Social marketing for health and specialised health promotion

Stronger together – weaker apart

A paper for debate

Jenny Griffiths, Clive Blair-Stevens and Allison Thorpe.
With contributions from Jeff French, Patrick Ladbury, Steve Menzies, Rowena Merritt and Richard Parish
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Shaping the future of health promotion
Supporting the health promotion workforce in the UK

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Introduction

This paper aims to identify for discussion the common ground – and differences – between specialised health promotion and social marketing for health, in the English context. We believe there is great value in a utilitarian approach to integration between the two, which would improve practice, the effective use of resources and the impact of interventions to improve health and reduce inequalities.

The intended audiences of this paper are professional staff, academics and policy-makers. Our interpretation is based on the English context, but we hope that the analysis will be of value in other UK countries and of interest internationally.

This version of the paper will be used to inform a dedicated discussion and debate session on the second morning of the first two day World Social Marketing Conference [29th & 30th September] being held in Brighton & Hove City, England.

We present our summary and conclusions first, followed by sections on background and similarities and differences, and end with some questions on which we would value your views. Annex A gives definitions of both social marketing for health and specialised health promotion. We have sought comments informally on an earlier draft of this paper. Some of the very helpful comments received have informed this draft, and some anonymous quotations are at Annex B.

We use the term 'specialised health promotion' in this paper to differentiate the discipline from the broad goal of health promotion which can, of course, be embedded in the work of many 'health promoters' in the wider workforce, from care assistants to teachers.
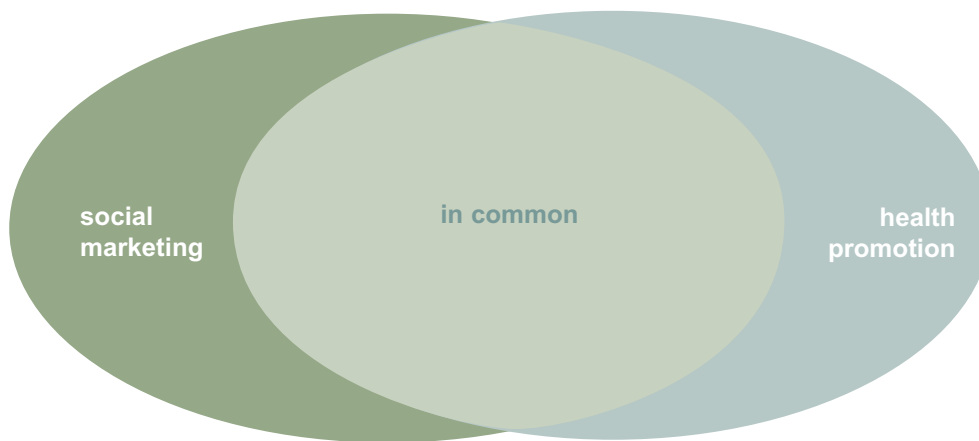
Specialised health promotion and social marketing for health are both 'broad churches'. This paper reflects the healthy debate within both disciplines as to the nature and purpose of each. In both there is highly effective practice and, sometimes, less effective practice – often due to inadequate funding, training and development. And, as a commentator on an earlier draft of this paper put it, "Both health promotion and social marketing have suffered from comparing one unfavourably with the other – producing an unrecognisable caricature of the discipline they intend to belittle in order to support their conclusion that the other was obviously better." Readers are asked to bear these points in mind.

Finally, the term 'empowerment' is frequently used in this paper in relation to building local capacity. The following definition is offered: "A social process that promotes the participation of individuals, organisations and communities in actions with the goal of increased individual and community control, political efficacy, improved quality of life and social justice."[1]

Summary and conclusions

Social marketing for health and specialised health promotion have developed separately at national level in England, in contrast with some other countries where they are closely linked[2]. We believe this separation weakens the effectiveness of both. There are many ways of perceiving the relationship between health promotion and social marketing, some of which are depicted diagrammatically in Annex C. You might like to think about which diagram most closely fits your own perception.

We have concluded that specialised health promotion and social marketing are highly complementary and therefore ripe for further integration:

A common core to both Social marketing and Health promotion, but with areas that are separate and distinct

• **Both are concerned with the role of human behaviour** in social change, both have a coherent body of knowledge, and systematic methods and processes. These methods and processes share much common ground (e.g. both use health education approaches extensively), but practitioners from each tend to have more experience in using particular combinations of approaches.

• **The strengths of specialised health promotion** are its focus on health inequalities, empowerment and social determinants of health. It advocates for and engages individuals and communities, develops social capital and seeks system change using strongly participatory approaches.

