

# Social Marketing Interventions for People Living with a Disability

Carleigh Schley

Bachelor of Science in Public Health

University of Miami

# At a Glance...

- ▶ Social marketing
- ▶ Disabilities
- ▶ Direction of the study
- ▶ Methodology
  - ▶ Literature review
  - ▶ Qualitative analysis
- ▶ Concluding thoughts and implications

# What is Social Marketing?

- ▶ First introduced and defined by Kotler and Zaltman (1971)
- ▶ The application of commercial marketing to the analysis, performance, and evaluation of programs created to **influence voluntary and involuntary social behaviors** (Andreasen 2006; Donovan and Henley 2003)
- ▶ Careful analysis is made to ensure that programs are both **appropriate *and* effective**
- ▶ Andreasen's (2002) discussion
  - ▶ Behavior change is chief focus
  - ▶ Six benchmark criteria to differentiate from other behavior change approaches

# Andreassen's (2002) Benchmark Criteria

## Behavior Change

- Influential voluntary change
- Not coercive
- Principal element used to design and evaluate interventions

## Marketing Mix

- Price
- Product
- Promotion
- Place

## Formative Research

- Thorough understanding of experiences
- Pretesting with representatives before implementation

## Exchange

- The means by which the intervention is going to achieve participation and acceptance
- Can include, money, time, lifestyle choices, social contacts


## Segmentation

- Used to help differentiate individuals within a target audience
- Tailored marketing mixes to improve method of implementation

## Competition

- Alternative behavior and/or competing campaigns or marketing activities that might interfere with the target behavior change

# Identifying a Social Marketing Campaign

- ▶ *Again*, social marketing is the process of incorporating marketing principles to influence voluntary behavior change in an individual or society
- ▶ Separate from Health Promotion
- ▶ Understanding that **different groups will react to campaigns differently**
- ▶ For a person to change  must ensure that the **exchange is available in a manner that is feasible for that target audience**

# The Application of Social Marketing

- ▶ Been effectively used to target behavior change associated with HIV/AIDS, substance abuse, obesity, physical activity, and healthy eating (Henley 2011)
- ▶ Can be adapted for use by intermediaries
- ▶ Has been used for a wide variety of target groups and settings (Gordon 2006)
- ▶ To increase health equity, an increasing amount of campaigns seek to influence behavior change that is centered on underrepresented social groups
- ▶ Few interventions seek to bring about behavior change among, and for, people with a disability

# Looking Closer at Disabilities

- ▶ Any physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (WHO 2001)
- ▶ What are the issues?
  - ▶ General lack of understanding of what comes with each disability
  - ▶ Stigma increasingly recognized as a central issue with disability
  - ▶ Shame and silence
  - ▶ Caregivers not seeking support
  - ▶ Sympathy v. Empathy
- ▶ What's out there to address these issues?
  - ▶ Suggestion that public media should send out positive, yet informative, messages about disability
  - ▶ Children's attitudes toward disabled individuals would be positive if it was seen as "out of their control" (Swaim 2001)
  - ▶ Education interventions to change these behaviors

# Aim / Purpose

To explore the ethical and practical implications of implementing social marketing interventions for people living with a disability



# Justification

- ▶ **Why** would social marketing be effective with this group?
  - ▶ Social marketing has been proven successful with working with underserved groups
  - ▶ The careful attention made to target audiences around this population through formative research is an ideal component
  
- ▶ **How** would social marketing be effective with this group?

# Methodology

This study was two phased. The first included a literature review, while the second part included a qualitative data collection. The two sections were used to complement each other and to synthesize the general direction taken by social marketing interventions with disabled individuals.

