

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Social Marketing in Marketing Health</b>
<b>Module: 4.3</b>	<b>ECTS: 0.5</b>
<b>Author(s), degrees, institution(s)</b>	<b>Evgen Janet, MD</b> Regional Public Health Institute Ravne, Slovenia <b>Lijana Zaletel Kragelj, MD, PhD, Assistant Professor</b> University of Ljubljana, Faculty of Medicine, Chair of Public Health, Slovenia
<b>Address for correspondence</b>	<b>Lijana Zaletel Kragelj</b> University of Ljubljana, Faculty of Medicine, Chair of Public Health Zaloška 4 Ljubljana Slovenia Tel: +386 1 543 75 40 Fax: +386 1 543 75 41 E-mail: <a href="mailto:lijana.kragelj@mf.uni-lj.si">lijana.kragelj@mf.uni-lj.si</a>
<b>Key words</b>	marketing, social marketing, health, health promotion
<b>Learning objectives</b>	After completing this module students should: <ul style="list-style-type: none"> <li>• be aware of importance of health communication in health promotion;</li> <li>• increase knowledge about social marketing and its uses in marketing health;</li> <li>• understand basic elements of social marketing;</li> <li>• become aware of the complexity of a social programme in term of participator, approaches, different social, cultural and economical environment as well as in term of broader social support from governmental and nongovernmental organisations.</li> </ul>
<b>Abstract</b>	Health communication is one of key approaches in health promotion. In last decade more and more techniques used by commercial marketers are used, termed in this context »social marketing«. It became integrative and inclusive discipline that uses a wide range of social sciences and social policy approaches as well as marketing. Like commercial marketing, social marketing is also focused on the consumer, and similarly, it is the knowledge on what people want and need and how to persuade them to buy what we are producing. On the other hand, there is a great difference between commercial and social marketing in the product. The paper presents the rough overview of the concept of social marketing and its basic characteristics.

<b>Teaching methods</b>	Teaching methods include introductory lecture, exercises, and interactive methods such as small group discussions. Students after introductory lectures first carefully read the recommended paper on social marketing. Afterwards they discuss the social marketing concepts and social marketing process phases with other students, first in groups of small groups (2-3 students) and then in a large group. In continuation, they need to find papers on use of social marketing in practice and try to critically discuss strengths and limitations of use of social marketing in marketing health, e.g. in public health programmes. At the end in small groups they need to describe at least one case of social marketing process.
<b>Specific recommendations for teachers</b>	<ul style="list-style-type: none"><li>• work under teacher supervision/individual students' work proportion: 30%/70%;</li><li>• facilities: a computer room;</li><li>• equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases;</li><li>• training materials: recommended readings are mainly available in the internet;</li><li>• target audience: master degree students according to Bologna scheme.</li></ul>
<b>Assessment of students</b>	Assessment is based on multiple choice questionnaire and case-study.

## **SOCIAL MARKETING IN MARKETING HEALTH**

**Evgen Janet, Lijana Zaletel Kragelj**

### **Theoretical background**

#### **Health needs and social change**

Health need is extremely complex entity and it is composed of several components being medically defined need, socially determined need and perceived need (1). Fulfilling any of these components is often tightly connected to social change, e.g. change of more risky lifestyle to less risky one, or change of knowledge, attitudes, and values in local communities or in the society as a whole. Social change, in fact, is the essential in protecting health of the population.

Social changes could be spontaneous and unplanned on one hand, or planned and released on purpose. When it is planned and carried out on purpose it is a process conducted by one group of people (so-called change agent) which attempts to persuade other group of people (so called target adopters) to accept, modify, or abandon certain behaviour, attitude, practice etc. (2). When this process is linked to changes related to health, e.g. health behaviour, we are talking about health communication.

#### **Health communication and marketing health**

##### *Health communication*

Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda (3-5).

It is extremely important in achieving greater empowerment of individuals and communities and as such tightly connected with health promotion and disease prevention. It is relevant in a number of contexts, including on one hand the dissemination of individual and population health risk information, and health professional-patient relations on the other (6).

Health communication may take the form of discreet health messages or be incorporated into existing media for communication, from mass and multi media communications to traditional and culture-specific communication like story telling or songs. It encompasses several areas including social marketing (4).

The main functions of communication are to inform, to persuade, to remind and to stimulate change behaviour.