• **The strengths of social marketing for health** are its particular approach to achieving and sustaining behavioural goals, by understanding target audiences and making it easier for them to

adopt behaviours that are life enhancing. It has a very strong customer focus and its success is always measured in terms of behaviour.

Contrary to some perceptions, there is no fundamental distinction regarding 'upstream' and 'downstream' approaches between specialised health promotion and social marketing for health. Although social marketing for health is seen as typically targeting consumers (and has therefore sometimes been criticised as risking 'blaming the victim'), it can be used equally effectively to cascade health improvement, to enable, advocate and mediate by:

• Changing social norms and creating the climate for change amongst decision-makers and policy-makers

• In the corporate and private sector, in workplaces, and with community opinion-formers, addressing the broader social and environmental determinants of health at institutional and community levels

Addressing appropriately the needs of the individual requires a focus on 'upstream' factors that lie outside of the individual's immediate control, which is known in the UK as 'strategic social marketing'[3].

Specialised health promotion can be significantly enhanced by social marketing, for example its focus on:

- The importance of really understanding people's lives
- The key elements of insight (into what moves and motivates people), exchange theory (really trying to understand the benefits and rewards for a given behaviour), competition analysis and strategy, the principles of marketing mix (price, place, product, promotion), audience segmentation
- Defining audiences, be they people, policy makers, managers or service providers.

Social marketing for health can be significantly enhanced by specialised health promotion, for example:

- The rich theoretical and philosophical basis of health promotion can enhance social marketing analysis and programme development
- The need to tackle differential power and control: those with fewer material resources commonly have few options and choices in their lives. Advocacy on behalf of individuals and communities can help to redress the impact of inequality and achieve policy changes.
- Community engagement to develop social capital: successful health promotion programmes enable communities to develop stronger networks and long-lasting initiatives that are self-supporting ('social capital')[4], so that strategies have a long-term impact.
- Empowering people and working in partnership with them results in more positive health outcomes.

Stronger together, weaker apart: a whole system approach

By coming together, specialised health promotion and social marketing for health can ensure that health improvement strategies and practice are as effective as they possibly can be.

For example, in attempting to tackle the obesity epidemic[5], a fully developed and integrated health improvement strategy would draw on both specialised health promotion and social marketing for health to tackle behavioural and environmental factors. The "obesogenic environment" is constantly interacting with personal factors and behaviour. Tackling the "obesogenic environment" requires efforts at individual, community and organisational levels, needing the collaborative endeavours and skills of both health promoters and social marketers.

To quote from the Summary of Key Messages from the Foresight Report: 'Foresight's work indicates that a bold whole system approach is critical – from production and promotion of healthy diets to redesigning the built environment to promote walking, together with wider cultural changes to shift societal values around food and activity. This will require a broad set of integrated policies including both population and targeted measures.'

The table on the next page lists the key strategies from the Foresight report, some examples of the action required, and the roles that specialised health promotion and social marketing for health can – and must – play together to tackle the obesity epidemic.

Strategy	Examples of action	Roles of specialised health promotion (HP) and social marketing for health (SM)
Food production	Availability and accessibility: help communities to make local healthy food available at lower cost – food co-operatives, local vegetable growing, farmers' markets	HP: community engagement, advocacy with LA and food producers. SM and HP work with manufacturers and retailers to alter the products they produce and market. SM and HP work with individuals to demand healthy foods
Food consumption	- Increasing the healthy options available in living and working settings - Support families with menu planning and cooking - Address financial incentives for schools to offer unhealthy foods - Address personal barriers to consumption of healthy food	HP and SM together work with critical partners, at every level, to scope problem, identify opportunities and barriers and put in place evidence based, personalised interventions.
Activity and environment	- Improve access to exercise facilities - Make it easier for people to walk and cycle	Both HP and SM work with individuals, planners and service providers to invest in infrastructure, advocate to redesign the built environment and promote exercise uptake
Societal influences	Engage with communities, workplaces, schools etc. to influence culture	HP and SM together promote cultural change, and shift norms through the development of targeted interventions
Individual psychology/ Individual activity	Achieve and sustain behavioural goals	SM with HP work with partners at every level to identify opportunities and barriers, and put in place evidence based, community, organisational and personalised interventions

Obesity is a symptom of unsustainable development. Its causes – such as dependence on the car, inappropriate food consumption – are also reasons for climate change and the wider environmental crisis, perhaps the most important public health issue of all. Specialised health promotion and social marketing for health must join forces to engage with people as citizens, recognising the importance of values in driving behavioural choices. It is essential to engage with people who wish to move away from individualistic and materialistic values if we are to achieve a way of life within the limits of the planet's natural resources.

