review]. *Annu Rev Public Health, 32*, 307-326. doi: 10.1146/annurev-publhealth-031210-101141

Robinson-Maynard, A., Meaton, J., & Lowry, R. J. (2013). Identifying Key Criteria as Predictors of Success in Social Marketing: Establishing an Evaluation Template and Grid (ETG). In K. Kubacki & S. Rundle-Thiele (Eds.), *Contemporary Issues in Social Marketing* Newcastle upon Tyne, UK Cambridge Scholars Publishing

Rogers, E. M. (2003). *Diffusion of Innovations* (5 ed.). New York, NY: Free Press

Rothschild, M. (2000). Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Social Marketing Quarterly, 6*(4), 86-114.

Rothschild, M. L., Mastin, B., & Miller, T. W. (2006). Reducing alcohol-impaired crashes through the use of social marketing. . *Accident Analysis and Prevention 38*, 1218-1230.

Rundle-Thiele, S., Kubacki, K., Leo, C., Arli, D., Carins, J., Dietrich, T., . . . Szablewska, N. (2013). Social Marketing: Current Issues and Future Challenges In S. Rundle-Thiele & K. Kubacki (Eds.), *Contemporary Issues in Social Marketing* Newcastle upon Tyne Cambridge Scholars Publishing

Rychetnik, L., Hawe, P., Waters, E., Barratt, A., & Frommer, M. (2004). A glossary for evidence based public health. *J Epidemiol Community Health, 58*(7), 538-545. doi: 10.1136/jech.2003.011585

Sallis, J. F., Owen, N., & Fisher, E. B. (2008). *Health Behavior and Health Education Theory, Research, and Practice* San Francisco, CA Jossey Bass.

Sarantakos, S. (2005). *Social Research* (Third ed.). New York, NY PALGRAVE MACMILLAN.

Scott, J. E., & Wharf Higgins, J. (2012). Upstream Social Marketing: Exploring the Experiences of Recreation Professionals in Delivering Physical Activity for Low-Income Citizens *Social Marketing Quarterly, 18*, 118-123. doi: 10.1177/1524500412450488

Shove, E., Pantzar, M., & Watson, M. (2012). *The dynamics of social practice.* London SAGE.

Sibbald, S., Kothari, A., Rudman, D., Dobbins, M., Rouse, M., Edwards, N., & Gore, D. (2012). Partnerships in Public Health: Lessons from Knowledge Translation and Program Planning. *Canadian Journal Nursing Research 44*(1), 94-119.

Smith, B. (2003a). Beyond "Health" As A Benefit *Social Marketing Quarterly, 11*(4), 22-30.

Smith, B. (2003b). Same Questions, Same Answers. *Social marketing Quarterly* (1).

Smith, B. (2007). Why Don't We Ever Ask What Rich People Need? *Social Marketing Quarterly, 13*(4), 113-116. doi: 10.1080/15245000701700729

Smith, B. (2008). Can Social Marketing Be Everything to Everyone? *Social Marketing Quarterly, 14*(1), 91-93. doi: 10.1080/15245000701849229

Smith, B., & Schneider, K. H. (2009). What Is So Special About Social Marketing? I Mean, Really. *Social Marketing Quarterly, 15*(4), 127-133. doi: 10.1080/15245000903385402

Smith, W. A. (2006). Social marketing: an overview of approach and effects *Injury Prevention 12*(Suppl 1), 38-43. doi: 10.1136/ip.2006.012864

Spotswood, F. (2015). *Introducing social practices theory to the social marketing agenda*. Paper presented at the World Social Marketing Conference Sydney, Australia

Spotswood, F., French, J., Tapp, A., & Stead, M. (2012). Some reasonable but uncomfortable questions about social marketing. *Journal of Social Marketing, 2*(3), 163-175. doi: 10.1108/20426761211265168

Stake, R. E. (2005). *Qualitative case studies* (3 ed.). Thousand Oaks, CA Sage

Stead, M., Arnott, L., & Dempsey, E. (2012). Healthy Heroes, Magic Meals, and a Visiting Alien: Community-Led Assets-Based Social Marketing *Social Marketing Quarterly, 19*(1), 26-39. doi: 10.1177/1524500412472493

Stead, M., Hastings, G., & McDermott, L. (2007). The meaning, effectiveness and future of social marketing *Obesity Reviews*(8 Suppl 1), 189-193.

Steele, E. (2014). 'Ice Bucket Challenge' Donations for A.L.S Research Top $41 Million *The New York Times*

Stokels, D. (1996). Translating Social Ecological Theory into Guidelines for Community Health Promotion *American Journal of Health Promotion*, 282-297.

Storey, J. D., Saffitz, G. B., & Rimon, J. G. (2008). *Health Behavior and Health Education Theory, Research, and Practice* (4 ed.). San Francisco, CA Jossey-Bass

Straus, S. E., Tetroe, J., & Graham, I. (2009). Defining knowledge translation. [Review]. *CMAJ, 181*(3-4), 165-168. doi: 10.1503/cmaj.081229

Sugden, R. (2009). On Nudging: A Review of Nudge: Improving Decisions about Health, Wealth and Happiness *International Journal of the Economics and Business 16*(3), 365-373.

