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# Social Marketing: A Vehicle for Employer- Driven Health Promotion and Disease Prevention

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**S**ocial marketing offers employers an effective approach to maintaining a healthy workforce and reducing long-term health care expenditures. The goal of social marketing is to increase awareness — of health risks, diagnostic capabilities, available treatments, safe practices and behaviors, or improved health status — in order to elicit a desired behavior change.

The concept of social marketing developed in the 1970s when Philip Kotler and Gerald Zaltman advocated using consumer product marketing principles to sell ideas, attitudes, and behaviors.<sup>1</sup> International health programs use social marketing widely, and it is being used more often in the United States for such diverse health applications as prostate and breast cancer screening, smoking cessation, HIV and sexually transmitted disease prevention, prenatal care, and stress reduction.

Social marketing campaigns focus on the four “p’s” of marketing:

- **Product** — a possible range of products (e.g., condoms, patches), services (e.g., medical screening, support groups), practices (e.g., hand washing, low-fat diet) and/or ideas (e.g., value of regular exercise to reduce the risk of disease).
- **Price** — what the employee must do to obtain the product (e.g., uncompensated time off work, embarrassment, exposure, inconvenience, fear).
- **Place** — where the product reaches the employee (e.g., at work, off-site, via computer, in the privacy of the employee’s home).
- **Promotion** — the integrated use of advertising, public relations, media messaging, and personal selling to transmit a health message to employees (e.g., banners on the intranet, flyers, lunch-time discussions).

Social marketing is non-coercive. It does not use economic or legal sanctions such as sin or social taxes, fines for driving without a seatbelt, and laws that prohibit tobacco sales to minors. Bridging marketing principles with the principles of health behavior and health education, social marketing interventions incorporate a keen understanding of the factors that stimulate or serve as barriers to individuals modifying their behavior.

Employers often choose to couple social marketing campaigns with supportive human resource policies. For example, they establish financial incentives to adopt healthy behaviors, such as reduced health premiums or out-of-pocket health care expenses for employees who do not smoke or who maintain a healthy weight. Employers may also provide prizes to employees with exemplary safety records as they comply with occupational health and safety standards. No matter how tough the “sell,” getting your message out and convincing employees to act on it is a core function of a social marketing campaign.

## Creating a Buzz

Promotion is an important component of any social marketing campaign. Emanuel Rosen coined the term “buzz” in reference to the word-of-mouth advertising of a product, service, or idea transmitted via invisible networks that connect people. Creating buzz and channeling it can be a highly effective vehicle for promotion.<sup>2</sup> With the advent of electronic communications, the magnitude of the buzz effect has increased exponentially. The reach of buzz about a social marketing message can be thought of as “virus” marketing<sup>3</sup> where opinion leaders in an organization infect others in their social networks, spreading the message. In the face of time constraints, minimal budgets, and the desire for maximum effect, nothing beats a virus.

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Malcolm Gladwell in *The Tipping Point*<sup>4</sup> uses examples from history, marketing, television, and epidemiology to show that individuals labeled as mavens, salespeople, and connectors spread new ideas. The “Law of the Few” states that key individuals play a magnifying effect in the adoption of ideas and behavior changes; identifying those individuals and convincing them of the value of your message is key to rapid adoption.

Health care marketers have long recognized word-of-mouth as the most cost-effective and important form of advertising that they do. Thus, understanding the anatomy and reach of such an economical and accessible source of promotion is essential in social marketing campaigns. The promotional mechanism depends, however, on the content of the message being delivered.

### **Evidence-Based Campaigns**

Effective social marketing campaigns involve translating sound research into practice. Health-related campaigns should have an evidence base in reputable medical journals and/or government agency publications (e.g., Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services).

Statistics indicate that 6 percent of the population has either a diagnosed or undiagnosed case of diabetes (or on average 1 of every 16 employees), which results in an estimated 14 million work days lost per year in the United States and billions of associated dollars spent to cover direct and indirect medical expenses.<sup>5</sup>

A 1999 CDC report, “Making a Difference: The Business Community Takes on Diabetes,”<sup>6</sup> recommended that businesses help workers with diabetes stay healthy and productive. Two studies cited in the CDC report have shown that employees who participated in a worksite diabetes care program and who improved their glycemic control were more productive on the job, remained employed longer, had lower absenteeism, had lower health care costs, and had fewer days of restricted activity and bed rest. To obtain wide corporate benefits, the report recommends that employers develop a supportive work environment for diabetes patients; encourage nutrition, exercise, and other related wellness programs; coordinate corporate diabetes efforts; and provide the highest quality medical care for diabetes patients.

