2006

Marketing Social Change: A Comparative Historical and Methodological Analysis of Anti-Smoking Endeavors

Jessica Stathis
Colby College

Marketing Social Change: A
Comparative Historical and Methodological Analysis of Anti-Smoking Endeavors

Jessica Stathis

SO 493

19 May 2006

Advisor: Professor Alec Campbell

Table of Contents

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has"

I. Introduction to Social Change

Mead's idealistic sentiments may inspire some individuals, but it also prompts this central question: *how* can a small group of people initiate social or behavioral change? Furthermore, how do they mobilize a movement or event, program or campaign? Do successful social change efforts result from specific strategies and tactics? Which types of social action lead to the most extensive, significant and beneficial social changes? Indeed, how does one measure the scale of social change?

In order to comprehend social marketing, one must understand its fundamental goal: implementing social change. During the 1970s, social marketing emerged as an organized way of achieving the aforementioned objective. Social marketing's systematic components coincide with many of the elements employed in commercial marketing. Additionally, when comparing social marketing efforts, such as events, programs or campaigns, it is necessary to establish a clear set of criteria for evaluation.

According to the Center for Disease Control, between the years 1997-2001, 259,494 men and 178,408 women died prematurely from smoking cigarettes in the United States (Center for Disease Control 2005: 625). These statistics illustrate both cigarettes' potential dangers and the need to discourage cigarette smoking among Americans. Advocates of non-smoking can alleviate this problem through social marketing, which can influence smokers to abstain from smoking or they can prevent adolescents from developing this problem.

Historically, several principal social marketing campaigns, including the Great American Smokeout, the Minnesota Heart Health Program and both the statewide and national "truth" campaigns, have combated cigarette smoking through health education, mass media and community-based programs. Yet, how has anti-smoking social marketing evolved in the last forty years and how does a researcher evaluate anti-smoking events, programs and campaigns? In this paper, I will establish criteria by which to assess social marketing campaigns and will then apply them to each of the aforementioned social marketing endeavors. In addition, how do social marketing efforts resemble social movements?   Another chapter worthy of sociological inquiry pertains to the connections between social marketing and social movements.

A History of Social Change

Kotler and Roberto (1989) identified several examples of collective social change. They noted early examples of social change that were documented in Ancient Greece when slaves were emancipated. In addition to modern developments in machinery that abetted worker productivity, during the late eighteenth century, significant social change occurred both during and after the industrial revolution in Great Britain. The United States advanced on a societal level during the twentieth century with the advent of the women's suffrage movement and the extension of voting rights to former slaves. Later, during the 1970s, many social change campaigns emerged within the public health sphere. Since that time, the public health sphere has initiated organized events, programs, and campaigns in an effort to promote behavioral change. More specifically, contemporary campaigns with an educational, economic or environmental focus experienced the most success achieving this goal (Kotler and Roberto 1989: 5-6).

Ineffective Social Change Campaigns

After World War II, individuals attempted to change attitudes and subsequently behavior. Initially, some of these endeavors failed to reach their objectives. Some organizations used mass media campaigns to inform their audiences. Information campaigns served as a precursor for later social marketing campaigns. In the 1940s, Hyman and Sheatsley (1947) acknowledged that previous information campaigns focused on the need to additionally understand and identify "psychological" obstacles. They asserted that "In order to increase public knowledge, not only is it necessary to *present* more information, but it is essential that the mass audience *be exposed to* and that it *absorb* the information" (412-13).

After examining information campaigns, Hyman and Sheatsley recognized that information campaigns tend to work better when a person had a connection to the campaign's message, either through prior knowledge or interest. They claimed that it was more difficult to reach what they terms the " 'Know-Nothing's,' " the label that Hyman and Sheatsley used to classify people who lacked the preexisting knowledge on a particular topic. They also asserted that when campaigns dispensed facts to the public, then those with the most interest will absorb more information. In effect, people must be motivated to pay attention and they suggested that social scientific research might help one to comprehend a target audience. This type of research was needed to determine who these people are, why they lack interest and what approach can best succeed in reaching them" (417). Furthermore, Hyman and Sheatsley argued that it is crucial not only to release information, but to examine how to overcome psychological barriers in mass communications campaigns (Hyman and Sheatsley 1947: 415-421).

Mendelsohn also established that an audience's interest in a mass media message may predict the likelihood of behavioral change. He explained that "The major task facing the communicator under such circumstances is to recognize, understand, and attempt to overcome much of this 'apathy.' " He advocated that social scientists should conduct further research in order to understand both a target audience and how this particular group might be influenced to change their behavior (Mendelsohn 1973: 61).