"Behaviour theories, advocacy, theories of social capital, political risk compensation theories, community development and organisational theories could be blended with aspects of social marketing to more fully understand and direct behaviour and environmental change."

To integrate health promotion and social marketing for health is to bring together behavioural, environmental and community interventions. The work of both should be based on evidence and understanding of the people they are trying to help and be appropriately evaluated to develop a continuous cycle of learning about implementation.

The specialised health promotion and social marketing for health communities should therefore develop strong alliances at all levels, including governmental. National and local public health programmes should systematically integrate the strengths of both.

1. Background

Specialised health promotion and social marketing for health have both matured into well-rounded disciplines over the last 20 years, but remain dynamic: their definitions, key characteristics, and competency base continue to evolve. Definitions and descriptions of both are given in Annex A.

> **Differing perceptions …**
>
> "Social marketing was seen to be just one step further than really good health promotion work…Our experience demonstrates the importance of developing full insight into the realities of people's lives and not making assumptions about what shoppers want and what interventions might work[6]."
>
> "Marketing approaches to creating behavioural change may be the most effective way of motivating specific change, on a piecemeal basis. But… such approaches may actually serve to defer, or even undermine, prospects for the more far-reaching and systemic behaviour changes that are needed[7]."

Specialised health promotion aims to improve social, economic and environmental living conditions, and the social and personal behaviours that are strongly influenced by those conditions, by a comprehensive approach that includes building healthier public policy, creating supportive environments, and strengthening community action, as well as developing people's personal skills. It achieves its goals by empowering people, communities and organisations, and developing strong partnerships.

Social marketing for health is a sequential, systematic process which centres on the target audience and seeks to achieve specific and measurable behavioural goals. It is driven by peoples' wants, needs, and a deep insight about what will and will not help them. Its focus on competition analysis and exchange analysis brings additional insights.

Both have had their labels used inappropriately to describe interventions which are not best practice in either field:

- One-off campaigns which are perceived as 'telling people what to do' are neither good health promotion nor good social marketing.
- Health promoters may already be using some of the tools of social marketing, such as targeting, multiple channels, etc. However, by simply incorporating a few elements, they are not 'doing' good social marketing[8].
- Social marketing for health is not a replacement for good health promotion. It can result in a piecemeal approach to achieving behavioural goals if the wider societal perspective, characteristic of health promotion, is undervalued[9].

Both can be misunderstood:

- Some see social marketing as a repackaging of health promotion – 'old ideas wrapped up in new clothing' – which does not do justice to either.
- Some see social marketing as undermining good health promotional practice by focusing only on individual behavioural goals.

Both have an image problem:

- The word 'marketing' and describing people in the health context as 'customers' or 'consumers' is a problem for some people working in the public sector because it has connotations of commercialisation.
- Many view health promotion as being all about process and not sufficiently focused on outcomes, and some see it as being outmoded.

2. Similarities and differences

We have found many similarities between social marketing for health (SM) and specialised health promotion (HP), some differences of emphasis and a few substantial differences. We have mapped some of these in the table below for comment and debate, under the following headings:

1. General approach
2. Values and ethics
3. Focus on people and consumers
4. Theory base
5. Use of formative research, complexity, dimensions of problems
6. Sophisticated use of the concept of place
7. Approach to the wider determinants of health

Similarities	Possible differences
1. General approach	
a. Both have a strong focus on changing **behaviour** – and a shared understanding that **media campaigns** are not sufficient to alter the behaviour of target audiences, but also recognise that great communications can help with improving understanding and public agenda setting. Both recognise the need for whole systems solutions.	SM: Behavioural impact is the main goal; the focus can be on any type of behaviour, not just health, subject to its relevance to the social good being addressed. HP: The aim is to improve health and reduce inequalities through a variety of methods, including support for changing behaviour. Where behaviour is a focus, it will be health-related, or behaviour that is relevant to the key influences on health.
b. Both believe that working in **partnership** will achieve better outcomes, and that strong **leadership** is essential to success	SM draws its operating core from both the commercial and public sectors, so may be more adept at working with private partners. Though HP has engaged with the private sector, it has not done so as systematically and whole-heartedly as SM. HP has traditionally been more focused than SM on advocacy and mediation within policy and political processes.
c. Both **share the need for system-wide planning and action** (and therefore have to work across the commissioner/provider division in the NHS and local authorities). There has been a lack of understanding of both SM and HP amongst commissioners, reflected in some poor commissioning of programmes which do not reflect best practice, adding to the potential for misappropriation of terminology. We believe that this is now improving.	
d. Whilst HP has traditionally been more upstream, and SM more downstream, increasingly both are developing integrated programmes that span the whole, **up stream, mid stream and down stream agendas.**	