##### *Marketing health*

From the standpoint of common consumer, classical marketing is advertising of products, while in professional usage the term has a wider meaning. According to American Marketing Association, marketing is defined as an organizational function and a set of processes for creating, communicating, and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholders (7). It is a customer centred activity.

In the past marketing was mainly used by profit organizations but recently more and more by non-profit organizations as well.

Managers of non-profit organizations try today to find as many stakeholders/partners as possible to realize their visions, they strive to acquire funds/donations and they establish networks in their social environment. At the same time they try to persuade their employees

to be pleasant and friendly to their »consumers«. The activities are on one hand similar to those in profit organizations, but on the other hand they are much more complex since the financial profit is not the main guidance at all. So, the activities are on one hand similar to those well known in classical marketing, but on the other they are importantly different. All these activities are known today as social marketing.

It is more and more obvious that using social marketing health could and need to be marketed as well. It represents a powerful tool for mastering contemporary health challenges which pose enormous burden on health care systems all over the world (8-10). It is more and more obvious that health systems need to re-orient to capture health problems of the populations also from the standpoint of health (bio-psycho-social model of health) and not only from the standpoint of disease (biomedical model of health).

## **Social marketing**

### *Short history*

Social marketing has emerged as an application of marketing philosophy and methodology to social and related issues. As a formal discipline it was introduced by two marketing experts Philip Kotler and Gerald Zaltman in 1971, with their publication *Social Marketing: An Approach to Planned Social Change* in the *Journal of Marketing*.

Regardless that social marketing is basing on commercial marketing concept it has become recognized in last decades as a distinct discipline.

### *Definition*

First definition was raised by Kotler and Zaltman. They defined social marketing as the design, implementation, and control of programs calculated to influence the acceptability of social ideas, and involving considerations of product, planning, pricing, and communication, distribution and marketing research (2, 9). Beside this definition, there exist several more or less similar definitions, among which we could find following ones:

- social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of society (11);
- social marketing is the use of commercial marketing techniques to promote the adoption of a behaviour that will improve the health or well-being of the target audience or of a society as a whole (12);
- social marketing is the use of marketing theory, skills, and practice to achieve social change, e.g. in health promotion (13), and
- social marketing is a programme-planning process that applies commercial marketing concepts and techniques to promote voluntary behaviour change (10).

From another point of view it is an approach to promote health behaviour which uses marketing techniques to influence the voluntary behaviour of target audience for health benefit.

### *Basic characteristics of social marketing*

Social marketing is characterized by some typical features which originate from its classical marketing roots (2, 9, 10, 12, 14):

1. Exchange theory.

Social marketing is based on exchange theory. The social marketing process creates a voluntary exchange between a marketing organization and members of a target audience based on mutual fulfilment of self-interest, i.e. the marketing organization exists to fulfil its mission, and the target audience members act in their own interests.

2. »Marketing mix« concept.

Social marketing uses numerous marketing concepts. Probably the most known of them is »4Ps« or »marketing mix« of product, price, place, and promotion concept (Figure 1).

**Figure 1.** The 4Ps of »marketing mix« concept.



The main characteristics of this concept from the social marketing standpoint are:

- product in social marketing is what the social marketing programme is trying to change within the audience (the right kind of behavioural change) and what the audience stands to gain (it does not include only the behaviour that is being promoted, but also the benefits that go along with it);

Product could be tangible e.g. a preventive health examination, healthy behaviours like healthy nutritional habits etc., or less tangible e.g. environment protection. Of course, target audience should first have a problem which they want to solve (perceived health need), and they should believe that the product we are offering is the solution of that problem.

To be efficient, all attributes and benefits of the product should be identified and explained to the target audience. Enhancing awareness and strengthening of skills of the target audience is extremely important for »sale« of the product. In short, target audience should have straight and clear answer to the question »What does the product mean to me?«;

- price in social marketing is what the consumer must give up in order to receive the programme's benefits – the costs; these costs may be tangible (e.g., money, time, travel, etc.), but mostly the are intangible (e.g., changes in beliefs or habits, energy spent, pains while performing a healthy habit, etc.).