In summary, Hyman and Sheatsley and Mendelsohn established the importance of counteracting both lack of knowledge and lack of interest, suggesting the value of understanding the audience through empirical research. More specifically, one must gain a greater awareness of what motivates an audience, what its members know and whether or not they care about particular information. Information campaigns might be relatively ineffective in influencing people who were not interested in changing their behavior.

The Beginning of Systematic Social Change

Hyman and Sheatsley discussed how to reach people more effectively yet they did not address how behavior change is initiated. In 1952, G. D. Wiebe examined how advertising, as a form of mass communication, could be an effective tool in implementing behavior change. More specifically, he posed the question "Why can't you sell brotherhood like you sell soap?" Although promoting social ideas like citizenship was not defined as "social marketing" at the time, Wiebe's notions might have been classified as social marketing in its earliest stages (Wiebe 1952: 679).

In his article, "Merchandising Commodities and Citizenship on Television," he demonstrated how mass media campaigns can motivate people to take action, and

named five factors that must be present for such a mass communications campaign to yield effectiveness: the force, the direction, the mechanism, the adequacy and compatibility, and the distance. The first element involves "force," which related to a person's interest in a campaign's content and his/her motivation for grasping the information displayed in the campaign. One can argue that mass media campaigns require "force" because they lack a clear path without this component. The direction refers to informing people about how they could satisfy their desire through a "social mechanism" (the third element). The "social mechanism," is the component of a social change campaign that enables a person to directly adopt a new behavior. For instance, in an anti-smoking campaign, a smoking cessation clinic functions as the "social mechanism" because a smoker could acquire help that would facilitate the smoking cessation process (Wiebe 1952: 681-91). Fourth, the adequacy and compatibility concern the social mechanism and whether an individual could fulfill his/her need or desires through this mechanism. In the aforementioned example, this element can involve having enough assistants at the clinic to care for all of the smokers. Distance relates to the amount of effort necessary to satisfy these needs or desires. Wiebe suggested that social marketers of an anti-smoking campaign also want to reduce physical and psychological distance. They can achieve this goal by positioning a smoking cessation clinic close to a target audience or by distributing free public transportation vouchers to lessen the costs associated with visiting the clinic (Wiebe 1952: 681-91). Social marketers must consider all of these elements when designing a social change campaign in order to maximize effectiveness.

The Continuum of Social Change

Wiebe addressed how mass communications can advertise social ideas. Yet, which types of social change can be addressed through the media's influence? Furthermore, are some types easier to promote and more effective than others? Social causes have various aims, ranging from cognitive change, to change in action, or behavior change to change in values. Each one becomes successively more difficult to accomplish. "Cognitive change" can be achieved through either educational or informational campaigns.[1] These campaigns may be unsuccessful if social marketers do not adequately research a target market, if media channels and messages do not reflect the target market or financial resources were insufficient. In addition, "change of action" campaigns "persuade a maximum number of individuals to perform a specific act or practice in a given time" (Kotler and Roberto 1989: 18). An example of this type of campaign might encourage women to sign-up for mammograms or give blood to the American Red Cross (Kotler and Robert 1989: 18-19).

A social marketer will have to convince each potential "action-taker" that the benefits outweigh the costs of engaging in this activity (Kotler and Roberto 1989: 19). One must understand that the social marketer aims to encourage individual "action-takers" to take action as opposed to a group. A "change of behavior" must induce a person to change his/her actions in an effort to improve his/her quality of life (Kotler and Roberto 1989: 19). This type of program involves motivating people to abandon detrimental habits and incorporate new practices into their lives (Kotler and Roberto 1989: 19). In order to induce behavior change, campaigns must be "supplemented by interpersonal interventions and personal communications" (Kotler

---

[1] Sometimes, social change or social marketing campaign refer broadly to any type of systematic, organized plan to alter behavior, which often involve mass media components

and Roberto 1989: 19). Efforts to change values are the most challenging but can yield significant change because they may produce cognitive dissonance among individuals in the target population. For instance, how does one change stereotypes against various groups? As a result, the government often institutes laws that mandate behavior change. The underlying assumption behind this notion is that if people are compelled to change their behavior, then they might eventually alter their perspectives. Many social marketing experts attach importance to the element of behavior change and it remains central to the definition of social marketing. In fact, significant behavior social change is often equated with successful social marketing campaigns

*****

II. What is Social Marketing?

Emergence of Social Marketing: A Means for Social Change

The notion of marketing both originated and developed theoretically during the middle of the twentieth century (Manoff 1985: 4). In the 1930s, not many businesses used marketing as an approach to implementing social change (Manoff 1985: 4). Instead of trying to understand the customer and subsequently creating a strategy to reflect his/her needs, businesses relied primarily upon salespeople (Kotler and Zaltman 1971: 5; Manoff 1985: 4).   Salespeople convinced others to purchase merchandise or services that were updated and better than previous models (Kotler and Zaltman 1971: 5).