Similarities	Possible differences
e. Both concerned with **short/medium/longer term programmes** Long timelines make effective commissioning difficult for both – eg. SM has a strong up-front emphasis on scoping, and HP requires planning of multi-intervention programmes.	SM focuses on short to medium term success more than HP, which tends to view success in medium to longer term time frames.
f. Both require specialised knowledge and expertise for effective implementation, and both need understanding to ensure that commissioning, evaluation and implementation of programmes reflect best practice. Both are trans-theoretical, drawing on evidence from multiple fields of study. Both HP and SM draw their evidence base from health and public funded programmes, and other fields such as environment, finance, transport.	SM also draws evidence from commercial sector marketing, market research and business studies.
g. Both use research to inform programmes, and endeavour to evaluate interventions robustly – and share a concern that these processes are not always adequately resourced by funders. SM emphases the scoping phase of the project, and has a continuous checking cycle with the target audience built in along the whole of the process. Good HP would also have a continuous checking process. Both can fail to publish successes because practitioners are not necessarily supported to develop these skills nor have the time.	

2. Values and ethics

Similarities	Possible differences
a. Both have a clear focus on achieving a **'social good'**	Ethical issues around how social good is defined and who defines it (see next box) SM is not just restricted to 'health-related' aspects of social good. It is used in completely different contexts. HP is concerned with health and well-being, although this links with many different types of social good, since it is recognised that many things can influence health and well-being, both directly and indirectly.
b. Both are concerned with **values and ethical considerations**, and both recognise that values are transactional	SM comes to values and ethical issues from its focus on achieving a social good. It is clear that 'social good' can be 'relational', 'transactional' and 'contextual', with different individuals, groups and communities able to see 'social good' in very different terms. For example, a fundamental religious group may see 'social good' in markedly different ways to a group of 'sex industry workers'. Good social marketing will be concerned from its start with key ethical considerations, namely 1: how social good is being defined, and 2: who is involved in the defining (recognising that often 'she/he who defines often controls'). HP: Health promotion has tended, in placing a stronger focus on the wider determinants, to be particularly concerned by differential power and control. Those with fewer material resources commonly have few options and choices in their lives; recognising the impact of inequality is core to good health promotion. Health promotion tends to approach values and ethical issues from this perspective and focuses on building 'community empowerment', 'advocacy', 'mobilisation' to help redress the impact of inequality and access to differential power. Values include health as a right, a commitment to equity and social justice, and empowerment to enable people to exercise informed choice.

Similarities	Possible differences
3. Focus on people and consumers Both focus on the importance of understanding people's lives, but in slightly different ways	Good HP is participative, enabling individuals/communities to define their own health needs; HP does not see people as consumers but co producers. It uses community health needs assessments and community development methods to work with communities to understand their needs and wants and how to address them. SM: A strong and defining feature of social marketing is its 'customer-focus'; addressing the individual within their wider social context to provide 'insight' into what motivates people. SM also views consumers as co producers and places a lot of effort on 'relationship marketing', which is about building up a lasting relationship with communities and individuals addressing issues of 'social good'.
Both recognise the significance of **'social capital'**, but in slightly different ways	SM sees social capital as a factor in achieving specific behavioural goals, i.e. it looks on social capital as a means to its behavioural ends or as an endpoint, for example more people participating in civic duties. HP: places a strong emphasis on mobilising and empowering communities to speak and act for themselves, and therefore approaches social capital as a legitimate goal in its own right.
Both recognise the importance of targeting and segmentation, but in different ways The segmentation of populations is becoming progressively more sophisticated. Today it is common to segment not only by demographics and geographics, but further by current behaviour and psychographics.	HP stresses cultural sensitivity to different groups in the population to avoid and counter discrimination. It seeks to ensure that health advice and support concerning behaviour (e.g. smoking cessation programmes) are tailored to the needs and backgrounds of different groups. SM generally would go beyond a limited application of targeting to a deeper understanding of what motivates people to act in the way they do. Audience segmentation is one of the most important features of social marketing. A segment is a homogeneous group of people who share similar beliefs, attitudes and behaviours[10]. SM recognises that attitudes and values maybe a better way to segment than age, gender, etc.
4. Theory base Both draw on and integrate a wide range of theory, including the social sciences and psychology, and both are evidence-based Both have a shared parent in a wide range of **behavioural theories** (for example Social Cognitive Theory and the Stages of Change model)	SM: While practice can vary, good social marketing will be interested in the utility of any behavioural theory, if it can help achieve the desired behaviour. However there can be a strong emphasis on some aspects eg: exchange theory and trying to really understand the benefits and rewards for a given behaviour (both the desired and the problem) and the actual or potential blocks and barriers (again to both the desired and the problem behaviour). SM also draws on theories from economics, organisational change, business management and communication theory. HP: Again while practice can vary, good health promotion draws from a range of health-related behavioural theory. It is increasingly recognising the importance of 'exchange theory'. Health promotion has traditionally placed a stronger emphasis on wider influences and determinants, and therefore draws on a wide range of other theories. It is perhaps true to suggest that it also has a longer history of actively using theory and ideas to inform practice.