To be efficient, we need to determine what the highest price is for target audience of using/performing the product. By performing research on this issue the cost could be minimized so that they do not prevail over perceived benefits of the product;

- place in social marketing is about where the product is accessible and convenient to audience, where the exchange will be held (distribution channels). It includes for example mass media, but could be interpersonal communication as well.  
The place for delivering messages to target audience in social marketing is often the place where they are making decisions related to the behaviour to be changed, e.g. if we want to increase the vaccination rate against the certain disease agent we need to ensure easy access to vaccination service on one hand, and availability of this service (e.g. enough vaccination teams) on the other.  
In social marketing it is extremely important to deliver benefits in the right place at the right time.
- promotion means how the exchange is communicated, how the message is delivered to the audience (e.g., appeals used). This is the most visible part of social marketing. Consecutively common consumers perceive these two notions as synonyms. Among main instruments/methods of communicating the product to the target audience are:
  - public relations, e.g. talk shows, or press releases;
  - personal communication;
  - advertising, e.g. TV or radio commercials, posters, or pamphlets;
  - special events, e.g. health fairs.

The formulation of price, product, promotion, and place is, as emphasized several times, tightly connected to research about audience characteristics, behaviours, preferences, etc., in order to determine what benefits and costs they would consider acceptable and how they might be reached.

This concept was lately expanded to more than 4Ps being publics, partnership, policy and purse-strings (12, 14).

### 3. Audience segmentation.

Audience or market segmentation is the process of dividing a target audience into homogenous subgroups with distinct, unifying characteristics and needs. For example, factors such as regional location, ethnicity, gender, exercise habits, readiness for change, or media habits could be used to segment the larger audience to smaller homogenous groups.

In order to be effective as much as possible, social marketing needs to identify patterns that distinguish one target group from another to effectively target marketing strategies. Research of potential targeting groups is essential in this process.

Segmentation can help to develop messages, materials, and activities that are relevant to the target audience's current behaviour and specific needs, preferences, beliefs, cultural attitudes, knowledge, and reading habits. It also helps to identify the best channels for reaching each group, because populations also differ in factors such as access to information, the information sources they find reliable, and how they prefer to learn.

### 4. Competition.

In commercial marketing, competition refers to products and companies that try to satisfy similar wants and needs as the product being promoted while in social marketing, the term refers to the behavioural options that compete with healthy recommendations, e.g. using the elevator competes with taking the stairs because of ease and quickness or

having potato chips for a meal competes with having a fruit and vegetable because of taste. Competition also encompasses the organizations and people who offer or promote alternatives to the desired behaviour, e.g. fast food restaurants offer less healthy food choices or friends may encourage a college student to drink until drunk.

5. Consumer orientation.

Social marketing programs are generally consumer-, not expert-driven. They are targeted to serve a defined group of people. A central principle in the social marketing is a commitment to understand the consumer and to design products to satisfy consumers' wants and needs. Those applying social marketing methods need to know in details preferences and values, relevant beliefs and attitudes, and of course current behavioural patterns of the target audience.

6. Continuous monitoring and revision.

Social marketing relies on continuous programme monitoring to assess its efficacy in desired behaviour changes. Monitoring helps in identifying activities that are effective and those that are not, and in making midcourse corrections in program interventions.

*Social marketing process*

Social marketing programmes are similar to other programmes, what means that elements of the social marketing process are similar as well. The social marketing process is composed of several phases (9, 10, 12) which could be abridged to four main phases: planning and strategy development, development and pre-testing of the programme, and evaluation of effectiveness of the programme. The last phase is tightly linked to the first phase (feedback to the first phase), therefore we can present the social marketing process as a cycle which is to the certain extent similar to the evidence based public health cycle (15 (Figure 2)).

**Figure 2.** The social marketing process cycle.



1. Planning and strategy development.

The initial planning stage involves gathering relevant information to help identify preliminary behavioural objectives, determine target markets, and recognize potential behavioural determinants and strategies. Planning is crucial for the success of any social marketing programme, and doing careful work at this stage help to avoid making expensive alterations when the program is under way. Formative research is then conducted to investigate factors identified during the initial planning phase to segment audiences and determine those factors that must be addressed to bring about behaviour change.

Strategy development involves the preparation of a realistic marketing plan comprised of specific, measurable objectives and a step-by-step work plan that will guide the development, implementation, and tracking of the project. The plan includes the overall goals of the program, a description of the target audience, specific behaviours that will be marketed toward them, and strategies for addressing the critical factors associated with the target behaviour. The social marketing plan is organized around marketing's conceptual framework of the 4Ps.