Then, scholars in the discipline of business developed an innovative way of strategizing called marketing (Manoff 1985: 5). In the 1960s, several academicians defined marketing as " . . . a process in a society by which the demand structure for economic goods and services is anticipated or enlarged and satisfied through the conception, promotion, exchange and physical distribution of such goods and services" (Marketing Staff of the Ohio State University 1965: 43). Marketing continues to produce the need to strategize effectively by better understanding the market where the exchange of goods and services takes place (Kotler and Zaltman 1971: 5). Marketing managers plan marketing campaigns by "examin[ing] the wants, attitudes, and behavior of potential customers which could aid in designing a desired product and in merchandising, promoting, and distributing it successfully" (Kotler and Zaltman 1971: 4). Through research and analysis, marketers learned that customers

embodied varied lifestyles, held different values, and composed several demographic

groups. Consequently, they shaped product development around these preferences

(Manoff 1985: 5). In essence, the crux of marketing lies in meeting the needs or

desire for "individuality" of the potential customers, so that they will be more inclined

to engage in the market exchange process (Kotler and Zaltman 1971: 4).

Social Marketing and the Public Health Sector

Can marketing be applied to settings outside of the commercial sector?

Although the following examples of marketing may not have been classified as

"marketing" until recently, campaigns for political candidates, waste reduction and

seat belts are all examples of marketing of social causes. The public health sphere

utilizes marketing to promote the adoption of healthy behaviors as well.

In the public health sector, marketing was not always viewed as a worthwhile

tool for health education (Manoff 1985: 4). The 1978 UN conference, held at Alma-

Ata, proved to be a turning point for primary health care programs (Manoff 1985: 4).

More specifically, the Alma-Ata conference promoted health education and made it a

priority within the public health sphere. The techniques implemented in health

education campaigns evolved as well, and in 1983, at the 36th World Health

Assembly (WHO), the public health specialists proclaimed that mass media was a

useful tool for increasing awareness of health issues (Manoff 1985: 4).

Some of the nascent forms of social marketing originated in developing

nations. Public service announcements (PSAs) became a widely used means of

communicating with people about relevant health issues in the United States and in

developing countries. Although Manoff noted that PSAs helped to influence people

internationally, in the United States, television stations only displayed PSAs in the

early morning hours and their presence did not have a significant effect on the behavior of individuals (Manoff 1984: 7).

The focus of public health has evolved from an emphasis on sanitation in the mid-19th century to a contemporary focus on the relationship between disease and controllable factors (such diet and exercise). People can exert control over their exercise and dietary habits by choosing to eat foods high in fiber to avoid heart disease, or biking every morning, in an effort to combat obesity. Over time, public health specialists discovered that people are malleable and can learn to change their personal habits in an effort to be healthier. Then, it became apparent that preventative strategies, such as education, could be influential in remedying health epidemics (Manoff 1985: 11).

The Emergence of Social Marketing in the Academic Sphere

In 1971, Philip Kotler and Gerald Zaltman coined the term social marketing in a *Journal of Marketing* article titled, "Social Marketing: An Approach to Planned Social Change." They understood 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, communication, distribution, and marketing research" (Kotler and Zaltman 1971: 5).

Another explanation of this process defined social marketing as the liaison between the "simple possession of knowledge and the socially useful implementation of what the knowledge allows" (Kotler and Zaltman 1971: 5). One must note that something deemed as "socially useful" draws an individual's attention and is relative to each person. In simple terms, social marketing not only disseminates information about a specified topic to an individual, it further instructs

the person about what to do with that information. A person might gain facts on a particular subject, but decide *not* to alter their behavior. The task of social marketers is not only to dispense information to the greater public, but also to direct the public with what to *do* with that information (Kotler and Zaltman 1971: 5).

In the late 1980s, Kotler and Roberto characterized social marketing as a "social-change technology involving the design, implementation, and control of programs aimed at increasing the acceptability of a social idea or practice in one of more groups of target adopters." (Kotler and Roberto 1989: 24). This definition reflects Kotler and Roberto's aforementioned perspective on social marketing as a vehicle for change in society.

