

Draft stakeholder letter requesting individual or organizational support for social marketing in ODPHP/HP2020 process (9/10/09)

Dear \_\_\_\_\_:

Please help us establish an objective in Healthy People 2020 for the recognition, development and use of social marketing to foster healthy behaviors. Your organization can promote our efforts by: (1) sending a letter of support to the Director, ODPHD (2) participating in the public comment period on the web-based workspace (see below\*) when it reopens on October 22, 2009 by posting your letters and our proposal (3) inviting your members to write individual letters to ODPHP and participate in the web-based workspace.

Social marketing is a systematic approach to the design, development, implementation and evaluation of programs for changing voluntary behaviors in order to promote social good—including a healthy population. For more than thirty years, public health practitioners and others have been using social marketing as a way of preventing disease and promoting healthy behavior change across the globe. According to many experts, reforming health care alone will not be sufficient to achieve America's objectives for a healthy population. Success also requires a transformative strategy that optimizes the health of the entire population—primarily by influencing behaviors that lead to preventable conditions responsible for a majority of premature deaths

Recently our social marketing community sought to establish an objective in HP2020 to support the use, training and research of this systematic approach to in programs of behavior change (see attached proposal). We proposed this as a component of the Health Communication and Information Technology section because of previous extensive reference to social marketing in HP2010. However, the interim recommendation did not reflect our proposal.

We believe that social marketing, along with school and community health education, communications, a chronic disease model, prevention and health care services and many others programs, disciplines and professions will play an important role over the next decade to create a healthier population at every phase of the lifespan. Please help us assure that the practice, training and research related to social marketing continues to be a valued component of our national strategy. I attached a draft letter for your convenience

Thank you for your consideration of our request. For more information feel free to contact me or one of the following (Craig Lefebvre, PhD, [craig.Lefebvre@verison.net](mailto:craig.Lefebvre@verison.net) or Bob Marshall PhD, [Robert.marshall@health.ri.gov](mailto:Robert.marshall@health.ri.gov).)

Encl: HP2020 proposed objective  
Draft suggested letter to ODPHP and HP2020 workspace\*

\* (<http://ehealth.odphp.iqsolutions.com/NHICHome/tabid/36/Default.aspx?returnurl=%2fHome%2ftabid%2f120%2fDefault.aspx>)

To: Director, Office of Disease Prevention and Health Promotion

From: R. Craig Lefebvre, PhD, George Washington University School of Public Health and Health Services  
Robert J. Marshall PhD, Rhode Island Department of Health

Date: October 15, 2009

Re: Proposed New Objective for Healthy People 2020

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### **Proposed New Healthy People 2020 Objective**

xx-xx Increase the number of programs that use evidence-based social marketing for health promotion and disease prevention.

- a. Increase undergraduate/graduate training in schools of public health
- b. Increase continuing education for public health practitioners
- c. Increase evidence-based research in prevention research centers and schools of public health, business and other related disciplines.

### **Justification for New Objective**

Public health research shows that about one-half of the leading causes of deaths in the US are related to underlying voluntary risk behaviors, such as tobacco use, poor diet, lack of physical activity, drug and alcohol use, intentional injury (firearms), risky sexual behavior and failure to use seatbelts and other safety devices (McGinnis and Foege, 1993; Mokdad et.al. 2004). In addition, the number of these “preventable” deaths due to poor diet and lack of physical activity alone increased by about one-third from 1990 to 2000.

Success in reversing some of these trends, and improving the Nation’s health, requires a transformative strategy that optimizes the health of the entire population by influencing behaviors that lead to preventable conditions responsible for a majority of premature deaths. Some of the most important preventable risks for poor health involve consumer wants and needs - voluntary behaviors rooted in ignorance, deliberate personal preference, convenience, etc. – that occur within the larger contexts of economic forces, changes in technology, peer and social network influences and social and cultural trends that confront the individual with often arbitrary and conflicting choices. For those interested in promoting population health, the interaction of these multiple influences on consumer behavior creates a difficult dilemma of drawing a line of intervention that crosses between individual freedom of choice and the iron hand of public policy. Fortunately the social marketing approach provides many options for promoting population health by influencing individual behaviors using strategies based on consumer choice.

