

# Social marketing for health and specialised health promotion

**Stronger together – weaker apart**

Executive summary

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September 2008



# Introduction

**This paper aims to identify for discussion the common ground – and differences – between specialised health promotion and social marketing for health, in the English context. We believe there is great value in a utilitarian approach to integration between the two, which would improve practice, the effective use of resources and the impact of interventions to improve health and reduce inequalities.**

The intended audiences of this paper are professional staff, academics and policy-makers. Our interpretation is based on the English context, but we hope that the analysis will be of value in other UK countries and of interest internationally.

This version of the paper will be used to inform a dedicated discussion and debate session on the second morning of the first two day World Social Marketing Conference [29th & 30th September] being held in Brighton & Hove City, England.

We present our summary and conclusions first, followed by sections on background and similarities and differences, and end with some questions on which we would value your views. Annex A gives definitions of both social marketing for health and specialised health promotion. We have sought comments informally on an earlier draft of this paper. Some of the very helpful comments received have informed this draft, and some anonymous quotations are at Annex B.

We use the term ‘specialised health promotion’ in this paper to differentiate the discipline from the broad goal of health promotion which can, of course, be embedded in the work of many ‘health promoters’ in the wider workforce, from care assistants to teachers.

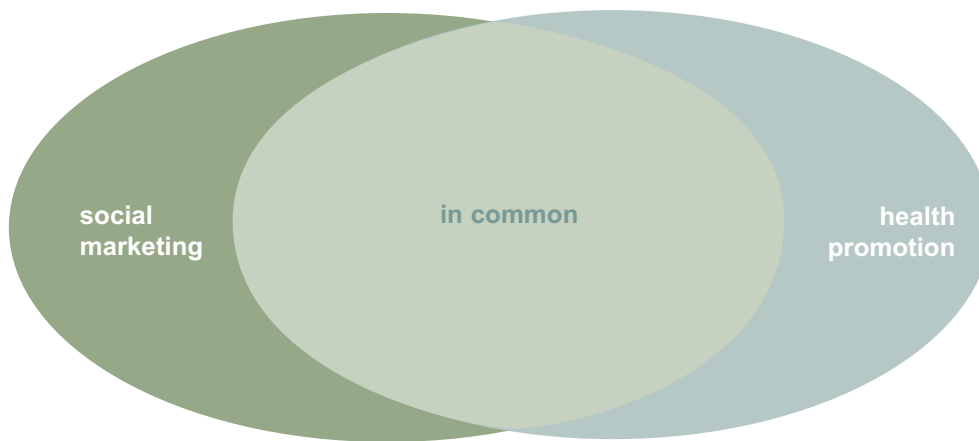
Specialised health promotion and social marketing for health are both ‘broad churches’. This paper reflects the healthy debate within both disciplines as to the nature and purpose of each. In both there is highly effective practice and, sometimes, less effective practice – often due to inadequate funding, training and development. And, as a commentator on an earlier draft of this paper put it, “Both health promotion and social marketing have suffered from comparing one unfavourably with the other – producing an unrecognisable caricature of the discipline they intend to belittle in order to support their conclusion that the other was obviously better.” Readers are asked to bear these points in mind.

Finally, the term ‘empowerment’ is frequently used in this paper in relation to building local capacity. The following definition is offered: “A social process that promotes the participation of individuals, organisations and communities in actions with the goal of increased individual and community control, political efficacy, improved quality of life and social justice.”<sup>1</sup>

# Summary and conclusions

Social marketing for health and specialised health promotion have developed separately at national level in England, in contrast with some other countries where they are closely linked<sup>2</sup>. We believe this separation weakens the effectiveness of both. There are many ways of perceiving the relationship between health promotion and social marketing, some of which are depicted diagrammatically in Annex C. You might like to think about which diagram most closely fits your own perception.

**We have concluded that specialised health promotion and social marketing are highly complementary and therefore ripe for further integration:**



**A common core to both Social marketing and Health promotion, but with areas that are separate and distinct**

- **Both are concerned with the role of human behaviour** in social change, both have a coherent body of knowledge, and systematic methods and processes. These methods and processes share much common ground (e.g. both use health education approaches extensively), but practitioners from each tend to have more experience in using particular combinations of approaches.
- **The strengths of specialised health promotion** are its focus on health inequalities, empowerment and social determinants of health. It advocates for and engages individuals and communities, develops social capital and seeks system change using strongly participatory approaches.
- **The strengths of social marketing for health** are its particular approach to achieving and sustaining behavioural goals, by understanding target audiences and making it easier for them to

adopt behaviours that are life enhancing. It has a very strong customer focus and its success is always measured in terms of behaviour.