Similarities	Possible differences
5. Use of formative research, complexity, dimensions of problems HP and SM use **formative research** in a slightly different, but complementary way.	SM: formative research is about scoping the problem, the needs and wants of the target audience – with a focus on attitudes, and the competition to the message/campaign. HP: formative research is also about scoping the nature of the problem, but the explanatory stage will ask questions such as who is affected, what are the causes, what are the contextual factors, what are the possible range of interventions (spanning policy, environment and community).
Both recognise – in slightly different but complementary ways – that unless the health issue (e.g. why young people smoke) is **understood in all its different dimensions**, interventions will not be effective	HP: context is particularly important: it is not programmes per se that work, but the resources a programme brings that allow people to generate change. SM: personal incentives and barriers to change are particularly important. Programmes will not work unless they respect, understand and address the personal costs of change, as well as the benefits.
Both share a strong focus on the **complexity** of most real-life situations, with a slightly different emphasis	SM will take the default position that each project is unique and cannot be replicated directly, unless the scoping stage proves otherwise. Because of the focus on the consumer, the theory and project, even if successful, would need to be tested robustly in a new context to ensure that the consumer base shared the same attitudes and motivations. However SM does seek to scale up and industrialise proven interventions so that they can have a population-wide effect. HP: will focus on differences in context from project to project, i.e. not just 'does it work', but 'how does it work – in this context'. For example, in a community-based intervention, we need to know about the motivation and capacity to respond of social networks and local organisations. Health promotion works by strengthening this capacity.
6. Sophisticated use of the concept of place Both HP and SM take a pragmatic approach to the concept of place, as both a tool and a setting.	For HP, place is a setting for engagement: It works with people in communities and other settings, including workplaces and schools, to enable them to take action themselves, building social capital and leaving them stronger. It develops an integrated, holistic, programme which acts at different levels from policy, through to organisational development and developing personal skills (for example the World Health Organisation programmes for Healthy Cities and Health-Promoting Hospitals). In SM, place is seen in two ways: Firstly, as an essential element of the marketing mix, a practical tool to be considered in service design, implementation, etc, i.e. where and when the target audience will perform the desired behaviour[11]. We live in a world where time is in short supply and a valuable commodity – so convenience is a key element to success. In the commercial world, it is those companies who know the importance of convenience that have thrived. And secondly, as part of the wider strategic social context of the individual whose behaviour we are trying to influence.

Similarities	Possible differences

7. Approach to the wider determinants of health

Both recognise importance of wider influences and determinants on people

Social marketing's strong customer focus meant that early on in its development there was a tendency to focus more on people (customers) in isolation (and limited social marketing can still do this). However all mainstream social marketing voices have benefited from, and been influenced by, the thinking of disciplines like health promotion, and now fully recognise that to appropriately address the needs of the individual requires addressing 'up-stream' factors that often lie outside of the individual's immediate control. While social marketing efforts can still be focused on the aspects within an individual's control, increasingly 'strategic social marketing' assesses the wider influences and looks at ways to use social marketing to tackle policy and strategy issues rather than just targeting individuals in isolation.

Health promotion considers the influences beyond the individual's immediate control as a defining consideration. Dealing with people in isolation of addressing these wider influences would be seen as ineffective and unethical. The broadening of 'health education' to 'health promotion' and 'health development' shows that thinking has developed over time. While articulating the importance of wider determinants of health has been a huge contribution, there has sometimes been a downside, in that recognising the importance of major wider determinants (such as poverty, education, employment and the environment) can lead to a failure to focus on individual lifestyle issues at the same time. The challenges of addressing poverty, for example, are huge and can lead to under-valuing the importance of attention to people's lives and lifestyles and what they can do themselves.

3. We would like your views

The authors would welcome your thoughts on the following questions. They would also welcome examples of the effective integration of specialised health promotion and social marketing for health.

You can email answers and examples to griffhobbs@aol.com.

- **Our general argument** – do you agree with our conclusions?

- **The similarities and differences between specialised health promotion and social marketing for health** – do you agree with our views?

- **The Venn Diagram on page 1** – how would you personally draw this (see other options Annex C)

- **Next steps** – what do you think should happen next?