More recently, Alan Andreasen viewed social marketing as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society" (Andreasen 1995: 7). He claimed that marketing for social causes has been both underused and undervalued. According to Andreasen, any governmental agencies, non-governmental organizations, and private industries could benefit from employing social marketing principles.

When one speaks of social marketing, it is important to recognize the distinction between programs and campaigns. Although both programs and campaigns involve strategies, tactics, and plans, programs are "ongoing coordinated activities designed to achieve an organization's mission" that might consist of several campaigns over a longer period of time. On the other hand, campaigns can be either short-term or long-term (Andreasen 1995: 69-71).

The Elements of Social Marketing

Exchange Theory

Although social marketing originated from marketing principles, social marketers utilize these principles in a unique way. One of these elements, as a theoretical perspective, is exchange theory, which "views consumers acting primarily out of self-interest as they seek ways to optimize value by doing what gives them the greatest benefit for the least cost" (Grier and Bryant 2005: 321). In commercial marketing, customers make purchases, pay money and are promptly rewarded with either a tangible good or an intangible service (Grier and Bryant 2005: 321). Social marketing is different. Consumers do not always experience immediate gratification from their choice to engage in a behavior. Social marketers must be cognizant of both the potential benefits and costs that an individual might face (Grier and Bryant 2005: 321).

Audience Segmentation

Another integral part of social marketing is audience segmentation. A marketer who aims to motivate a person to buy toothpaste might study different population demographics, like age, ethnicity, race, and socioeconomic status to identify the wants and needs of a specific group. A social marketer seeks to examine the same demographic groups, but might also categorize individuals by their behavior patterns (Grier and Bryant 2005: 321; Kotler, Roberto and Lee 2002: 121-7). For instance, a social marketer might look at a specific group's health patterns and examine how often they exercise or eat nutritious food.

Competition

Competition concerns both commercial and social marketers. Generally, marketers seek to meet the needs of consumers; competitors are viewed as interfering with a marketer's ability to successfully accomplish this goal (Grier and Bryant 2005: 322). In the field of social marketing, competition might be an opposing behavior as well as the promoters of this behavior (Grier and Bryant 2005: 322). A smoking cessation social marketing program's primary competition might be cigarette companies that market cigarettes to young people.

The Marketing Mix

Another component found in both commercial and social marketing campaigns is the marketing mix, which has four key components: product, price, place and promotion. In commercial marketing, the *product* offers a consumer benefits. When applied to social marketing, Kotler et al. (2002) **defines** the product as "the desired behavior and the associated benefits of that behavior" (41). *Price* relates to the potential costs (financial and personal) that an individual might face. (Grier and Bryant 2005: 322). In social marketing, people may consider the negative implications that result from engaging in a specific behavior. To avoid costs for consumers, social marketers must "decrease actual or perceived costs of the desired behavior and/or increase actual or perceived benefits of the desired behavior" (Kotler et al. 2002: 41). Put differently, social marketers, must make a target audience believe that the costs are less than they believe and redefine these "costs" by emphasizing the advantages associated with adopting the new behavior (Kotler et al. 2002: 41).

 In a business context, the *place* factor of the marketing mix is associated with supplying of goods and selling location (Grier and Bryant 2005: 323). In social

marketing, place is "where the target audience will perform the behavior, acquire any tangible objects, receive any services associated with the campaign, and learn more about the performing behavior" (Kotler et al. 2002: 41). Hours that a smoking clinic is open or adequacy of parking are examples of place facilitating the adoption of change (Grier and Bryant 2005: 323; Kotler et al. 2002: 41).

Many people might link social marketing solely with the promotion part of the marketing mix (Andreasen 1995: 49; Kotler et al. 2002: 41). Yet, it is foolish to inundate a target audience with mass media campaigns and assume that they will ultimately feel compelled to modify their behavior (Andreasen 1995: 49). *Promotion* consists of a message and the particular media channels utilized to communicate it (Kotler et al. 2002: 42). Promotional messages try to inform consumers about a product's benefits, its low costs and elements related to place (Grier and Bryant 2005: 324). A social marketer might use several media channels, including brochures, newspapers, or public service announcements (Kotler et al. 2002: 42). It is crucial to recognize that in order to maximize promotional efforts, the message content and media channels must reflect the underlying campaign strategies (that are tailored to the needs and wants of a target audience) (Grier and Bryant 2005: 324).

Integrated Marketing Mix

An ideal social marketing campaign contains an "integrated marketing mix;" all the elements of this type of campaign should reflect the same marketing strategy (Grier and Bryant 2005: 324). For instance, the strategy should dictate the various measures taken to develop the product, price, place and promotion. It would not be advantageous for a social marketing campaign to have different strategies underlying each component of the marketing mix. Furthermore, when marketing tactics do not

involve the same strategy, then there is a possibility that one's efforts might be ineffective, or worse, counteract each other.