Thackeray, R. (2005). Social Marketing's Unique Contributions to Health Promotion Practice. *Health Promotion Practice, 6*(4), 365-368. doi: 10.1177/1524839905278848

Thackeray, R. (2010). Developing an Exchange Mindset. *Health Promotion Practice, 11*(5), 618-621. doi: 10.1177/1524839910377591

Thackeray, R., Neiger, B. L., Hanson, C. L., & McKenzie, J. F. (2008). Enhancing promotional strategies within social marketing programs: use of Web 2.0 social media. *Health Promot Pract, 9*(4), 338-343. doi: 10.1177/1524839908325335

Thackeray, R., Neiger, B. L., & Keller, H. (2012). Integrating social media and social marketing: a four-step process. *Health Promot Pract, 13*(2), 165-168. doi: 10.1177/1524839911432009

Thaler, R. H., & Sunstein, C. R. (2009). *Nudge Improving Decisions About Health, Wealth, and Happiness* London: Penguin Books Ltd. .

Thomas, J. (2008). Happily Ever After…? Partnerships in Social Marketing. *Social Marketing Quarterly, 14*(1), 72-75. doi: 10.1080/15245000701849195

Thorne, S. (2000). Data analysis in qualitative research *Evidence Based Nursion 3*, 68-70.

Tovar-Aguilar, A., Monaghan, P. F., Bryant, C. A., Esposito, A., Wade, M., Ruiz, O., & Mcdermott, R. J. (2014). Improving Eye Safety in Citrus Harvest Crews Through the Acceptance of Personal Protective Equipment, Community-Based Participatory Research, Social Marketing, and Community Health Workers. *Journal of Agromedicine, 19*(2).

Truong, V. D. (2014). Social Marketing: A Systematic Review of Research 1998 - 2012. *Social Marketing Quarterly, 20* (1), 15-34 doi: 10.1177/1524500413517666

Wharf Higgins, J. (2011). Navigating through translational research: a social marketing compass. *Health Mark Q, 28*(1), 1-15. doi: 10.1080/07359683.2010.495302

Wharf Higgins, J., Cookson, S., Hasting-James, C., & Frazer, A. (2014). Redeeming Behaviours: A Push, Not a Shove *HealthCarePapers 12*(4), 42-47.

Wharf Higgins, J., Strange, K., Scarr, J., Pennock, M., Barr, V., Yew, A., . . . Terpstra, J. (2011). "It's a Feel. That's What a Lot of Our Evidence Would Consist of": Public Health Practitioner's Perspectives on Evidence. *Evaluation & the Health Professions*, 1-20. doi: 10.1177/0163278710393954

Withall, J., Jago, R., & Fox, K. R. (2011). Why some do but most don't. Barriers and enablers to engaging low-income groups in physical activity programmes: a mixed methods study. *BMC Public Health, 11*(507).

Withall, J., Jago, R., & Fox, K. R. (2012). The effect a of community-based social marketing campaign on recruitment and retention of low-income groups into physical activity programmes - a controlled before-and-after study. *BMC Public Health, 12*, 836. doi: 10.1186/1471-2458-12-836

Wong, F., Huhman, M., Heitzier, C., Asbury, L., Bretthauer-Mueller, R., McCarthy, S., & Londe, P. (2004). VERB - A Social Marketing Campaign to Increase Physical Activity Among Youth. *Public Health Research, Practice and Policy*, 1-7.

Wong, F. L., Greenwell, M., Gates, S., & Berkowitz, J. M. (2008). It's what you do! Reflections on the VERB campaign. *Am J Prev Med, 34*(6 Suppl), S175-182. doi: 10.1016/j.amepre.2008.03.003

Wood, M. (2008). Applying Commercial Marketing Theory to Social Marketing: A Tale of 4Ps (and a B). *Social Marketing Quarterly, 14*(1), 76-85.

Yin, R. K. (2014). *Case Study Research: Design and Methods* (5 ed.). Thousand Oaks, CA SAGE Publications, Inc. .

Young, L., Anderson, J., Beckstrom, L., Bellows, L., & JOhnson, S. L. (2004). Using Social Marketing Principles to Guide the Development of a Nutrition Education Initiative for Preschool-Aged Children *Journal of Nutrition Education and Behaviour 36*, 250-257.

Zimmerman, F. J. (2009). Using behavioral economics to promote physical activity. [Review]. *Prev Med, 49*(4), 289-291. doi: 10.1016/j.ypmed.2009.07.008

Zucker, D., Hopkins, R. S., Sly, D. F., Urich, J., Kershaw, J. M., & Solari, S. (2000). Florida's "truth" Campaign: A Counter-Marketing, Anti-Tobacco Media Campaign. *Journal of Public Health Management Practice 6*(3), 1-6.