

## *The Social Marketing of Prevention in the Workplace*

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We're going to demonstrate how social marketing helps change employee's health behaviors, the effectiveness of consumer-prevention communications in the workplace setting, and the limitations of these communications. Communications cannot do everything. We try, but we don't always succeed.

I would like to give you a little bit of background on the context of social marketing. Social marketing is a communications strategy. The idea of social marketing has not been around very long. As a matter of fact, it was only in the early 1970s that the idea of social marketing was introduced by Phillip Cottler. Social marketing, first of all, assumes that the consumer or the target audience is the primary focus that drives all decisions.

Social marketing was first applied, incidentally, in the substance abuse field, by the National Institute on Alcohol Abuse and Alcoholism to dispel myths and misconceptions about alcoholism, the risk for alcoholism, and the treatability of alcoholism.

Now, let's look at some things that communications programs such as social marketing can do, and let's keep in mind a couple of things. Number one, the smoke-filled workplace and the three-martini lunch. Anybody remember those?

When I first graduated from school I went into the workplace and I was smoking like a chimney. Everybody I knew was smoking like a chimney, and it was the absolute accepted norm. When my dad worked for the Federal Government, as he did for 36 years, the three-martini lunch was not that unusual. I know in the business world, a lot of folks regarded that, once upon a time, as a way to ply clients and to get them to say yes a little bit more easily. Only later on did people find that it diminished productivity, increased health care costs, and presented all kinds of problems that people didn't want to know.

The communications programs can't raise awareness. Of course, over the years our awareness has changed regarding both alcohol and its detriments, as well as the impact in the workplace of second-hand smoke. So as our awareness increased, our behaviors changed. But communications can also influence our attitudes and norms, and cultural norms within the workplace are good targets when they promote bad behaviors.

Communications can also show the benefit of behavior change, reinforce current knowledge and attitudes about practices, and demonstrate a simple skill. Communications can show somebody how to take blood pressure tests. It can also instruct on what to do if a loved one is having substance abuse problems, or what to do if you're having one yourself. It can suggest or prompt an immediate action, i.e., the TV and print ads to call 1-800-729-6686. That happens to be the number for the Clearinghouse.

One caveat I should note is that communications alone cannot achieve long-term behavior change. It is very important thing that we do not promote the idea that communications is, in and of itself, the solution to the problem.

I was very proud of President Clinton over the weekend, when he gave his Saturday radio address and acknowledged that very fact. He said the country was going forward with the National Youth and Anti-Drug Media Campaign, but it is not, in and of itself, enough. And he used that platform to announce the awards of 93 community-based grants to combat drug use.

Putting it another way, communications fits into prevention by setting the stage for other prevention strategies, vocalizing public support for prevention strategies, and complementing other strategies to bring about long-term behavior change, which communications can't do alone.

Let's talk about some of the basics of social marketing. Social marketing is an application of commercial marketing techniques to health and social issues. It focuses on an identified target

audience. And target audiences are extraordinarily specific. They're not just men, not just women, but very specific entities. There are many channels where we can apply this technique to adopt an idea, practice, products, or all three.

First of all, there is intense competition for the attention and loyalty of consumers. We can look at the battle between Pepsi and Coca-Cola for illustration. How many of you have ever participated in a market research survey? Most of us have, and many of us don't even know because market research is virtually everywhere. If you've filled out a warranty and sent in information about your income and about your buying preferences, that's a form of market research. On the Internet, people are asking "Would you like to see this?" "Before you go into this particular part of the Internet, answer some of these questions for us about your preferences." These are all marketing surveys, and we are inundated with questions about who we are and how we behave. In the past we came up with great products, and then figured out how to sell them. The opposite is more true today. We start with the consumer in mind, and then we build the products around them.

In social marketing, instead of selling toothpaste or dog food, we sell products. We sell knowledge. We sell awareness of health risks and the benefits that can result from behavior change by appealing to existing means, motives, and values.

We also look at attitudes related to substance abuse, i.e., drinking is okay in my culture, so what's the big deal? "Hey, look, all the rap artists use marijuana, why should I not use marijuana?" Age, gender, background, income, culture and ethnicity are all extremely important in marketing. Ethnically diverse places offer very important challenges when it comes to communicating about health and about changing behaviors related to health.

When we conduct social marketing, sometimes we have to target one group to get to another. Let's say, for example, that drivers at a transportation company are our target audience for a behavior change. We want to intervene with those who might be using amphetamines to stay awake on the road at night. We might choose to target their supervisors with

information and methods for intervening. But the population we're going for is the drivers themselves. So we're targeting multiple audiences.

How do we know whether or not what we're doing is working? Oftentimes, those decisions are made by focus group tests. Focus groups can reveal quite a bit that is not known about the target audience. The same thing can be done in the workplace. Cafeterias are common areas where theater testing of video products that might be used by EAP can also occur. There are four P's used in both commercial and social marketing: product, price, promotion and place. The product in our case is knowledge, attitudes, or behavior you want the audience to adopt. The price in commercial marketing is obviously the cost of the item. But our price is what we want the individual to give up in order to get the benefit of our product. The promotion is the strategy that we use for persuading individuals to accept the price and product. The place is the channel through which we introduce or deliver the product. For instance, with the youth anti-drug media campaign that you're seeing on television, media - television, radio, and print - are the channels through which that campaign is being operated.

“Alcoholism is everybody's problem.” The social marketing product is the realization that alcohol impacts every sector. It aims to dispel the myth that alcoholics are all skid row bums. A lot of people have that misconception.

What about the price? The price is obvious; you might have to give up something that you enjoy: drinking. You might have to cut down, or cut off your drinking activity. Or you might have to confront someone else's drinking. What do we do to get people to accept this price? We help to reduce the belief that alcohol is just a problem for a small group of people -- losers.

Let's wrap this up by saying that social marketing is an approach to understanding and developing pro-health and pro-social messages for specific target audiences. It's a detailed process that supports the conversion of social marketing concepts into actual plans that can be used in the context of the workplace. You can use it very effectively to promote behavior change, to reduce tobacco- and alcohol-related illness, and encourage tobacco-free

environments in the workplace. You can change workplace cultural norms related to drugs and alcohol. You can increase the use of appropriate EAP managed care resources slotted for substance abuse. And you can encourage employees to address risk factors in their homes and in their communities.

So these are all things that can be addressed. There are many, many others as well. We at the Clearinghouse would like you to see us as your partners in this effort, as a resource for materials that can help you to implement prevention and social marketing-enhanced prevention.