2. Development and pre-testing of the programme.

Campaign concepts, strategies, materials and messages are then developed, pre-tested, piloted, and revised prior to program implementation.

3. Implementation of the programme.

4. Evaluation of effectiveness of the programme.

Monitoring and evaluation activities continue throughout the program implementation to identify any necessary program revisions, as well as to understand program effectiveness and make midcourse corrections as needed.

*Social marketing programmes evaluation*

Evaluation is a critical and ongoing component of social marketing programmes. The theory of change relies on a supposition of relationship between the activities of social marketing programme and its outcome(s). This means, that we presume the »cause-effect« relation between both elements and believe that Y (result) will happen if we will implement X (activities of social marketing strategies).

Shortly, we can consider the evaluation of programme as testing of hypothesis. There are some basic principles regarding the process of evaluation such as: systematization puts value on standardized procedures, which are designed with the purpose to achieve the goals; facts i.e. data about programme and its effects are used; interpretative facts are used for criteria building.

All main types of evaluation of a programme, formative evaluation, process evaluation and summative evaluation (16, 17) are usually used.

1. Formative evaluation.

Formative evaluation helps social marketing practitioners to develop and improve/refine concepts, messages, products, services, pricing, and distribution channels before they are fully implemented. They use qualitative methods, such as focus groups or key informant interviews, to pre-test marketing concepts, messages, and materials in a cost-effective manner. They may also pilot-test materials with individuals who share



characteristics of the target market in order to verify their effectiveness, identify diverse channels for delivering the message, and measure outcomes;

2. Process evaluation.

Process evaluation methods are used to track program outputs and processes during implementation;

3. Summative evaluation.

Summative evaluation is driven in the form of outcomes monitoring. This analysis compares the program's program objectives with its immediate and long-term outcomes to determine what worked, what didn't, and whether the program was cost-effective.

*Social marketing in public health*

Social marketing approach is rather different in comparison to classical public health approaches. First of all they are mostly biomedically oriented (basing on biomedical model of health), and they only convey the information on health hazards but fail to conceive behaviour change. Passing information alone, with the assumption that individuals will commence the process of change at the moment they come to know about the potential health hazards of specific unhealthy behaviour, is completely ineffective. Social change needs education and motivation to be accepted and performed.

Social marketing methods are extremely useful in motivating social change. They help us to come to know the target audience in details, and consecutively to be more systematic, efficient and effective. But along usefulness we should be aware that using marketing concept in non-profit organisations is much more complex and much more exact piece of work than in profit organisations. Also we should be aware of ethical dilemmas of social marketing.

*Ethical considerations*

Social change is extremely serious and responsible piece of work. The marketing of social products, services, and ideas is particularly prone to ethical dilemmas. Unlike most commercial marketing, social marketing involves some of people's most deeply held beliefs and moral judgments (10). The line of demarcation between doing something beneficial to target audience and its manipulation is extremely thin. Consequently, each social marketing programme should be carefully planned and all potential pitfalls anticipated. If not so, sometimes is much better not to do anything than to be at risk to cause even more harm.

**Case studies from Slovenia**

**National campaign aimed at changing nutrition and exercise behaviour**

In autumn 2003, Ministry of Health of Republic of Slovenia launched the health campaign entitled Let's do something beneficial – let's eat fruit and vegetables 5-times a day and be physically active a half an hour a day. The campaign was basing on a similar model from United States (18). The campaign employed social marketing to increase Slovenians' consumption of fruit and vegetables and enhance physical activity. Its main characteristics were:

- its focused goal was to increase fruit and vegetable consumption and intensify health enhancing physical activity by raising awareness of the health benefits;
- its approach was built on an established theoretical framework;
- its messages were designed and disseminated using consumer-driven communications strategies;

- formative research helped the planners to understand their audiences and improve messages (19).

The campaign could be analysed from the »4Ps« concept of social marketing standpoint:

- Product: consuming more fruits and vegetables each day and increasing health enhancing physical activity to minimize the risk of chronic diseases and improve general health status;
- Price: the costs of eating a healthier diet (e.g., financial cost of buying fruits and vegetables, time cost of shopping for and preparing them, psychological cost of “worrying” about getting the recommended number of servings etc.);
- Place: visible places like main roads, grocery stores and other points of purchase, as well as population micro environment like housekeeping;
- Promotion: branding campaign to increase awareness – slogan with the easy-to-recall fruit/vegetable bicycle (Figure 3). Distribution channels included mass media advertising, jumbo posters along main roads, small posters at grocery stores, and pamphlets distributed to all housekeepings.

