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# Upstream vs. Downstream:

## Why Not Both?

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# We Face a Big Problem and Have Lots of Work to Do

- Dramatic increases in obesity rates.
- Higher rates of obesity = greater morbidity / mortality due to chronic diseases.
- Recent significant increases in diabetes = major implications for the health care system.
- Only 40% of California adults have adopted recommended fruit and vegetable consumption and physical activity behaviors.  
*(CPNS 2004 Benchmark Survey)*

# Individual Barriers to Behavior Change

- About one-third of CA FS recipients, low-income mothers and adults generally do not know what recommended behaviors are.
- Only about half feel strong normative support for healthier behaviors.
- Between half and two-thirds do not feel a strong sense of self-efficacy about making changes.
- Many believe that recommended behaviors are costly and inconvenient.

*(Source: CPNS 2004 Benchmark Survey)*

# Environmental Level Barriers

- Lack of safe, affordable places for physical activity.
- Lack of appropriate food choices and physical activity opportunities in schools.
- Proliferation of fast food outlets in low-income neighborhoods.
- Lack of healthy food choices in workplaces and restaurants.
- Limited access to affordable fresh fruits and vegetables in many neighborhoods.

*(Source: Numerous studies)*

# Conclusion

- To increase our effectiveness and solve the problem, we need to be addressing *both* individual and environmental level barriers.

# Objectives of Sessions

- Define the difference between upstream and downstream social marketing/change strategies.
- Identify specific ways in which basic principles from marketing theory can strengthen downstream efforts to change the behavior of individuals.
- Identify basic media advocacy principles and how they might effectively be applied to upstream efforts to change social and community environments.
- Think creatively about how marketing and media advocacy can be used synergistically.

# Overview of Sessions

- Upstream vs. downstream strategies: definitions and examples.
- Review of key principles of marketing theory.
- Discussion: Can a more faithful application of marketing principles improve our effectiveness downstream?
- Overview of basic principles of media advocacy.
- Discussion: Can media advocacy methods improve our effectiveness upstream?
- Final Reflections: How do we use both approaches synergistically for maximum effectiveness?



# **Upstream vs. Downstream Strategies**

# Definition of Social Marketing

*“Social marketing is the application of marketing technologies and theory 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 society.”*

- Andreasen, 1995

# Social Marketing: Key Concepts

- Use of commercial marketing methods.
- Influence, not coercion.
- Voluntary behavior change.
- Specific target audiences.

# What Social Marketing Isn't

- Information dissemination  
(knowledge = behavior change).
- Education  
(knowledge + skills = behavior change).
- Advertising or communications  
(persuasive message + right source + best channel = behavior change).

# Key Features of the Marketing Method

- Exchange theory.
- Consumer orientation.
- Minding the competition.
- Constant willingness to modify product.
- Data-driven decision-making.
- Focusing on the four P's:
  - **P**roduct,
  - **P**rice,
  - **P**lace and
  - **P**romotion.

# Exchange Theory: The Essence of the Marketing Method

- Individuals exchange something of value (e.g., money, time) in return for some benefit.
- To be successful, increase the perceived value of preferred behavior and/or decrease the perceived value of competing behaviors.
- The value of the preferred behavior must be greater than the value of competing behaviors.

# Product Benefits

- Better health and disease prevention are not always the most attractive benefits.
  - Physical activity/*5-A-Day*: protect and take care of kids/family.
  - Smoking cessation: smelling/looking better; anti-tobacco advocacy = cool among teens.
  - Clean needle use (HIV/AIDS): social faithfulness.
  - Breast feeding: special loving bond between mother and child.

# Consumer Orientation

- It's not about YOU, it's about the consumer.
- Nobody does anything because someone with more intelligence, knowledge or compassion told them to ... and this includes parents, scientists and health educators!
- You cannot get people to do what YOU want; the offering must respond to some already-existing consumer want or need.
- *"You cannot sell a need that people do not have."*  
– Bill Smith, 2003

# Examples of Human Needs

- Self-esteem.
- Belonging/social acceptance.
- Contentment/freedom from fear or worry.
- Prestige.
- Helping others.

# The Competition: PAY ATTENTION!

- They can do something else!
- Your offering must be viewed as more valuable than doing nothing or choosing the competition.
- *“Focus on the behavior, not the awareness that you think will lead to the behavior.”*  
- Bill Smith, 2003
- Is the competition offering something more easy or fun? If so, your work is cut out for you!

# Willingness to Modify the Offer

- First, design products that respond to existing wants, needs and aspirations.
- Constantly monitor changes in consumer wants, needs and aspirations.
- Modify product as needed.
- Constantly monitor performance.

# Data Driven Decision-Making

- Use research to identify what intended adopters want and need.
- Explore how your product can be positioned to meet an existing want or need.
- Understand how consumers perceive barriers and benefits associated with the recommended vs. competing behaviors.
- Assess what promotional strategies and activities will induce target adopters to initiate new behaviors.

# Consumer Segmentation

- Traditional public health approach: greatest priority given to those in greatest need OR everyone served equally.
- Same products are offered to everyone; same benefits emphasized to everyone; same promotion to everyone.
- Commercial marketers know that they cannot appeal to all buyers the same way or at the same time.
- Best opportunity to make a difference: target the most receptive.

