

# Social Marketing: Improved Rigor Produces Improved Results at Arizona State University

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Social marketing applies commercial marketing principles to influence behavior on a large scale. The intent of social marketing is to change behavior for societal benefit rather than for commercial profit.<sup>1,2</sup> Social marketing can be used to promote protective behaviors, reduce risk behaviors, increase utilization of community services, and/or promote policies and standards. One benefit of social marketing is its ability to reach a large segment of a selected population to promote change.

It is important to consider whether social marketing will contribute to a comprehensive plan to change behavior within the target group, or if social marketing will be the primary strategy used. Either way, social marketing can produce positive results. As with other behavior change strategies, social marketing requires that planners consider which behavior to change (promote), the underlying reasons for the unwanted behavior and motivators toward change within the targeted population, and the evidence-informed or theory-based methods likely to be effective at promoting the desired change. Social marketing requires rigorous attention to the target group (consumer) in order to be effective.

Wellness and Health Promotion at Arizona State University (WHP, ASU) has used social marketing to improve students' awareness about and behavior related to sexual assault and consent for many years. Social marketing is one component of the comprehensive plan to reduce sexual violence at ASU. In an effort to improve our outcomes, WHP employees received training in social marketing principles and practice resulting in increased rigor of our social marketing protocol and improved outcomes.

As a part of our training, WHP employees were introduced to CDCynergy. CDCynergy is an online interactive guide to effective health communication created by the Centers for Disease Control and Prevention<sup>3</sup>. The CDCynergy model does not assume that communication will solve a health problem, rather it presents a process for planning a public health program that incorporates the role of communication in planning, implementing and evaluating selected strategies. The WHP social marketing protocol has evolved to incorporate all of the

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<sup>1</sup> Marketing Social Change by Alan Andreasen, PhD, Professor of Marketing, McDonough School of Business, Georgetown University; Executive Director, Social Marketing Institute

<sup>2</sup> William Smith, EdD, Executive Vice President, Academy for Educational Development

<sup>3</sup> CDCynergy: Your Guide to Effective Health Communication. (2002) Centers for Disease Control and Prevention. Retrieved March 2009 from <http://www.orau.gov/cdcynergy/web/default.htm> .

CDCynergy process steps: audience research, pre-testing, production, launch, and evaluation at every stage.

In practice this means that WHP determines who our audience will be based on survey data suggesting which groups of students are at risk for experiencing sexual violence. We then attempt to learn about the audience: their needs, interests, expectations, assumptions, where they hang out, which communication vehicles they use, etc. We develop a set of messages we think will address their needs, and then conduct “pre-test” intercept surveys to get their input on the messages. An intercept survey design is one in which participants are selected from pedestrians who are “intercepted” to be asked to take the survey according to a defined selection protocol. A selection protocol might require that every five pedestrians be asked to complete the survey, for example. After we receive input on which messages appeal to our audience, we develop several graphic designs for the selected messages. Audience input to the designs is obtained through an intercept survey process. We then produce the final social marketing products (posters, ads) based on the audience suggestions and comments.

Once the social marketing product(s) are complete, the campaign is launched according to plan. The plan typically addresses when and where the products will be placed to reach the intended audience, in what order and for how long each product will be disseminated, how to draw media attention to the messages, and evaluation steps. Evaluation is conducted using a post-test intercept design where-in WHP staff stop students according to protocol to ask them questions about the campaign.

Social marketing intercept surveys indicate that we are reaching a larger proportion of ASU students compared to our last social marketing campaign. Social marketing post-test intercept surveys administered to a random sample of 160 students at both ASU Tempe and West campuses, indicate that 66.9% (107) of students surveyed saw the campaign: 33.1% (53) in the State Press, 35.6% (57) as posters in the residence halls, and 4.4% (7) as posters in other locations on campus. A small proportion of the students surveyed saw both the ads and the posters: 6.2% (10). Of those who saw the campaign, 86.0% (92) interpreted the campaign messages correctly. Thus, 57.5% of the students surveyed both saw and understood the campaign messages in 2008, compared with the 2007 campaign results of 45.8%. This represents a 25.5% increase in the percentage of students surveyed who both saw and understood the campaign messages.

ASU Tempe and West campuses enroll approximately 62,000 students. Based on the average daily State Press readership of 25,000 students, and the number of students living on campus, we estimate that as many as 17,854 students saw and understood the 2008 sexual assault and consent social marketing campaign. In comparison, a similar estimate of the 2007 campaign results suggests that about 6,000 students saw and understood the campaign, primarily via posters in the residence halls.

These data suggest that the revised ASU WHP social marketing protocol and professional development on social marketing techniques have resulted in improved social marketing outcomes. The current campaign is reaching a larger proportion of the student population and of our intended audience of residential freshmen, who have a greater comprehension of

messages that are designed to enhance awareness of sexual violence and consent. These results demonstrate the potential to improve outcomes by applying more rigorous standards and protocols to develop health communications.