

disseminated. Planners should refer to this work if they are interested in using and measuring diffusion.

The Marketing Process and Health Promotion Programs

If everyone in a given population were an innovator or early adopter, there would be no need for marketing or advertising plans. Since that is not the case, there is a need for planners to understand the marketing process and be able to apply its principles.

Syre and Wilson (1990) have identified five distinct functions of the marketing process as they relate to the health care field:

1. Using marketing research to determine the needs and desires of the present and prospective clients from the priority population.
2. Developing a product that satisfies the needs and desires of the clients.
3. Developing informative and persuasive communication flows between those offering the program and the clients.
4. Ensuring that the product is provided in the appropriate form, at the right time and place, and at the best price.
5. Keeping the clients satisfied and loyal after the exchange has taken place.

Next, each of these functions will be discussed.

Using Marketing Research to Determine Needs and Desires

This particular function involves conducting formative research as discussed in Chapter 2. Since the needs assessment process was discussed in detail in Chapter 4, that discussion will not be repeated here. However, the focus of formative research as performed in social marketing is a bit different than that of a traditional needs assessment for a program. The types of data planners try to uncover in formative research are, as described in the SMART Model, related to consumer analysis (wants, needs and preferences of the priority population), market analysis (defining the market mix, described later in this chapter, and identifying competing behaviors, messages and programs) and channel analyses (communication and promotion strategies). Some formative research can be conducted as part of a regular needs assessment, such as collecting information that would help segment the market (see the next section for a discussion of market segmentation) or finding out how best to position a program for a specific audience. Still other components, such as pretesting and pilot tests are also considered formative research techniques.

If planners want to conduct formative research as part of primary data collection for a program needs assessment, they may want to consider questions such as:

1. What type of health promotion programs would the priority population participate in if they were offered in the community?
2. Where would the priority population like the program offered?
3. On what days of the week would the priority population like the program offered?

4. At what time of the day would the priority population like the program offered?
5. Would the priority population prefer individual attention or small group participation?
6. How much would the priority population be willing to pay to attend the program?
7. What is the best way to communicate information to the priority population about the program?
8. Does the priority population think other members of their family would like to attend these programs? If yes, which members?

Developing a Product That Satisfies the Needs and Desires of Clients

The steps involved in developing a high-quality, marketable product (health promotion program) were discussed in earlier chapters. One key to developing a marketable product is knowing as much as possible about the priority population (i.e., conducting formative research). The more they know about a population, the better planners can describe the population. By describing the population, planners are then able to divide the population based on certain characteristics, a process called **segmentation**. Figure 11.3 shows the concept of **audience segmentation**, identifying African-American teenagers for a dietary excess intervention. This figure illustrates that the