- ✓ Literature Review: n = 4 relevant literature
- ✓ 4 Semi structured one-on-one interviews
- ✓ Time restrictions

# Methods: Literature Review

- ▶ An initial search was conducted to retrieve relevant literature
- ▶ Four databases
  - ▶ MEDLINE
  - ▶ Business Source Complete
  - ▶ CINAHL
  - ▶ Web of Science
- ▶ Search terms were restricted to: “social marketing” AND (disab\* OR asperger\* OR autis\* OR cerebral palsy\* OR “down\* syndrome”)
- ▶ Exclusion Criteria:
  - ▶ Interventions not targeting individuals with a disability
  - ▶ Not self-identified social marketing intervention
  - ▶ Papers not published in the year 2001 or later

# Methods: Literature Review

91 total articles

MEDLINE  
n = 39

Business Source  
Complete  
n = 14

CINAHL  
n = 16

Web of Science  
n = 22

duplicates were removed

MEDLINE  
n = 35

Business Source  
Complete  
n = 12

CINAHL  
n = 12

Web of Science  
n = 13

titles and abstracts were looked at to determine relevance

MEDLINE  
n = 1

Business Source  
Complete  
n = 0

CINAHL  
n = 2

Web of Science  
n = 1

= 4

# How were they analyzed?

- ▶ Target audience: society or individual
- ▶ Target behavior change and outcome
- ▶ Evaluated for the use of Andreasen's (2002) Benchmark Criteria
- ▶ Common limitations or difficulties
- ▶ Synthesized conclusions

# Getting a Closer Look

	Intervention 1	Intervention 2	Intervention 3	Intervention 4
Type of Study	Qualitative and Quantitative	Qualitative	Qualitative	Quantitative
Target Audience	Students with disabilities	Adult and child consumers that stigmatize people with a disability; psychologists were secondary targets	Older people with disabilities	Deaf populations - particularly sign-language users
Target Behavior	Improve coping skills and promote resilience to bullying or teasing	Reduce stigma	Promote independent living	To engage in genetic counseling and to raise awareness about genetic testing
Behavior Outcome	<u>Positive Change</u>	1st case: <u>Positive Change</u> 2nd case: No Change <i>until</i> supplemented with a community development program	<u>Positive Change</u>	<u>Positive Change</u>
Use of Benchmark Criteria	<u>Behavior Change, Formative Research, Marketing Mix</u> , Exchange, Competition	<u>Behavior Change, Formative Research</u> , Segmentation, <u>Marketing Mix</u> , Exchange, Competition	<u>Behavior Change, Formative Research, Marketing Mix</u> , Segmentation	<u>Behavior Change, Formative Research, Marketing Mix</u> , Exchange

# Methods: Interviews

- ▶ Participant recruitment through recommendations by Professor Sandra Jones
- ▶ 4 total academics in the field of disability
- ▶ Ethical considerations were accounted for
- ▶ 20 - 30 minute interviews were conducted within a one week period
- ▶ Apparent themes were identified and compared to ideas obtained from literature review

# What were we trying to find out?

- ▶ Previous encounters and/or prior use of social marketing
- ▶ Opinion questions
  - ▶ Is it a good framework for influencing voluntary behavior?
  - ▶ What particular target group(s) or target audience(s) could you see social marketing working best with?
- ▶ Participant tailored questions
- ▶ Anything about the framework that needs to be changed and/or enhanced when working with individuals with a disability



# First Thoughts...

Lack of comprehensive understanding of social marketing.

- Had to reiterate terms and ideals throughout the interviews
- Questions regarding the framework in its entirety

# Identified Themes

“See the Person, Not the Disability”

Empower the Individual

It’s a Shared Responsibility

“Nothing for Us Without Us”

# “See the Person, Not the Disability”

- ▶ Primarily the **community’s responsibility** to change attitudes and behaviors
- ▶ Reduce **stigma**
- ▶ Raising awareness
- ▶ Reducing **judgmental behavior**
- ▶ Challenging the **stereotypes**

“...there’s always stigma around disability... and there’s a lot of public fear around it”

“We’re often more about reaching, not for outcomes, but for *better awareness*”

# TOLERANCE.

# Empower the Individual

- ▶ Encourage resilient behavior
- ▶ Development of *strong* and *effective* coping skills
- ▶ Promote high self-esteem and self-worth
- ▶ Decrease anxiety
- ▶ Emotional intelligence
- ▶ I have \_\_\_\_\_ and I'm proud.

