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Social marketing strategy and industry involvement

Industry involvement in modern society seems ubiquitous. The involvement of economic and political elites in society evolved from the landed royals and nobles to trading companies to concentrated industries and multinational corporations (Topik & Pomeranz, 2014). While government is supposed to protect the interests of citizens and further the public welfare, it often serves the interests of the economic elite, the owners of industry, instead of the general population (Bottomore, 2006; Gilens & Page, 2014). Social marketers must develop ways to remedy social problems and effect social change in this reality.

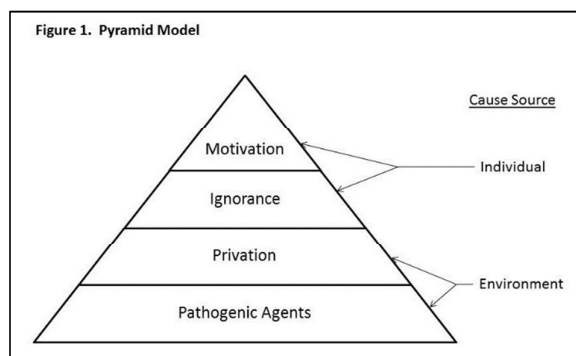
This paper is a commentary of how Wymer's (2011) pyramid model can be useful in identifying industry contributions to social problems and to anticipate industry opposition to social change. The model is particularly appropriate for developing social marketing programs in which industry involvement is present. Much of the social marketing literature is aimed at influencing individual behavior change (Helmig & Thaler, 2010) as though individuals are solely responsible for their own health and well-being. However, social problems (particularly public health problems) are often the result of an interaction between the individual and the larger social and physical environment (Parish, 1995; Wallack, 1984).

When social marketers are developing their strategies for dealing with social problems, it is helpful if they can prioritize the causal influences on the social problems first. This informs social marketers' development of objectives. The most contributory cause of the social problem becomes the target of the most prominent objective for the strategy and subsequent social marketing tactical plan or campaign. Industry will sometimes be identified as the source of the problem (e.g., tobacco industry). Industry will protect the interests of its owners and executives (Wymer & Polonsky, 2015). While some companies may collaborate with social marketers' efforts, the interests of the industry owners will influence industry responses to social marketers. Social marketers need to factor industry actions and reactions into their overall strategies (Wymer, 2010).

In the following discussion, public health issues will be featured predominately as our target social problem. Social marketing has most often been used to provide solutions in the public health area (Grier and Bryant, 2005; Helmig and Thaler, 2010). Furthermore, in terms of social problem magnitude, industry activity has involvement in many of society's most pressing problems (Wymer, 2010). Tobacco marketing is responsible for millions of deaths (Wymer, 2015). Industrial pollution places toxins in our ecological system (Belli et al., 2004). The food industry influences obesity (Kessler, 2009; Nestle, 2007) and contributes to millions of premature deaths due to poor diet (Yin, 2017).

Analyzing Contributors to Social Problems

Wymer (2011) presented a pyramid model to inform the identification and weighting of contributors of a social or public health problem. The model is presented in Figure 1. The assumption that is the foundation for the pyramid model shown in Figure 1 is that health quality is an interaction between the individual and the larger social and physical environment (Wallack, 1984).



The planning pyramid contains four categories. Each category represents a class of variables. The bottom two categories represent classes of environmental (external) variables. The top two categories represent classes of individual (internal) variables. The analysis should begin at the bottom and work upwards, and this is how these categories will be described next. Once variables that contribute to the social problem are identified, they then become barriers which need to be overcome in a public health or social marketing program.

Pathogenic Agents

Pathogenic agents refer to variables present in the environment that cause or contribute to an unhealthy condition. The potential list of pathogenic agents is large, but an example might be the presence of toxins in the ecological or biophysical environments. Toxins in the soil, air, or water may create an unhealthy condition. For example, living close to a petrochemical plant has been shown to increase cancer risks (Belli *et al.*, 2004). Regulations to reduce the carcinogenic waste of petrochemical facilities may be needed to improve the community's health and, therefore, quality of life.

Another example deals with childhood obesity, a social problem serious enough in America to be included in a presidential State-of-the-Union Address (Obama, 2010). Obesity is a complex social problem, but research finds that food industry product offerings and marketing activities are a major contributing factor (Nestle, 2007). Regulations and laws may be needed to change food industry practices. Achieving changes to public policies, regulations, or laws to deal with pathogenic agents may require lobbying and activism (Wymer, 2010).

Privation

The presence of a privation barrier indicates that one or more variables are absent from the environment, variables that are required for people to live with good health and well-being. For example, what if the public health program's objective is to reduce infant mortality in a community in which mothers lack access to proper sanitation? Obviously, improper sanitation creates a pathway for disease. Removing privation barriers may require intervention by government, nongovernmental, or private sector organizations.