Annex A: definitions

1. Social marketing for health

Social marketing uses marketing (alongside other methods) for the benefit of people (rather than financial gain). It has been defined as:

"The systematic application of marketing, alongside other concepts and techniques to achieve specific behavioural goals, for a social good"[12].

Social marketing can be used both as a strategic approach to inform policy development and operationally as a targeted intervention approach. In its operational mode, it utilises a comprehensive planning approach [e.g. The Total Process Planning framework] and a multi-theoretical approach to identify, assess and segment the defined target audience's needs and motivations, using this insight to design programmes and campaigns which reinforce adoption of the behavioural goals through the provision of tailored incentives and other benefits for the desired behaviour, and strengthening barriers to the negative behaviour [exchange theory]. Success for both uses is defined in terms of positive benefits to society.

SM is fundamentally focused on people's behaviour – its driving purpose is to achieve tangible and measurable impact on actual behaviour. Reducing health and social inequalities is an outcome, rather than a primary goal. It is distinct from health education, in that it goes beyond informing or persuading people to reinforcing behaviour with incentives and other benefits. It goes beyond communicating or sending of messages and should certainly not be confused with the more limited social advertising approach, although it can encompass this (where impact on behaviour is likely to be achieved through this) but would rarely be just this approach.

Core elements of social marketing

- It draws upon the 'marketing' discipline, integrating this learning alongside other theories to inform the intervention strategy.
- One way of recognising SM is to use the National 8 point Benchmark Criteria[13] [ie: customer orientation; behaviour; theory; insight; exchange; competition; segmentation; and methods mix].
- Four of these are particularly worth highlighting as they have not previously been routinely articulated within or associated with health promotion:

Insight – based on establishing a robust and rounded view of people's everyday lives and context and using research methods to establish 'deeper insights' into what will be most likely 'to move and motivate' them, which lie sometimes outside of the immediate issue being addressed but which can be powerful motivators.

Exchange theory – The theory of exchange is an important concept in marketing and social marketing. It can be understood in two particular ways. One as an "exchange of resources or values between two or more parties with the expectation of some benefits"[14]. And secondly in terms of understanding what a person has to give in order to get the benefits being proposed or offered ie the full costs to them, not just financial but incorporating factors like the physical, social, time and effort involved in gaining the benefits.

Competition – recognising that whatever is on offer will always face different types of competition including internal and external competition. Internal can include psychological factors such as pleasure, desire, risk taking, addiction etc. External might be 'direct' competition from those influence directly undermines achievement of a behavioural goal (eg those promoting high salt, fat or sugared products) or indirectly by competition for the time and attention of the

audience (eg computer games competing for the leisure time of adolescents and therefore limiting time for physical activity options).

The method or marketing mix is also a key element of effective social marketing intervention strategies. This links in simple terms to what is known in marketing generally, as the 4 P's of marketing: Product – Price – Place – Promotion. With the last of these 'promotion' often seen as the mix or package of methods used to achieve a given goal. Where a focus is placed on finding ways to communicate and promote the 'products/service' benefits, the value of the product/service in relation to the competition or competitors and the place where the product/service is available, or where the audience can be reached most effectively. The task being to make sure that the target audience knows about the offer and its benefits, believes it will experience the stated benefits and is inspired and motivated to act[15].

2. Specialised health promotion

Health promotion is focused on health and wellbeing outcomes, i.e. improving individual and population health and reducing health and social inequalities. It aims to empower people and communities to control their own health and well-being by gaining control over the underlying factors that influence health and well-being. The main determinants of health are people's cultural, social, economic and environmental living conditions, and the social and personal behaviours that are strongly influenced by those conditions[16].

The Ottawa Charter and Jakarta Declaration[17] are the spinal cord of health promotion practice. The five strategies in the Ottawa Charter are to enable, advocate and mediate the:

• Building of healthy public policy
• Creation of supportive environments
• Strengthening of community action
• Development of personal skills
• Reorienting of health services.

The Jakarta Declaration noted the evidence that:

• Using combinations of the five Ottawa strategies is more effective than single-track approaches
• Settings offer practical opportunities for the implementation of comprehensive strategies, including cities, municipalities, local communities, school, the workplace and health care facilities
• Participation is essential to sustain efforts.