# The Four P's of Marketing

- **P**roduct.
- **P**rice.
- **P**lace.
- **P**romotion.

# The Product

- The product is what we have to offer, including its...
  - Design.
  - Quality.
  - Features.
  - Varieties.
  - Brand name.
  - Packaging.

# Successful Products Must Be:

- Perceived as superior to existing products.
- Compatible with existing values, past experiences, and needs of the target audience.
- Easy to use.
- Available to be tried initially on a limited basis.
- Visible to others.

*(Rogers, 1983)*

# Examples of Public Health Products

- Tangible products/services:
  - condoms,
  - mammograms,
  - birth control pills,
  - seat belts,
  - sunscreens.
- Behaviors:
  - 5 daily servings of fruits and vegetables,
  - at least 30 minutes of physical activity every day,
  - sexual abstinence,
  - smoking cessation.

# Product Development

- Social marketers often don't take product development seriously, believing that "the behaviors are given" – this may not always be true.
- Obesity prevention challenge: limited resources, lots of very different products – can we really market them all?
- Which obesity prevention products are most important?
- Which will more people buy?

# The Price

- It may not be monetary.
- In public health, non-monetary costs are usually more important – time, effort, embarrassment, looking un-cool, etc.
- Do not trivialize time and effort – they are BIG price barriers!
- The price of adopting obesity prevention products: money, time, effort, loss of freedom, loss of favorite foods or pastimes, and... what else?

# The Price *(continued)*

- Keep asking yourself:  
*How can you lower the price or increase the value?*
- You have more control over the price than you think!

# The Place

- May be the most neglected P in social marketing.
- Where tangible product is purchased or service is provided – is it convenient?
- Where people are predisposed to pay attention to the problem or promotional message – are we taking full advantage of these places?
- Where people will act – do we appreciate the setting and its impact on the feasibility of what we are proposing?

# Some Obesity Prevention Places

- *Where tangible products are purchased/service provided:*  
at grocery stores, restaurants.
- *Where people are predisposed to pay attention:*  
at the doctor's office, community health clinic.
- *Where people have to act:*  
at home, work.

# Promotion

- Often confused with social marketing approach – is really only one of the P's.
- Promotion = marketing when the other P's look irrelevant.
- Involves selecting right mix of persuasive messages, channels, materials and activities to induce product trial or adoption.

# Typical Elements of a Promotional Mix

- Advertising.
- Media/public relations.
- Community outreach.
- Sales force/promotions.
- Direct mail.
- Telemarketing.
- Internet.

# Some More P's

- Partnerships:  
Increase resources, promote collaborative action among organized stakeholders.
- Participation:  
Involving audiences = accelerated role modeling + diffusion of change.
- Public Policies:  
Sometimes only way to address critical environment barriers.

# Wrap Up:

## How to Think Like a Marketer

- Focus on the product, not awareness and knowledge.
- Pay attention to the exchange relationship – provide more value than the competition.
- Respond to some existing want or need.
- Don't ignore the **Place P**.
- Don't just focus on promotion.



# **Getting the Most out of the Marketing Approach**

# Questions for Discussion

- How good a job have we done on product development? Do we have the right social products?
- Have we found a way to make our products more valuable than the competing products? Have we linked our products to compelling consumer wants and needs?
- Are we doing a good job of targeting our marketing efforts?

# Questions for Discussion

*(continued)*

- What can we do to address the critical **Place P**? Is working upstream the answer?
- How can we “bring our efforts to scale” so that we can realistically compete with the competition? Are partnerships an answer?



**Final Reflections:  
How the Methods Can Be Used  
Synergistically**

# Synergies Between the Two Methods

- Downstream approaches by themselves will likely never solve the obesity problem; there must also be an upstream focus and commitment.
- Media advocacy provides a powerful and useful methodology for working upstream.
- Marketing is not just a downstream approach.

# How Marketing Also Reaps Upstream Benefits

- When marketers focus on the “**P**lace P” and the “**P**rice P” they address policy/environmental barriers related to access, inconvenience, and high cost.
- Just as healthy eating and physical activity can be “marketed,” so too can advocacy, voting, other policy-reforming behaviors.
- Effective social marketing often requires community mobilization and audience involvement; both can also be a boon to upstream efforts.
- Marketing research can identify necessary policy and environmental changes and help make the case for them.

# Even Before Policy Changes Are Implemented, Media Advocacy May Accelerate Individual Behavior Change

- Media advocacy efforts increase the saliency of the obesity issue and force individuals to confront it.
- As individuals become more engaged, they are more likely to seek information and assistance and/or form an intention to change.
- Media advocacy may also have the potential to transform how individuals view the adoption of healthier behaviors – from “something I should do” to “something the entire community cares about.”

# Synergies Between the Two Methods *(continued)*

- Professionals and community-based activists working primarily on individual behavior change need to move into active support for policy and environmental change.
- Appropriate forms for this support must be devised, forms consistent with constraints on how government funding can be used.