Ignorance

In some cases, individuals may not know enough about an issue to be motivated to take corrective measures to protect themselves. For example, when individuals consider buying a new home, how many check to see how close the home is to a high-traffic road, high-voltage

electric lines, or cell phone towers, all of which are linked to increased cancer rates (Draper et al., 2005; Reynolds et al., 2004; Wolf and Wolf, 2004)?

Motivation

Sometimes, individuals are insufficiently motivated to make a lifestyle or behavioral change that would improve their health and quality of life (Von Bothmer & Fridlund, 2005). In affluent countries, most people know that eating more vegetables, smoking less, drinking less, and exercising more would be good for them. Yet, they do not make these changes but instead retain their less healthy behaviors (Sarafino & Smith, 2014).

Using the Pyramid Model Holistically

Identifying the causality of social and public health problems is not always a simple process. There may be multiple causal influences. The causes may have different levels of influence. Hence, once the various causes are identified, they should then be weighted with respect to their proportion of influence to the social or public health problem.

Communication Strategies for External Causes

Generally, if a primary cause of a social or public health problem is caused by a pathogenic agent or privation, government action is required. The reason for government action is that, often, large resource levels are needed or new laws and regulations (or meaningful enforcement of existing laws and regulations) are required to address the public health or social problem.

For a privation example, there may be impoverished communities that have high rates of infectious diseases because they lack resources to produce clean drinking water and effective public sewage sanitation systems. Government intervention may be required to provide the resources to build the necessary infrastructure and maintain proper health standards.

For a pathogenic agent example, industry activities (production and marketing) often emit toxins into the physical environment or market unhealthy products (alcohol, cigarettes, unhealthy food and beverages). Government involvement is needed to protect public health. Government is often needed to restrict the actions of harmful industries. Unfortunately, governments are often hesitant to act in the public interest if the needed actions are opposed by business interests and their wealthy owners (Gilens & Page, 2014; Schapiro, 2007; Wymer, 2010).

Communication Strategies for Internal Causes

Referring to Figure 1, I presented two categories of internal causes for public health problems: ignorance and motivation. In the case of ignorance, the public health communication campaign is developed to make sure individuals have accurate, relevant information pertaining to the focal public health problem.

Public health education campaigns are made more effective by (1) good design of the communication media used, (2) ensuring that targeted audiences are reached by the

communication messages, and (3) ensuring sufficient message exposure to facilitate audience learning.

When the internal cause for the public health problem is individual motivation, the success of the public health campaign is influenced by the degree to which the target unhealthy behavior is reinforced. Generally, there are two categories of reinforcers: biological and psychological. Biological reinforcers refer to biologically-active components are attained by engaging in unhealthy behavior, usually the consumption of unhealthy products. A few examples are listed for illustrative purposes in Table 1.

Table 1. Biological Reinforcers	
<i>Unhealthy Behavior or Product</i>	<i>Bio-active Reinforcer</i>
Cigarette smoking	Nicotine
Alcoholic beverages	Alcohol
Energy drinks	Caffeine and sugar
Soft drinks	Caffeine and sugar
Processed snack foods	Sugar, fat, salt, flavorings, and additives

A public health strategy for targeting biological reinforcers is to determine if they can be removed from the environment. Each of the product examples listed in Table 1 contains chemicals that could be removed from the product. Removing the bio-active reinforcers from the products will decrease individuals' motivation to continue to consume unhealthy products.

Biological reinforcers are treated as pathogenic agents, targets for removal. The goal is to motivate the government to mandate the removal of biological reinforcers from certain products. Manufacturers will oppose the passage of such laws. However, it may be far easier to get elected officials to agree to the removal of a product ingredient than to the product's removal from the marketplace. Business-friendly government officials may not like restricting the activities of product manufacturers, but it is more difficult for a politician to oppose removing nicotine from cigarettes than to oppose banning the product.

Another public health communication strategy is to suggest in the campaign that audience members change their consumption to product versions that lack the bio-active reinforcer. If a regular beer drinker can switch to a non-alcoholic beer, then the original behavior is maintained without the negative effects of the bio-active reinforcer. If a regular soft drink consumer can switch to a caffeine-free version of the preferred soft drink brand, the gradual transition from a regular drinker to an occasional drinker is facilitated. Obviously, forgoing the bio-active reinforcer changes the consumption experience for the individual. However, given that there may also be psychological reinforcers motivating the unhealthy behavior, the removal of the bio-active reinforcer from the individual's experience may ease the transition toward more healthy behaviors.