Core elements of health promotion

Focus on policy:
• Health promoters advocate and mediate on behalf of populations for policies which improve living conditions and affect the determinants of health, for example to combat poverty, poor housing, improve access to exercise facilities and wholesome food etc.
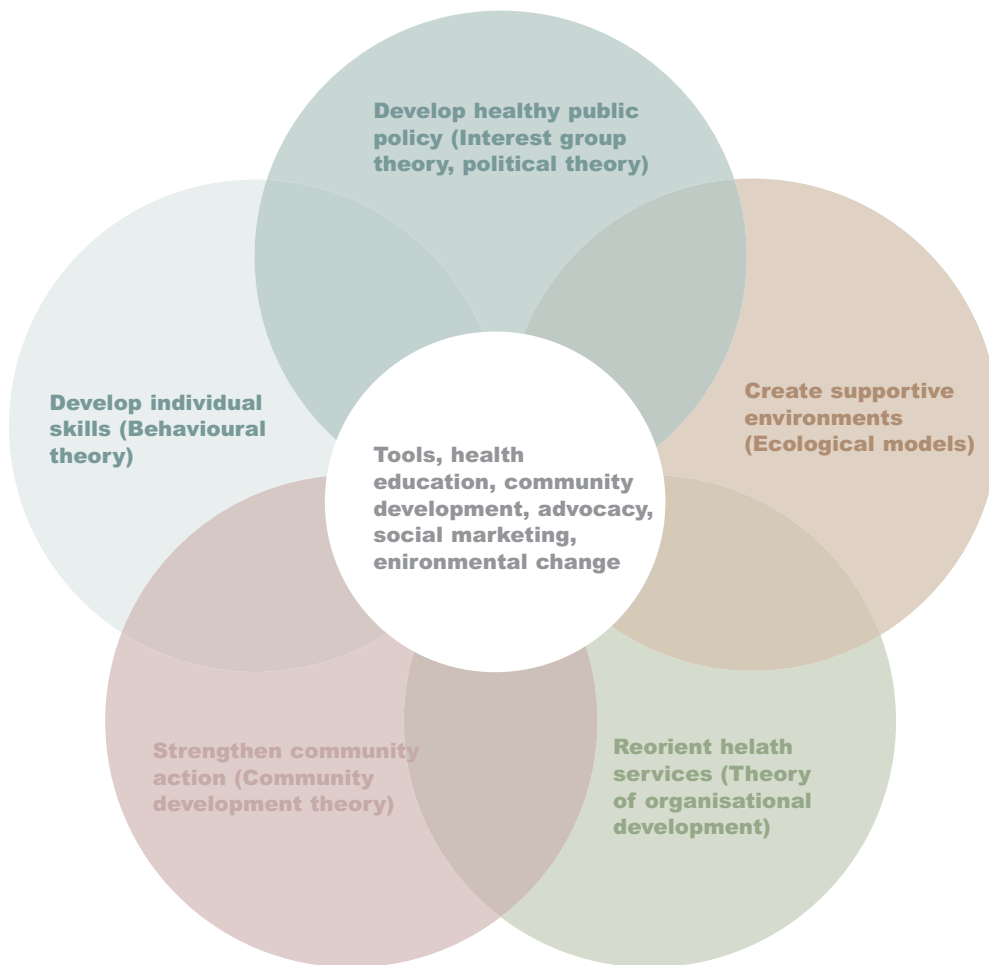
Focus on supportive environments:
• Health promoters aim to create health-promoting environments. For example for food, they will help communities to make local healthy food available at lower cost through food co-ops, local vegetable growing, support for farmer's markets etc. and to support families with menu planning and cooking.

Focus on community engagement:

• HP engages with communities, and values the assets they bring to understanding the causes of health problems and taking action to tackle them. Successful health promotion programmes actively involve communities, and try to enable them to take control over their health by developing stronger networks and long-lasting initiatives that are self-supporting ('social capital')[18].

Figure 1: Tools and theories of the Ottawa charter

Develop healthy public policy (Interest group theory, political theory)

Create supportive environments (Ecological models)

Develop individual skills (Behavioural theory)

Tools, health education, community development, advocacy, social marketing, enironmental change

Strengthen community action (Community development theory)

Reorient helath services (Theory of organisational development)

Annex B: some initial responses and views from stakeholders

"I strongly agree that SHP and SM need to work together not in opposition – both recognising what the other brings.

I am delighted that this debate is happening and that the common ground between SM and SHP is being recognised."

"It is encouraging to see that common sense is reasserting itself in the field of health promotion/ social marketing and that the notion that the two are totally different activities has been rejected."

"Whilst I applaud your taking on this important task, I was disappointed in the document. I found it to be repetitious, but also much too vague ....
For the most part, I felt that the paper was more of a political statement than a guide for integrating two fields. The goal of bringing the two fields close together is an important one, and perhaps the beginning of this journey needs to be vague and political. I would have preferred more precision."

"Perhaps the biggest differences between social marketing and a community development approach are in the values and ethics and approach to people. Community development models emphasise empowerment and self-esteem and don't approach communities with pre-determined behavioural objectives. Social marketing could be seen as a more sophisticated and better informed way of 'getting people to do what we want'. This could be good or bad depending on how you define the public good."