As examples, General Motors (GM), supported by unions at GM, has implemented

“Lifesteps,” a comprehensive wellness program for all employees, retirees, and dependents coping with diabetes.<sup>7</sup> The national program raises awareness and educates employees through booklets, health risk appraisals, newsletters, a toll-free Personal Health Advisor Line, and a website. Pilot programs at some plants provide screenings and intensive counseling and other approaches to risk reduction. Similarly, First Chicago NBD Corporation/Bank One has offered a worksite diabetes education program.<sup>8</sup> Employees with diabetes were identified through medical records and other means, and invited to participate. The program provides basic medical and behavioral assessments and provides educational seminars that should help employees achieve better glycemic control.

Many businesses have also used screening programs to target cancer. A 1997 report from the CDC and the Prudential Center for Health Care Research, “The Manual of Intervention Strategies to Increase Mammography Rates,”<sup>9</sup> describes successful social marketing techniques in diagnosing and treating cancer, such as classes, programs for spouses, word-of-mouth campaigns, testimonials, and written materials. In terms of “place,” worksite coordination of mammography screening has proven beneficial for employees when employers increase access via worksite-based mobile mammography vans or arranging for transportation on company time for groups of women to a health plan’s radiology facility.

Incentives such as these, which lower the net “price” of complying with recommended health screenings by making it more convenient and defraying employee opportunity costs, can make a big difference. One-third of all new cases of breast cancer diagnosed since 1991 at the First National Bank of Chicago were identified through a worksite program, according to the report.

Another potentially winning campaign goal might be to encourage at least 60 percent of your workforce to receive a flu vaccination. The evidence suggests that influenza-related complications in the United States are responsible in an average year for 20,000 deaths, 300,000 hospitalizations, and \$1-3 billion in direct medical costs.<sup>10,11</sup>

The U.S. Department of Veterans Affairs concluded in a recent study that annual flu shots for the U.S. workforce — including people in their healthy middle years, not just the elderly or those with chronic diseases —





could save \$1.3 billion in lost time and other costs.<sup>12</sup> An employer-sponsored campaign would:

- promote the benefits and correct any misconceptions about the effects of receiving the flu shot;
- describe the product — the vaccination itself together with awareness of the importance of receiving this service;
- identify the place where the vaccination would occur; and
- explain the price, including the time required, convenience, and out-of-pocket cost to the employee for receiving the flu shot.

But how does an employer pay for a flu shot campaign? Going it alone is an option, but partnering with a local health care provider — a hospital, public health department, group practice and even other employers — can create economies of scale to lower the costs of a flu shot campaign.

### Partners for Disease Prevention & Health Promotion

Identifying key stakeholders constitutes an important first step in developing an effective campaign since partnerships can offset campaign costs. Stakeholders may have: (1) already developed social marketing materials

that would fit your campaign strategy; (2) overlapping goals; and/or (3) provide the “product” you’re seeking. Vendors, pharmaceutical companies, and government agencies offer excellent sources of pre-developed educational and promotional materials as well as unrestricted educational grants. (See the National Diabetes Education Program’s website — [www.diabetesatwork.com](http://www.diabetesatwork.com).)

Health plans, public health agencies, universities, providers, and health care facilities are all potential local partners for employer-based campaigns. Examples of such collaborative efforts that leverage available resources include:

- employer-subsidized costs for a mobile mammography van in partnership with a health plan or community-based provider;
- employer-driven adoption of a team-based approach to diabetes care as described in educational materials targeting plan and employers by the National Diabetes Education Program — a joint effort by the National Institutes of Health and the CDC (<http://ndep.nih.gov> or 800-438-5383);
- employer-promoted drive-through vaccinations in partnership with a local health facility in which patients don’t leave their cars during a three-stop, 15-minute process that takes the bother out of getting a flu shot.<sup>13</sup>

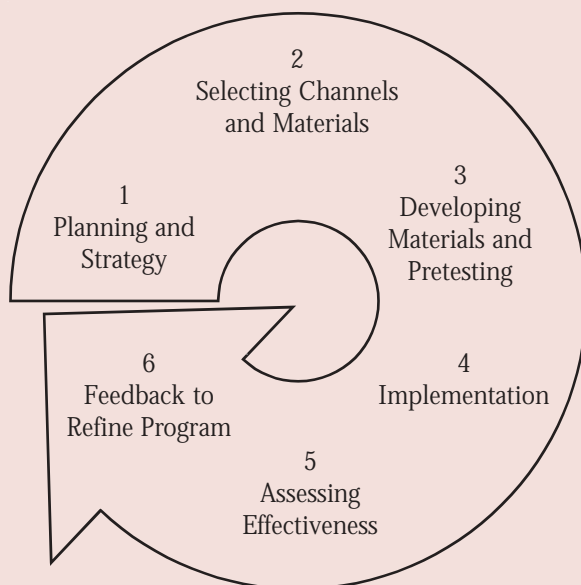
It is not essential to hire a consultant or staff to develop and execute a social marketing campaign. Many resources are available to learn more at minimal cost. Some examples include:

- web sites such as [www.socialmarketing.com](http://www.socialmarketing.com);
- books such as [Hands-On Social Marketing: A Step-by-Step Guide](#), by Nedra Kline Weinreich (Sage Publications, June 1999), and [Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment](#), by Alan Andreasen (Jossey-Bass, 1995);
- faculty from local universities; and
- staff from state or local public health departments.