Psychological reinforcers refer to non-biological benefits individuals experience from the consumption of unhealthy products or engaging in unhealthy behaviors. For example, cigarette smoking may provide some image enhancement and social benefits. Certain individuals may find it thrilling to engage in potentially dangerous activities. Public health communication professionals need to understand the context within which individuals are motivated to maintain their unhealthy behaviors. Some issues to consider:

- What are the psychological reinforcers?
- Are the psychological reinforcers experienced differently by individuals with certain personality traits or from certain demographic groups?
- How are the potential benefits of changing to healthy behaviors perceived by the various groups?

In formulating a public health message that will be effective in motivating individuals to discontinue an unhealthy behavior, a cost versus benefit assessment may be helpful. Discontinuing the unhealthy behavior requires individuals to sacrifice the benefits they experience from the psychological or biological reinforcers. These will be perceived as costs to individuals. The costs of forgoing perceived benefits will be experienced as soon as individuals discontinue the unhealthy reinforced behaviors. If individuals continue their unhealthy behaviors, they will continue to receive the psychological benefits experienced from the unhealthy behaviors. In many cases, the negative consequences (costs) of the unhealthy behaviors are experienced in the future, sometimes the distant future.

A cost experienced immediately is perceived to be greater than if that same cost was experienced in the future. This perceptual issue helps explain the apparent irrationality of cigarette smoking, for example. To the nonsmoker, cigarette smoking seems irrational. Why would someone risk acquiring lung cancer? The nonsmoker fails to appreciate the benefits cigarette smokers perceive. Young smokers particularly have limited experiences with people who have contracted lung cancer. Meanwhile, young smokers receive an array of perceived socio-psychological benefits from consuming tobacco.

There are costs and benefits of the unhealthy behavior and the healthy behavior. As illustrated in Table 2, the public health communication message should try to (1) lower the perception of the benefits of the unhealthy behavior, (2) raise the perception of the costs associated with maintaining the unhealthy behavior, (3) increase the value of the benefits of adopting healthy behaviors, and/or (4) lower the perceived costs of changing to healthy behaviors.

	<i>Unhealthy Behavior</i>	<i>Healthy Behavior</i>
<i>Benefits</i>		
<i>Costs</i>		

Public health communication campaigns are often funded at insufficient levels. This reduces campaign effectiveness, particularly when the affected industry has been and continues to invest heavily in advertising that emphasize the benefits of unhealthy behavior. Hence, a brilliantly conceived public health communications campaign can be effectively nullified by an economically powerful and politically influential industry.

Strategic Pragmatism

Perhaps there is a pragmatic approach to public health communication strategic development. When removing an unhealthy product from the marketplace is politically impossible and

when short-lived public health campaigns are nullified by enduring corporate advertising, perhaps incremental changes can be advocated that will gradually improve the health context in our environment.

Politicians may not support the removal a harmful product from society (like cigarettes, for example). Reasons may range from concern about unhappy voters, to political ideology, to corruption. The public health strategist must find a pathway that offers the greatest public health benefits that can be achieved considering political realities. While banning a product may be politically impossible, more moderate restrictions may be possible.

<i>Option</i>	<i>Potential Political Support (1=very low; 10=very high)</i>
Removing cigarettes from marketplace.	1
Removing nicotine from cigarettes.	3
Banning cigarette advertising.	5
Banning cigarette advertising directed at youth.	8
Banning new flavors of cigarettes from market.	7
Removing menthol flavored cigarettes from market.	4
Increasing legal age of purchasing cigarettes.	5
Increase cigarette taxes.	6

With respect to cigarette smoking, a variety of strategy options are presented in Table 3. Each potential option for having some effect on reducing cigarette smoking is listed along with an estimate of each option's political support. While the most effective public health option would be to ban cigarettes, the government will not support a ban. However, officials are more flexible with respect to cigarette advertising. A ban or reduction in cigarette advertising and marketing will result in the public being exposed to fewer messages that emphasize smoking's benefits. Government officials are somewhat flexible on raising cigarette taxes. Hence, this is a way to increase the immediate cost of smoking which should have some effect on reducing cigarette smoking, especially for people with less money.

Conclusion

I have discussed an array of strategy considerations for informing the direction and development of social marketing campaigns. Conducting an analysis of the causal influences of the social or public health problem helps to inform strategy development. Failing to target pathogenic agents and instead targeting individual behavior change has resulted in a history of ineffective social marketing and public health campaigns. Similarly, campaigns that were underfunded in comparison with the onslaught of corporate advertising often trivialized social marketing campaigns or rendered them ineffective.

Effectiveness of the public health campaign must be a key concern. The reason for developing and implementing the public health campaign is to achieve an outcome (Wymer 2010, 2011). The outcome is typically to reduce the severity of the public health or social problem or even to eradicate the problem's cause altogether. The campaign, then, is a means

to a desired end. Campaign effectiveness reflects how successfully the desired end is achieved.