**Figure 3.** The campaign’s Let’s do something beneficial – let’s eat fruit and vegetables 5-times a day and be physically active a half an hour a day brand - fruit/vegetable bicycle. (Source: Ministry of health of the Republic of Slovenia)



### **Regional campaign Living with Lead**

In 2003, Regional Institute of Public Health Ravne launched the health campaign entitled Living with Lead in the region of Mežica valley at the north of Slovenia where in the past the mine of lead and zinc including the smelter of the lead and zinc ore was located (20). The results of this activity which was going on for several centuries are still present. Persistent exposure to low concentration of toxic substances represents today important problem, especially for youngest age groups. In the campaign social marketing concepts were used. Its main characteristics were:

- its focused goal was to increase endangered population awareness of presence of lead in the environment, and to enhance use of simple but effective preventive measures to minimize as much as possible toxic effects of exposure to lead;

- its messages were designed and disseminated using consumer-driven communications strategies;
- formative research helped the planners to describe the extension of the problem and characteristics of the target audience (21).

The campaign could be also analysed from the »4Ps« concept of social marketing standpoint:

- Product: use of simple but effective preventive measures to minimize toxic effects of exposure, e.g. hands hygiene, wet cleaning of residential premises, careful structure of meals for infants, etc.;
- Price: the costs of eating a healthier diet (e.g., financial cost of buying instead using home produced fruits and vegetable, time cost of shopping for them, psychological cost of »worrying« about preparing enough healthy diet for children, etc.);
- Place: schools, kindergartens, grocery stores and other points of purchase, as well as population micro environment like housekeeping;
- Promotion: branding campaign to increase awareness – easy-to-recall slogan and meaningful images (Figure 4). Distribution channels included press conference, local and national mass media advertising, talk shows, small posters at different places, etc.

**Figure 4.** The campaign Living with Lead promotion material. (Source: Regional Institute of Public Health Ravne, Slovenia)



## **Exercise**

### **Task 1:**

Carefully read the paper:

Grier S, Bryant CA. Social marketing in public health. *Annu Rev Public Health* 2005;26:319-39. Available from: URL:<http://arjournals.annualreviews.org/doi/abs/10.1146/annurev.publhealth.26.021304.144610?cookieSet=1&journalCode=publhealth>.

### **Task 2:**

Discuss the social marketing concepts and social marketing process phases with other students.

### **Task 3:**

In bibliographic database (e.g. MEDLINE) try to find at least two papers on use of social marketing in practice.

### **Task 4:**

Critically discuss strengths and limitations of use of social marketing in marketing health, e.g. in public health programmes.

### **Task 5:**

In the group with three other students describe at least one case of social marketing process. For accomplishing this task it is recommended to contact an agency which performs social marketing programmes (e.g. in Slovenia one of regional public health institutes).

## **References**

1. Kalimo E. Health service needs. V: Holland WW, Ipsen J, Kostrzewski J (editors). *Measurement of levels of health*. Copenhagen: World Health Organization, Regional Office for Europe, International Epidemiological Association, 1979. p.64-72.
2. Kotler P. *Social marketing*. New York: The Free Press; 1989.
3. World Health Organization. Ottawa Charter for Health Promotion. First international conference on health promotion: The move towards a new public health, November 17-21, 1986 Ottawa, Ontario, Canada. Ottawa: World Health Organization, 1986. Available from: URL: [http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf) (Accessed: August 10, 2007).
4. World Health Organization. *Health promotion glossary*. Geneva: World Health Organization, 1998.
5. Kar SB, Alcalay R (editors). *Health communication. A multicultural perspective*. Thousand Oaks: Sage Publications; 2001.
6. U.S. Department of Health and Human Services. *Healthy People 2010: Volume I (second edition)*. 11. Health communication. Washington, DC: U.S. Government Printing Office, 2000. Available from: URL: <http://www.healthypeople.gov/Document/pdf/Volume1/11HealthCom.pdf> (Accessed: August 10, 2007).
7. American Marketing Association. *Marketing Definitions*. Available from: URL: <http://www.marketingpower.com/content4620.php> (Accessed: August 14, 2007).
8. Andreasen Alan R. *Strategies for nonprofit organizations*. New Jersey: Pearson Education; 2003.
9. Chapman Walsh D, Rudd RE, Moeykens BA, Moloney TW. Social marketing for public health. *Health Affairs* 1993;12(Summer):104-119. Available from: URL: <http://content.healthaffairs.org/cgi/reprint/12/2/104> (Accessed: August 15, 2007).
10. Grier S, Bryant CA. Social marketing in public health. *Annu Rev Public Health* 2005;26:319-39.
11. Andreasen A. *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco, Calif.: Jossey-Bass, 1995.
12. Weinreich Kline N. *Hands-on social marketing*. Thousand Oaks: Sage Publications; 1999.
13. Last JM. *A dictionary of epidemiology*. Oxford: Oxford University Press, 2001.