### The Social Marketing Wheel: Planning a Campaign

The social marketing wheel provides a visual process model for planning a campaign (See Figure 1).<sup>14,15</sup> The planning and strategy stage involves a thorough market analysis. Careful

**Figure 1**  
**The Social Marketing Wheel**



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### Table 1 Value of Health-Related Social Marketing

#### To Employers Targeting Employees

- ▲ Employee Productivity
- ▲ Employee Morale/Loyalty
- ▲ Employee Recruitment
- ▼ Employee Absenteeism
- ▼ Employee Turnover
- ▼ Employee Medical Expenditures

#### To Employers Targeting the Community at Large

- ▲ Health of Future Workforce
- ▲ Goodwill

research on the target population and the factors shaping their present behavior is an important starting point, where knowledge, attitudes, costs, or attributes of the workplace or community serve to shape and reinforce undesirable behavior(s). The campaign can then select specific messages and communication channels and develop and pre-test materials. As an employer implements and evaluates a campaign, refinements can be made.

A comprehensive presentation of a similar process with many research-based recommendations may be found in Health Promotion Planning, by Larry Green and Marshall Kreuter.<sup>16</sup>

#### Assessing Campaign Effectiveness

Developing an effective campaign involves awareness of employee or community needs relative to organizational objectives. Further, campaign goals need to be realistically set. Corporate support must recognize the complexity of campaigns for the desired behavior change. The price of asking employees to lose 20 pounds or to quit smoking is high and less than 10 percent program completion may be a huge success. However, the potential payoffs from reduced risk (and hospitalization expense) of diabetes and heart disease alone could demonstrate the value of a campaign with even modest success. Asking employees to receive a flu shot as they drive to work has a much lower price and a goal of 60 percent compliance would be a major success.

Campaigns may also have indirect effects such as increasing morale and reducing

absenteeism (see Table 1). While difficult to measure, evaluations should also examine such indirect benefits. ■

#### Endnotes

- <sup>1</sup> Weinrich, Nedra Kline. "What is Social Marketing?" Social-Marketing.com, <http://www.social-marketing.com/whatis.html>, February 22, 2001.
- <sup>2</sup> Rosen, Emanuel. *The Anatomy of Buzz*. New York, NY: Doubleday, 2000.
- <sup>3</sup> Rayport, Jeffrey. "The Virus of Marketing," *Fast Company*, Issue 6, page 68, [www.fastcompany.com/archives](http://www.fastcompany.com/archives).
- <sup>4</sup> Gladwell, M. *The Tipping Point*. Boston, MA: Little, Brown & Company, 2000.
- <sup>5</sup> Berry, T. and Lising M. "Overview of the National Diabetes Education Program," presentation at the Strategic Planning Committee Meeting of the NDEP, Bethesda, MD, September 11, 2001.
- <sup>6</sup> Centers for Disease Control and Prevention. *Making a Difference – The Business Community Takes on Diabetes*. 1999. <http://ndep.nih.gov/materials/puborder/resource.htm>.
- <sup>7</sup> Ibid.
- <sup>8</sup> Ibid.
- <sup>9</sup> Centers for Disease Control and Prevention and Prudential Center for Health Care Research: *The Manual of Intervention Strategies to Increase Mammography Rates*. 1997. <http://www.cdc.gov/cancer/publica-online.htm#breast>.
- <sup>10</sup> Page, Douglas. "Speedy Shots," *Hospitals and Health Networks*, page 22, November 2000.
- <sup>11</sup> Centers for Disease Control and Prevention. <http://www.cdc.gov>, March 22, 2001.
- <sup>12</sup> Department of Veterans Affairs. <http://www.va.gov>, March 22, 2001.
- <sup>13</sup> Page, Douglas. "Speedy Shots," *Hospitals and Health Networks*, page 22, November 2000.
- <sup>14</sup> Lefebvre, R.C., and L. Rochlin: "Social Marketing," in K. Glanz, F. Lewis, and B. Rimer (Eds.), *Health Behavior and Health Education* (2nd Edition). San Francisco: Jossey-Bass, 1997.
- <sup>15</sup> Glanz, K., and B. Rimer: *Theory at a Glance: A Guide for Health Promotion Practice*. NIH Publication No. 95-3896. Bethesda, MD: National Institutes of Health, National Cancer Institute, 1995.
- <sup>16</sup> Green, L.W. and M.W. Kreuter: *Health Promotion Planning: An Educational and Ecological Approach* (3rd Edition). Mountain View, CA: Mayfield Publishing Company, 1999.



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