Contrary to some perceptions, there is no fundamental distinction regarding 'upstream' and 'downstream' approaches between specialised health promotion and social marketing for health. Although social marketing for health is seen as typically targeting consumers (and has therefore sometimes been criticised as risking 'blaming the victim'), it can be used equally effectively to cascade health improvement, to enable, advocate and mediate by:

- Changing social norms and creating the climate for change amongst decision-makers and policy-makers
- In the corporate and private sector, in workplaces, and with community opinion-formers, addressing the broader social and environmental determinants of health at institutional and community levels

Addressing appropriately the needs of the individual requires a focus on 'upstream' factors that lie outside of the individual's immediate control, which is known in the UK as 'strategic social marketing'<sup>3</sup>.

**Specialised health promotion can be significantly enhanced by social marketing,** for example its focus on:

- The importance of really understanding people's lives
- The key elements of insight (into what moves and motivates people), exchange theory (really trying to understand the benefits and rewards for a given behaviour), competition analysis and strategy, the principles of marketing mix (price, place, product, promotion), audience segmentation
- Defining audiences, be they people, policy makers, managers or service providers.

**Social marketing for health can be significantly enhanced by specialised health promotion,** for example:

- The rich theoretical and philosophical basis of health promotion can enhance social marketing analysis and programme development
- The need to tackle differential power and control: those with fewer material resources commonly have few options and choices in their lives. Advocacy on behalf of individuals and communities can help to redress the impact of inequality and achieve policy changes.
- Community engagement to develop social capital: successful health promotion programmes enable communities to develop stronger networks and long-lasting initiatives that are self-supporting ('social capital')<sup>4</sup>, so that strategies have a long-term impact.
- Empowering people and working in partnership with them results in more positive health outcomes.

### **Stronger together, weaker apart: a whole system approach**

By coming together, specialised health promotion and social marketing for health can ensure that health improvement strategies and practice are as effective as they possibly can be.

For example, in attempting to tackle the obesity epidemic<sup>5</sup>, a fully developed and integrated health improvement strategy would draw on both specialised health promotion and social marketing for health to tackle behavioural and environmental factors. The "obesogenic environment" is constantly interacting with personal factors and behaviour. Tackling the "obesogenic environment" requires efforts at individual, community and organisational levels, needing the collaborative endeavours and skills of both health promoters and social marketers.

To quote from the Summary of Key Messages from the Foresight Report: 'Foresight's work indicates that a bold whole system approach is critical – from production and promotion of healthy diets to redesigning the built environment to promote walking, together with wider cultural changes to shift societal values around food and activity. This will require a broad set of integrated policies including both population and targeted measures.'

The table on the next page lists the key strategies from the Foresight report, some examples of the action required, and the roles that specialised health promotion and social marketing for health can – and must – play together to tackle the obesity epidemic.

Strategy	Examples of action	Roles of specialised health promotion (HP) and social marketing for health (SM)
Food production	Availability and accessibility: help communities to make local healthy food available at lower cost – food co-operatives, local vegetable growing, farmers' markets	HP: community engagement, advocacy with LA and food producers. SM and HP work with manufacturers and retailers to alter the products they produce and market. SM and HP work with individuals to demand healthy foods
Food consumption	<ul style="list-style-type: none"> <li>- Increasing the healthy options available in living and working settings</li> <li>- Support families with menu planning and cooking</li> <li>- Address financial incentives for schools to offer unhealthy foods</li> <li>- Address personal barriers to consumption of healthy food</li> </ul>	HP and SM together work with critical partners, at every level, to scope problem, identify opportunities and barriers and put in place evidence based, personalised interventions.
Activity and environment	<ul style="list-style-type: none"> <li>- Improve access to exercise facilities</li> <li>- Make it easier for people to walk and cycle</li> </ul>	Both HP and SM work with individuals, planners and service providers to invest in infrastructure, advocate to redesign the built environment and promote exercise uptake
Societal influences	Engage with communities, workplaces, schools etc. to influence culture	HP and SM together promote cultural change, and shift norms through the development of targeted interventions
Individual psychology/ Individual activity	Achieve and sustain behavioural goals	SM with HP work with partners at every level to identify opportunities and barriers, and put in place evidence based, community, organisational and personalised interventions

Obesity is a symptom of unsustainable development. Its causes – such as dependence on the car, inappropriate food consumption – are also reasons for climate change and the wider environmental crisis, perhaps the most important public health issue of all. Specialised health promotion and social marketing for health must join forces to engage with people as citizens, recognising the importance of values in driving behavioural choices. It is essential to engage with people who wish to move away from individualistic and materialistic values if we are to achieve a way of life within the limits of the planet's natural resources.

“Behaviour theories, advocacy, theories of social capital, political risk compensation theories, community development and organisational

theories could be blended with aspects of social marketing to more fully understand and direct behaviour and environmental change.”

To integrate health promotion and social marketing for health is to bring together behavioural, environmental and community interventions. The work of both should be based on evidence and understanding of the people they are trying to help and be appropriately evaluated to develop a continuous cycle of learning about implementation.

The specialised health promotion and social marketing for health communities should therefore develop strong alliances at all levels, including governmental. National and local public health programmes should systematically integrate the strengths of both.



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