“...it’s because of the *stress of not having enough support* and not having good health seeking behaviors or coping behaviors”

“But how do you stop people from thinking they’re being judged; that what you’ve got to say is as *equally* important as everybody else?”

# It's a Shared Responsibility

- ▶ **Community connectedness**
- ▶ **Social Inclusion**
- ▶ **Promotion of community access programs**
- ▶ **It's a two-way street**
- ▶ **Sense of belonging**

“Yet the people we try and reach *feel isolated* from public opportunities”

“...to feel like ‘I’m like everybody else’”

# “Nothing for Us Without Us”

- ▶ Place emphasis on **formative research**
- ▶ Put the person with a disability in **context**
- ▶ Take **lived experiences** into account
- ▶ Working in **partnership**
- ▶ **Collaborative** research
- ▶ Supplemented professional involvement

“People with a disability *aren't* a homogenous group.”

“I like the flexibility within social marketing to match literacy, to match types of learning, and to match individual needs.”

“So the gold standard would be that people with a disability would be driving this process rather than just being the targets of it...”

# Other Important Ideas Mentioned

- ▶ “Vulnerable groups can be empowered when they get access to the right knowledge”
- ▶ Having a place to go with people experiencing the same issues as you
- ▶ Possible target audience: policy makers
- ▶ Competition
- ▶ Unintended consequences
  - ▶ Not reinforcing stereotypes
  - ▶ Making sure campaigns don't accentuate the disability

# Similarities Between the Literature and Expert Opinions

- ▶ Social marketing might be more effective with a combination of **empowered consumer voice** and **professional advising**
- ▶ Personal communication; one-on-one interaction
  - ▶ Intermediaries
- ▶ Effective for **underserved populations**
- ▶ **Cultural and linguistic diversity** should be considered
- ▶ Use of **work groups** or team members that are used in development
- ▶ Open discussion of **life experiences** (Freire 1970/2003)
- ▶ Should address social determinants of health that would promote **social cohesion**
  - ▶ Emphasis placed on the community's role



# Where are the gaps?

- ▶ *Again*, this lack of understanding of social marketing. Is it being used correctly to ensure maximum effectiveness?
- ▶ Issue with scalability
- ▶ Does social marketing have too many economic costs?
- ▶ Limitations:
  - ▶ Year constraints
  - ▶ Self-identified social marketing interventions (excluded ones that could have been social marketing but hadn't adopted the correct terminology)
  - ▶ Not an extensive systematic review → search terms were limited
  - ▶ Small participant sample
  - ▶ Potential bias

# Concluding

- ▶ Social marketing has been deemed useful by academics and proven effective within disabled populations
- ▶ **3 primary concerns: stigma, resilience, social inclusion**
- ▶ **“Social marketing encourages the target audience to **change negative attitudes** and **annul stigma**, thus **opening up community life** for people with mental illness and other disabilities”** (Kirkwood 2006)
- ▶ Formative research = key
- ▶ Social marketing would be an appropriate and effective approach for this population

# Moving Forward: What do we do now?

- ▶ Clarification is the starting point
  - ▶ Researchers, health officials, and government officials are unaware and don't understand
  - ▶ Can we social market social marketing?
- ▶ Further evaluation of programs
- ▶ A thorough systematic review needs to occur to fully understand social marketing's impact on changing behaviors amongst, and for, people with a disability