The use of marketing principles and practices in the private sector provides one of the most compelling demonstrations of solving the core business problem of achieving organizational success (improving public health in this instance) through satisfying consumer wants and needs. Marketing goes beyond advertising and sales. When applied as intended, it becomes a systematic way for management to structure its relationships with consumers and stakeholders from the products and experiences it offers, the structure of the incentives and costs associated with them, and their accessibility to various population groups (segments), to how they are promoted in the marketplace with an ever expanding palette of communication tools. This same marketing management approach can be applied to the analysis, planning, implementation and sustainability of public health programs aimed at promoting healthy behaviors.

Definitions of social marketing evolved over the more than three decades since its first description by Kotler & Zaltman (1971). One of the more commonly used definitions says

Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviors that benefit society (public health, safety, the environment and communities) as well as the target audience (Kotler, Lee & Rothschild, 2007).

More to the point: Social Marketing is a systematic approach to changing behavior that offers the tools to translate theory into practice and to scale up proven intervention approaches. By using a systematic process the public health practitioner will be able to: select an appropriate priority audience, understand the determinants of their current behavior, establish realistic objectives, develop an integrated strategy to facilitate the adoption of healthier behaviors (or maintain current ones) and measure the degree of successful performance. Indeed, when we examine some of the more well-known and successful public health programs over the past three decades, the principles of social marketing are being applied by the US Agency for International Development, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and in public and professional education programs of the National Institutes of Health to name just a few.

A review of the literature on the effectiveness of social marketing by the UK Department of Health and the National Consumer Council and the National Health Service (NCC, 2006) concluded that:

- a. When the core concepts and principles of social marketing are applied systematically they can significantly improve the impact and effectiveness of work, whether at local, national or international level.
- a. Social marketing has potential to support achievement of specific behavioral goals across a diverse range of issues and topics. While social marketing has a developing history in the health sector, it is also increasingly being used in other areas such as sustainability and community safety.
- b. Social marketing can help to achieve behavioral goals and directly support service development and redesign by ensuring that they respond to, and meet the needs of, their intended audiences or consumers.

### **Potential Data Source**

We propose that the Centers for Disease Control and Prevention support the development of a data source (or sources) that will provide a national sample of programs that use evidence-based social marketing for health promotion and disease prevention that can be evaluated for their use of best practices. A similar mechanism, such as through existing Cooperative Agreements or Prevention Research Centers, should be established to measure progress on the training and education components. These resources will support national organizations such as the Association of State and Territorial Health Officers (ASTHO), Association of Schools of Public Health (ASPH), Society for Public Health Education (SOPHE), National Public Health Information Coalition (NPHIC) and others who propose a program establishing a sampling frame for a systematic selection of programs to be evaluated. We propose a baseline

survey(s) to be completed by the end of FY2011 with three additional biennial surveys for monitoring and feedback to stakeholders throughout the decade.

**Anticipated Number of Data Points During the Decade**

A total of four data points are proposed for each objective.

**Proposed Target**

A 50% increase above baseline level for the primary objective and each subobjective.

**Health Determinant Identification**

Indicate the relevant health determinant(s) for which the proposed objective applies:

Physical Environment     Social Environment     Individual Behavior  
 Biology and Genetics     Health Services

**Proposed 2020 Topic Area Identification**

**See listings below** to indicate the relevant cross-cutting focus area(s), and/or sub area, for which the proposed objective applies.

**Organizational Support**

The decisions above are supported by a large group of social marketing practitioners in public health represented by a workgroup designated by participants at the 2009 National Conference on Social Marketing in Public Health. This group also received support from the agencies listed below. Please feel free to contact us with any questions.

Association of State and Territorial Health Officers (ASTHO)  
Society for Public Health Education (SOPHE)  
National Public Health Information Coalition (NPHIC)  
Centers for Disease Control and Prevention

**Potential 2020 Topic Area Identification**

Using the current 2010 focus areas and sub areas, indicate the relevant cross-cutting area(s) for which the proposed new objective applies.

- 1. Access to Quality Health Services**
  - Clinical Preventive Care
  - Primary Care
  - Emergency Services
  - Long-term Care and Rehabilitative Services
  - Other (All)
- 2. Arthritis, Osteoporosis and Chronic Back Conditions**
  - Arthritis and other Rheumatic Conditions
  - Osteoporosis
  - Chronic Back Conditions
  - Other (All)
- 3. Cancer**
- 4. Chronic Kidney Disease**
- 5. Diabetes**