Social marketers and public health officials negate their own effectiveness when they cling to a methodology which is useful in a specific context, but which they apply across contexts. To be effective, social marketers must sometimes think like an educator, must sometimes think like a behavioral scientist, and must sometimes think like an activist. The nature of the public health or social problem and the environment in which the public health or social problem exists should determine the tactics.

For example, if social marketers are concerned about the societal problems associated with tobacco marketing and consumption, they need to do more than offer smoking cessation programs which only deal with individual motivation. Tobacco-related social problems would be eliminated if tobacco production and marketing were eliminated. While achieving this goal may be impossible in the short term due to political influences, social marketers can advocate for progressive measures to reduce tobacco industry harm. Measures beyond health cautions printed on product package, such as removing nicotine from tobacco products, might be possible and effective. The potential outcome of reducing human death and suffering, and reducing the societal costs associated with tobacco production, marketing, and consumption warrant rigorous efforts by social marketers.

References

- Belli, S., Benedetti, M., Comba, P., Lagravinese, D., Martucci, V., Martuzzi, M., Morleo, D., Trinca, S., & Viviano, G. (2004). Case-control study on cancer risk associated to residence in the neighbourhood of a petrochemical plant. *European Journal of Epidemiology*, 19, 49-54.
- Bottomore, T. (2006). *Elites and society*. Routledge.
- Draper, G., Vincent, T., Kroll, M. and Swanson, J. 2005. Childhood cancer in relation to distance from high voltage power lines in England and Wales: A case-control study. *British Medical Journal*. Vol. 330, 1290-3.
- Gilens, M. & Page, B. (2014). Testing theories of American politics: Elites, interest groups, and average citizens. *Perspectives on Politics*, 12(3), 564-591.
- Grier, S. & Bryant, C. (2005). Social marketing in public health. *Public Health*, 26, 319-39.
- Helmig, B. and Thaler, J. (2010), "On the effectiveness of social marketing – what do we really know?" *Journal of Nonprofit & Public Sector Marketing*, 22(4), 264-87.
- Kessler, D.A. (2009). *The end of overeating: Taking control of the insatiable American appetite*. Rodale, New York, NY.
- Nestle, M. (2007). *Food politics: How the food industry influences nutrition and health*. Berkeley, CA.: University of California Press.
- Obama, B. (2010). State of the Union Address, January 27. The White House, Office of Press Secretary, Washington DC, accessed 14 November 2014 at: http://photos.state.gov/libraries/ukraine/164171/pdf/state_union10.pdf
- Parish, S. (1995). Health promotion rhetoric and reality, in Bunton, R., Nettleton, S. and Burrows, R. (Eds), *The sociology of health promotion: Critical analyses of consumption, lifestyle and risk*. Routledge, London, pp. 14-23.
- Reynolds, P., von Behren, J., Gunier, R., Goldberg, D. & Hertz, A. (2004). Residential exposure to traffic in California and childhood cancer. *Epidemiology*. Vol. 15, 6-12.

- Sarafino, E. P., & Smith, T. W. (2014). *Health psychology: Biopsychosocial interactions*. John Wiley & Sons.
- Schapiro, M. (2007). *Exposed: the toxic chemistry of everyday products and what's at stake for American power*. Chelsea Green Publishing.
- Topik, S., & Pomeranz, K. (2014). *The world that trade created: Society, culture and the world economy, 1400 to the present*. Routledge.
- Von Bothmer, M. I., & Fridlund, B. (2005). Gender differences in health habits and in motivation for a healthy lifestyle among Swedish university students. *Nursing & Health Sciences*, 7(2), 107-118.
- Wallack, L. (1984). Social marketing as prevention: uncovering some critical assumptions. *Advances in Consumer Research*, Vol 2, 682-7.
- Wolf, R. & Wolf, D. (2004). Increased incidence of cancer near a cell-phone transmitter station. *International Journal of Cancer*. Vol. 1, 123-8.
- Wymer, W. (2015). Formulating effective social marketing and public health communication strategies. In W. Wymer (Ed.), *Innovations in social marketing and public health communication: Improving the quality of life for individuals and communities*, pp. 3-32. Springer.
- Wymer, W. (2011). Developing more effective social marketing strategies. *Journal of Social Marketing*, 1(1), 17-31.
- Wymer, Walter (2010). Rethinking the boundaries of social marketing: Activism or advertising? *Journal of Business Research*, 63(2), 99-103.
- Wymer, W. & Polonsky, M. (2015). The limitations and potentialities of green marketing. *Journal of Nonprofit & Public Sector Marketing*, 27(3), 239-262.
- Yin, S. (2017). Cardiovascular deaths linked to poor dietary choices. *The New York Times*, available at https://www.nytimes.com/2017/03/13/health/number-of-cardiovascular-deaths-each-year-diet.html?_r=0