**CHANGE.**

# References

- ▶ Andreasen, A. R. (2002). "Marketing Social Marketing in the Social Change Marketplace." Journal of Public Policy & Marketing 21(1): 3-13.
- ▶ Baker, D. L. (2011). "Social marketing with families of Hmong origin with developmental disabilities." Communicating Nursing Research 44: 450-450 451p.
- ▶ Bloom, P. and W. Novelli (1981). "Problems and Challenges in Social Marketing." Journal of Marketing 45(2): 79-88.
- ▶ Donovan, R. and Henley, N. (2003.) "Social Marketing: Principles and Practice." IP Communications, Melbourne.
- ▶ Freire, P. (2003). *Pedagogy of the oppressed* (30<sup>th</sup> ed.) New York: Continuum. (Original work published 1970)
- ▶ French, J. and R. Russell-Bennett (2015). "A hierarchical model of social marketing." Journal of Social Marketing 5(2): 139-159.
- ▶ Fujihira, H., et al. (2015). "Social Marketing Physical Activity Interventions Among Adults 60 Years and Older: A Systematic Review." Social Marketing Quarterly 21(4): 214-229.
- ▶ Gordon, R., et al. (2006). "The effectiveness of social marketing interventions for health improvement: what's the evidence?" Public Health 120(12): 1133-1139.
- ▶ Gray, D. (1993). "Perceptions of stigma: the parents of autistic children." Sociology of Health & Illness 15(1): 102-120.
- ▶ Grier, S. and C. A. Bryant (2005). "Social Marketing in Public Health." Annual Review of Public Health 26.
- ▶ Hines, A. A., et al. (2011). "The application of marketing principles to a social marketing campaign." Marketing Intelligence & Planning 29(7): 697-706.
- ▶ Hinshaw, S. P. (2005). "The stigmatization of mental illness in children and parents: developmental issues, family concerns, and research needs." J Child Psychol Psychiatry 46(7): 714-734.
- ▶ K., M. R. (1985). Social Marketing: New Imperative for Public Health. New York, Praeger Publisher.
- ▶ Kirkwood, A. D. and B. H. Stamm (2006). "A social marketing approach to challenging stigma." Professional Psychology-Research and Practice 37(5): 472-476.
- ▶ Kobayashi, Y., et al. (2013). "Using a social marketing framework to evaluate recruitment of a prospective study of genetic counseling and testing for the deaf community." BMC Medical Research Methodology.
- ▶ Kotler, P. and G. Zaltman (1971). "Social marketing: an approach to planned social change." Journal of Marketing 35: 3-12.
- ▶ Kubacki, K., et al. (2015). "A systematic review assessing the extent of social marketing principle use in interventions targeting children (2000-2014)." Young Consumers 16(2): 141-158.
- ▶ Lefebvre, R. C. (2011). "An integrative model for social marketing." Journal of Social Marketing 1(1): 54-72.
- ▶ Lefebvre, R. C. and J. Flora (1988). "Social Marketing and Public Health Intervention." Health Education Quarterly 15(3): 299-315.
- ▶ Manoff RK: *Social Marketing*. New York, Praeger, 1985.
- ▶ McCarthy, E. J. (1968). Basic Marketing: A Managerial Approach, Homewood, Ill., R.D. Irwin.
- ▶ Moore, R. P. and E. Lightfoot (2009). "Social marketing strategies for reaching older people with disabilities: findings from a survey of centers for independent living participants." Journal Of Social Work In Disability & Rehabilitation 8(2): 65-81.
- ▶ Rothschild, M. L. (1999). "Carrots, Sticks, and Promises: A Conceptual Framework for the Management of Public Health and Social Issues Behaviors." Social Marketing Quarterly 6(4): 86-114.
- ▶ Swaim, K. and S. Morgan (2001). "Children's Attitudes and Behavioral Intentions Toward a Peer with Autistic Behaviors: Does a Brief Educational Intervention Have an Effect?" Journal of Autism and Developmental Disorders 31(2): 195-205.
- ▶ Vessey, J. A. and K. M. O'Neill (2011). "Helping Students With Disabilities Better Address Teasing and Bullying Situations: A MASNRN Study." Journal of School Nursing (Sage Publications Inc.) 27(2): 139-148 110p.
- ▶ Williams, K., et al. (2008). "The prevalence of autism in Australia. Can it be established from existing data?" J Paediatr Child Health 44(9): 504-510.
- ▶ World Health Organization. 2001. International Classification of Functioning, Disability and Health. Geneva: WHO.
- ▶ World Health Organization. 2005. The Ottawa Charter for Health Promotion. Geneva: WHO.