"As a social marketer, I found the document very useful to clarify my misconceptions of what health promotion is about... However I still do not understand when health promotion should be used instead of social marketing."

"SM has been championed by some public health leaders as a replacement for SHP and community development which have been seen to have 'failed'. Not surprisingly this has led to some rather world weary and negative responses to SM from some HP specialists…"

"A major concern I have is that no one has an overview of what's going on in the world of public health, social marketing and health promotion across the country."

"If we put as much effort into working alongside each other, as we do to debates about the differences and boundaries between us, we might really be able to benefit the people we need to serve – we might even change the world together!"

Annex C: ways of describing the relationship between social marketing for health and specialised health promotion
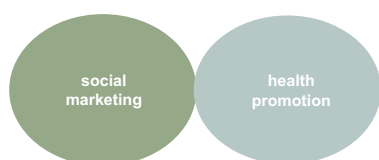
Social marketing and health promotion as distinct concepts. No direct overlap

A common core to both social marketing and health promotion, but with areas that are separate and distinct

A common core to both social marketing and health promotion, but with areas that are separate and distinct

A large common core to both social marketing and health promotion.
Only a few areas separate and distinct.

Social marketing as the overarching concept, including and incorporating health promotion

Health promotion as the overarching concept, including and incorporating social marketing

Social marketing as the larger concept. Distinct from smaller separate concept of health promotion
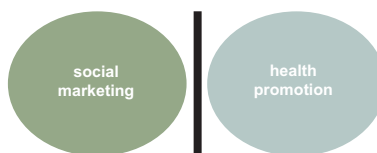
Health promotion as the larger concept. Distinct from smaller separate concept of social marketing.

Social marketing is the major concept. But some aspects of health promotion a part of it.
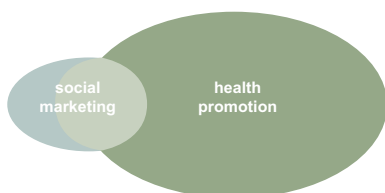
Health promotion is the major concept. But some aspects of social marketing a part of it.

Completely different approaches. No overlap or link.

References

1. From: Handsley, S. The potential for promoting public health at a local level: community strategies and health improvement. IN Eds. Lloyd, CE et al. Policy and practice in promoting public health. 2007. The Open University, Sage Publications.

2. For example Health Canada sees social marketing as an integrated part of health promotion strategies.

3. National Social Marketing Centre, It's Our Health! Independent Review Report – Social Marketing. National Consumer Council, June 2006.

4. See NICE public health guidance 9, Community Engagement: February 2008. "Approaches that help communities to work as equal partners, or delegate some power to them … may lead to more positive health outcomes."

5. Bussell, T. (2008). Dudley PCT NSM Centre Learning Demonstration Site. Learning Together: from theory to practice. NSMC.

6. Bussell, T. (2008). Dudley PCT NSM Centre Learning Demonstration Site. Learning Together: from theory to practice. NSMC.

7. Crompton, T. (2008). Weathercocks and Signposts. WWF-UK. http://wwf.org.uk/strategiesforchange

8. Andreasen AR. Marketing social marketing in the social change marketplace. Journal of Public Policy and Marketing. 2002;21(1):3-13.

9. Crompton, T. (2008). Weathercocks and Signposts. WWF-UK. http://wwf.org.uk/strategiesforchange

10. Wind Y. and Cardozo R. (1974): Industrial Market Segmentation, Industrial Marketing Management, 3, pp. 153-166.

11. Kotler, Roberto, Lee (2002). Social Marketing: Improving the Quality of Life. Sage Publications.

12. French and Blair-Stevens, 2006.

13. National Social Marketing Centre, 8 Point Benchmark Criteria, NSMC, London, 2006. http://www.nsms.org.uk/public/default.aspx?PageID=20

14. MacFadyen L, Stead M, Hastings G. Chapter 7. In: The Marketing Book, Baker MJ. 5th Edition. Butterworth-Heinemann, 2002.

15. Kotler, Roberto, Lee (2002). Social Marketing: Improving the Quality of Life. Sage Publications.

16. International Union for Health Promotion and Education & Canadian Consortium for Health Promotion Research (2007) Shaping the Future of Health Promotion: Priorities for Action.

17. World Health Organisation. The Ottawa Charter for Health Promotion, 1986. Available online at: www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf. Jakarta Declaration on Leading Health Promotion into the 21st Century, 1997.

18. See NICE public health guidance 9, Community Engagement: February 2008. "Approaches that help communities to work as equal partners, or delegate some power to them … may lead to more positive health outcomes."