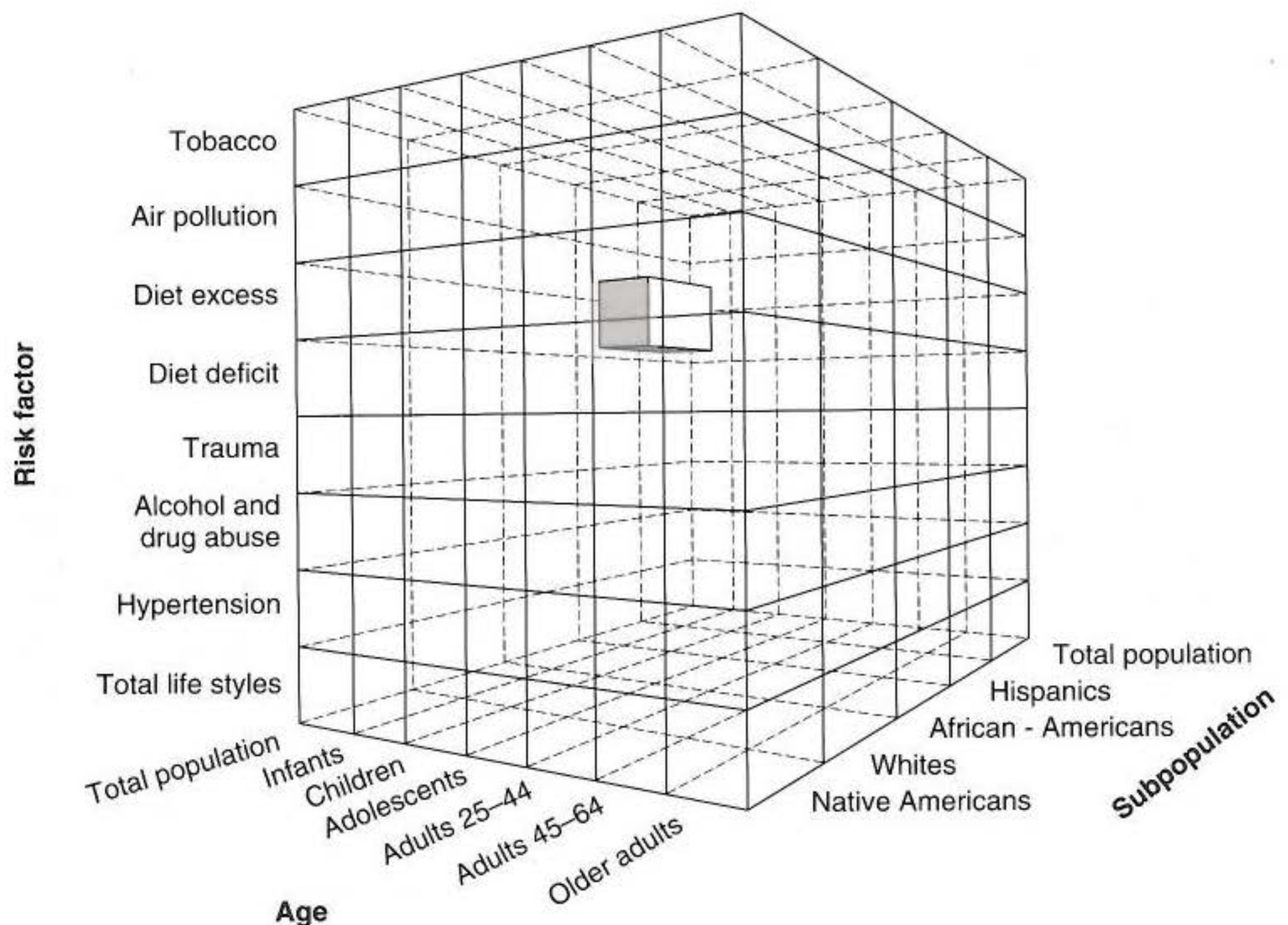


Figure 11.3 Example of audience segmentation, identifying African-American teenagers for a dietary intervention

Source: U.S. Dept. of Health and Human Services (1986a), p. 41.

priority population, African-American teenagers, is a unique but potentially small segment when considering the total population and all of its health problems. Yet, segmenting a priority population is critical in order to deliver programs to individuals who need them most. Audience segmentation has two major goals: (1) define homogeneous or similar subgroups for message and product design purposes, and (2) identify segments within the subgroup that will be the target for distribution and communication channel strategies (Lefebvre & Flora, 1988). Segmentation permits planners to develop programs that will meet the specific needs and desires of the priority population, thus greatly increasing the chances for an exchange between the two parties. For example, there are certain employee segments that are more likely than others to read health newsletters distributed by their company (Davis, 1990; Golaszewski et al., 1989; Miller & Golaszewski, 1992). Segmentation is especially useful when trying to reach “high-risk” and “hard-to-reach” groups.

Planners can carry out the segmentation of groups of people before surveying them (*a priori*) by examining demographic variables—such as age, gender, income, marital status, occupation, religion, ethnicity, and socioeconomic status—or on the basis of a relevant model or theory. Or planners can conduct segmentation after surveying (*a posteriori*) the priority population and collecting data, such as psychographics (attitudes, values, and lifestyle), risk factors, health history, or personal health behaviors. For example, the National Cancer Institute (NCI) used attitudes and lifestyle to identify different segments of the priority population for communications about cancer. They found that one group, which they called the naive optimists, were generally optimistic, self-involved, and complacent about their health. They did not make any effort to stay healthy or seek health information and did not worry about their health. This group of people was young with high incomes and made up about 12% of the population (Freimuth & Mettger, 1990). Segmentation could thus be most helpful in developing a market plan for this group of people.