14. Alcalay R, Bell R. Promoting Nutrition and Physical Activity Through Social Marketing: Current Practices and Recommendations. Davis: University of California, Department of Communication and the Center for Advanced Studies in Nutrition and Social Marketing, 2000. Available from: URL: <http://socialmarketing-nutrition.ucdavis.edu/Downloads/ALCALAYBELL.PDF> or <http://socialmarketing-nutrition.ucdavis.edu/publications.htm> (Accessed: August 15, 2007).
15. Brownson RC, Baker EA, Leet T, Gillespie KN. Evidence based public health. Oxford, New York: Oxford University Press, 2003.
16. United Kingdom Evaluation Society. Public Library/Glossary. Glossary of Evaluation Terms. Available from: URL: [http://www.evaluation.org.uk/Pub\\_library/Glossary.htm](http://www.evaluation.org.uk/Pub_library/Glossary.htm) (Accessed: August 10, 2007).
17. Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M. A glossary for evidence based public health. J Epidemiol Community Health 2004;58:538-545.
18. National Cancer Institute. 5 A Day for Better Health Program. Washington, DC: National Institutes of Health, 2001.
19. Toš N (editor). Slovene public opinion 1968-2004. In: Vrednote v prehodu III. Slovensko javno mnenje 1999-2004 (in Slovene). Ljubljana: Center za raziskovanje javnega mnenja in množičnih komunikacij, Fakulteta za družbene vede, Univerza v Ljubljani, 2004.
20. Janet E, Horvat M, Kordež-Sušel A, Pavlič H, Tomažič M, Horvat S. Living With Lead in Upper Mežica Valley, Life Science 2004, 1st Internationa Congress on Toxicology, Nova Gorica 2004.
21. Mandl N, Janet E, Horvat M, Kašnik Janet M, Ivartnik M, Pavlič H. Health promotion in local community directed in diminishing exposure to lead (in Slovene). In: Zalete-Kragelj L (editor). Cvahtetovi dnevi javnega zdravja 2006. Zbornik prispevkov. Ljubljana: Univerza v Ljubljani, Medicinska fakulteta, 2006.

### ***Recommended Readings***

1. Alcalay R, Bell R. Promoting Nutrition and Physical Activity Through Social Marketing: Current Practices and Recommendations. Davis: University of California, Department of Communication and the Center for Advanced Studies in Nutrition and Social Marketing, 2000. Available from: URL: <http://socialmarketing-nutrition.ucdavis.edu/Downloads/ALCALAYBELL.PDF> or <http://socialmarketing-nutrition.ucdavis.edu/publications.htm> (Accessed: August 15, 2007).
2. Chapman Walsh D, Rudd RE, Moeykens BA, Moloney TW. Social marketing for public health. Health Affairs 1993;12(Summer):104-119. Available from: URL: <http://content.healthaffairs.org/cgi/reprint/12/2/104> (Accessed: August 15, 2007).
3. Grier S, Bryant CA. Social marketing in public health. Annu Rev Public Health 2005;26:319-39. Available from: URL: <http://arjournals.annualreviews.org/doi/abs/10.1146/annurev.publhealth.26.021304.144610?cookieSet=1&journalCode=publhealth> (Accessed: August 15, 2007).
4. Weinreich Kline N. Hands-on social marketing. Thousand Oaks: Sage Publications; 1999.