- 6. Disability and Secondary Conditions**
- 7. Educational and Community-based Programs**
  - School setting
  - Worksite
  - Health care setting
  - Community setting and select populations
  - Other (All)
- 8. Environmental Health**
  - Outdoor air quality
  - Water quality
  - Toxics and waste
  - Health homes and healthy communities
  - Infrastructure and surveillance
  - Global environmental health
  - Other (Please list) - Sustainability
- 9. Family Planning**
- 10. Food Safety**
- 11. Health Communication**
- 12. Heart Disease and Stroke**
  - Heart disease
  - Stroke
  - Blood pressure
  - Cholesterol
  - Other (All)
- 13. HIV**
- 14. Immunization and Infectious Diseases**
  - Diseases Preventable Through Universal Vaccination
  - Diseases Preventable Through Targeted Vaccination
  - Infectious Diseases and Emerging Antimicrobial Resistance
  - Vaccination Coverage and Strategies
  - Vaccine Safety
  - Other (All)
- 15. Injury and Violence Prevention**
  - Injury Prevention
  - Unintentional Injury Prevention
  - Violence and Abuse Prevention
  - Other (Please list)
- 16. Maternal, Infant, and Child Health**
  - Fetal, Infant, Child, and Adolescent Deaths
  - Maternal Deaths and Illnesses
  - Prenatal Care
  - Obstetrical Care
  - Risk Factors
  - Developmental Disabilities and Neural Tube Defects
  - Prenatal Substance Exposure
  - Breastfeeding, Newborn Screening, and Service Systems
  - Other (All)
- 17. Medical Product Safety**
- 18. Mental Health and Mental Disorders**
  - Mental Health Status Improvement
  - Treatment Expansion

- State Activities
- Other (Please list)
- 19. Nutrition and Overweight**
  - Weight Status and Growth
  - Food and Nutrient Consumption
  - Iron Deficiency and Anemia
  - Schools, Worksites, and Nutrition Counseling
  - Food Security
  - Other (All)
- 20. Occupational Safety and Health**
- 21. Oral Health**
- 22. Physical Activity and Fitness**
  - Physical Activity in Adults
  - Muscular Strength/Endurance and Flexibility
  - Physical Activity in Children and Adolescents
  - Access
  - Other (Please list)
- 23. Public Health Infrastructure**
  - Data and Information Systems
  - Workforce
  - Public Health Organizations
  - Resources
  - Prevention Research
  - Other (Please list)
- 24. Respiratory Diseases**
  - Asthma
  - Chronic Obstructive Pulmonary Disease
  - Obstructive Sleep Apnea
  - Other (All)
- 25. Sexually Transmitted Diseases**
  - Bacterial STD Illness and Disability
  - Viral STD Illness and Disability
  - STD Complications Affecting Females
  - STD Complications Affecting the Fetus and Newborn
  - Personal Behaviors
  - Community Protection Infrastructure
  - Personal Health Services
  - Other (All)
- 26. Substance Abuse**
  - Adverse Consequences of Substance Use and Abuse
  - Substance Use and Abuse
  - Risk of Substance Use and Abuse
  - Treatment for Substance Abuse
  - State and Local Efforts
  - Other (All)
- 27. Tobacco Use**
  - Tobacco Use in Population Groups
  - Cessation and Treatment
  - Exposure to Secondhand Smoke
  - Social and Environmental Changes
  - Other (Please list)

**28. Vision and Hearing**

Vision

Hearing

Other (Please list)

**Other general area(s) not listed above** (Please list)

Genetic testing and counseling

Public health preparedness

Health information and communication technologies

Safe use of OTC drugs

Improvement of public-private partnership development and impact

**Additional Comments/Suggestions:**

**References:**

Gebbie K, Rosenstock L, Hernandez LM. (Eds). Committee on Educating Public Health Professionals for the 21st Century. *Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century*. Washington, DC: The National Academies Press, 2003.

Kotler P, Lee N, Rothschild M. Personal communication, 2007. Cited in P. Kotler and N. Lee, *Social Marketing: Influencing Behaviors for Good* (3<sup>rd</sup> Ed). Los Angeles: Sage Publications, 2008.

Kotler P, Zaltman G. Social Marketing: An Approach to Planned Social Change. *Journal of Marketing* 1971;35:3-12.

Mokdad J, Marks J, Stroup D, Gerberding J. Actual Causes of Death in the United States, 2000. *JAMA* 2004; 291, 10 pp 1238-1245.

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National Consumer Council. *It's Our Health: Realizing the Potential of Social Marketing*, 2006. Available at <http://www.nsms.org.uk/public/default.aspx?PageID=48>.