Kotler and Clarke (1987, p. 236) indicate that “there is no one, or right, way to segment a market.” Demographic segmentation has been the most common means of segmentation in commercial marketing (Hertoz et al., 1993). However, it may not be the most efficient for social marketing. Planners will need to experiment with several variables to determine what works best for them. Box 11.3 includes many of the major segmenting variables identified by several different authors (Hertoz et al., 1993; Kotler & Clarke, 1987; Romer & Kim, 1995; Williams & Flora, 1995).

It should also be noted that segmentation need not be limited to just individuals. In situations when planners are trying to influence the priority population at the organizational/institutional, community, or public policy levels, the segmentation process can be categorized by social systems.

Social systems are easily divided into sector “segments”—educational, industry, government, health, etc. These sectors can be further segmented by location (e.g., urban vs. rural health departments), membership size of composite units (e.g., larger school districts vs. smaller ones), type of business (e.g., service industries vs. manufacturing vs. agricultural), current practices (e.g., businesses with active health promotion programmes [sic] for employees), organizational factors (e.g., innovativeness, leadership style, employee participation, community involvement), characteristics associated with organizational innovativeness (e.g., centralization, complexity, formalization, interconnectedness, organizational slack, size: Rogers, 1983), and many other variables. (Lefebvre, 1992, p. 159)

Box 11.3 Segmentation Categories and Variables

1. Geographic segmentation
 - a. Nations
 - b. States
 - c. Regions
 - d. Service areas
 - e. Counties
 - f. Cities, towns, villages
 - g. Neighborhoods
2. Demographic segmentation
 - a. Age
 - b. Stage of life cycle
 - c. Disease or diagnostic category
 - Health history
 - Risk factors
 - d. Gender
 - e. Health insurance
 - f. Income
 - g. Education
 - h. Religion
 - i. Race/ethnicity
3. Psychographic segmentation
 - a. Social class
 - Upper upper (less than 1% of population)
 - Lower upper (2%)
 - Upper middle (12%)
 - Lower middle (30%)
 - Upper lower (35%)
 - Lower lower (20%)
 - b. Lifestyle
 - c. Attitudes
 - d. Values
 - e. Personality
 - Self-image
 - Self-concept
4. Behavioral segmentation
 - a. Purchase occasion
 - b. Benefits sought

(Box 9.3 continues)

(Box 9.3 continued)

- c. User status
 - d. Usage rate
 - e. Loyalty status
 - f. Stages of buyer readiness
 - g. Health behavior
5. Multivariable segmentation (i.e., males age 42 living in Indiana)
 6. Constructs of behavior theories

Developing Informative and Persuasive Communication Flows

The third function of marketing is developing informative and persuasive communication flows; that is, what avenues will planners use to get the “message” out about their product, and how can they frame the “message” in such a way that will make the product (the health promotion program) appealing to the priority population? This requires planners to identify appropriate channels to communicate messages and promote their programs. As described earlier, channels may include interpersonal, small group, organizational, community, and mass media outlets. But to select the right channel or combination of channels, planners must understand the tendencies and preferences of the priority population as identified in formative research. In order to frame the message appropriately, planners must know what may be motivating the priority population.

For example, after performing formative research related to diet and physical activity among a group of public employees, planners learned that preferences for message content included, “helping employees understand that the desired changes could be inexpensive, fun and easy, and that changes would require only a minimal amount of time.” Based on these preferences, messages through electronic mail, public announcements, posters, and direct supervisor contacts (all preferred channels), were successfully used to recruit a large group of participants in a successful intervention (Neiger et al., 2001). Several authors (Kline & Huff, 1999; Lefebvre & Flora, 1988, Rice & Atkin, 1989) have made suggestions on items that planners should consider when developing the communication message and flow:

1. What are the media habits of the priority population?
2. What medium (electronic or print, visual or auditory, combination of several) should be used?
3. What are the costs of each medium versus the benefits?
4. Can the medium’s capability build on or multiply the effects of another medium?
5. Will the message reach a significant portion of the priority population?
6. Can the message be sent through several different channels?
7. Is the message culturally appropriate?