Market Research

As I mentioned, it is essential to understand a target market before beginning a social marketing campaign. This market research lays the foundation for a successful social marketing program (Grier and Bryant 2005: 325). Market research is a crucial component to a successful customer-centered marketing campaign. It consists of qualitative research, like focus groups, interviews, and observation, along with statistical analyses from secondary sources (Andreasen 1995: 51).

Evaluation

The last element of social marketing, as defined by Grier and Bryant, (2005) includes continually evaluating the program at the end, as well as checking on the effects of the campaign during the process (Andreasen 1995: 51; Grier and Bryant 2005: 325). Social marketers should evaluate behavior change and not just resign themselves to compiling how much information was disseminated or how dramatically attitudes were adjusted (Andreasen 1995: 51). Routine evaluations occur while the campaigns are still in progress, which enables social marketers to alter the specific features of the campaign, if necessary (Grier and Bryant 2005: 325-6). Kotler emphasized the need to note both the strengths and weaknesses of each campaign (Kotler et al. 2002: 43). Social marketers must also look for the ways that campaigns influence long-lasting effects on social norms (Andreasen 1995: 51).

Social Marketing's Unique Qualities

Customer-Centered Response

According to Andreasen, in order to benefit the customer, social marketing must employ a customer-centered mindset (Andreasen 1995: 41; Grier and Bryant 2005: 324). He criticizes health communications programs that concentrate more on the organization for whom they work, than the customer whose behavior they are trying to alter (Andreasen 1995: 41). A customer-centered mindset should focus on the customer and his/her objectives rather than only fulfilling the organization's aims because these aims may coincide with the customers' interests (Andreasen 1995: 48).

High versus Low Involvement

A low-involvement behavior, like buying soda or candy, does not require much critical thinking. Therefore, marketers rely upon coupons or celebrities to supplement their campaigns. However, social marketers address customers who will likely be making a more complicated decision, one that necessitates careful analysis. As a result, social marketers have a much more difficult task: to sell an idea to customers and attempt to change their target audience's behavior. In fact, the responsibility of social marketers can be equated to that of politicians (Andreasen 1995: 143; Rothschild 1979: 13-15).

Social Marketing Management Plan

Kotler and Roberto (1989) describe a systematic way of carrying out a social marketing campaign. According to Kotler, the social-marketing management plan includes five vital steps (Kotler and Roberto 1989: 37-8). First, during the beginning of any social marketing campaign, the environment in which the social marketer operates must be investigated, which involves assessing both internal and external aspects (Kotler and Robert 1989: 37; Kotler et al. 2002: 99-103). For example,

internal factors might include financial and human resources, previous attempts by

an organization to change behavior or whether there are coalitions or alliances that

might help with a particular social cause. On the other hand, social marketing should

consider external elements such as macroenvironmental influences like

developments in culture, technology, policy, or the economy (Kotler et al. 2002: 99-

103).

Kotler's second step involves conducting preliminary research and

subsequently recognizing the needs of the target audience, or "target-adopters," as

Kotler and Roberto aptly defined this group. In order to address the needs of the

customer sufficiently, one must divide the target-adopter group into smaller groups.

Once the target market has been segmented, then the social marketer will decide on

a positioning approach, or a way to tailor the marketing strategy to the needs of

smaller target audiences. When researching the target market, the competition must

be identified (Kotler and Robert 1989: 37-41).

Third, both narrowly defined objectives and a strategy, or an abstract view of

the greater goals of the campaign, must be set (Andreasen 1995; Kotler and Robert

1989: 42-3). Once the strategy has been established, social marketers must apply

the overarching ideas to tactical steps. In other words, the marketing mix should

reflect the strategy. Fifth, organizers continually organize, control, manage, and

evaluate the social marketing plan (Kotler and Roberto 1989: 47). Kotler and

Roberto's social marketing management plan serves as a model for social marketers

when they begin to plan social marketing endeavors. Now that the social marketing

details have been elucidated, it is necessary to examine how social marketers

assess various social marketing events, programs and campaigns.

*****

III. Evaluation Methods of Social Marketing Campaigns

It is essential to understand the history, theory and practical applications of social marketing before one can begin to evaluate examples of social marketing campaigns that employ mass media components. One conception of evaluating public health mass media campaigns stems from Randolph and Viswanath, who claimed that "a successful campaign will result in satisfaction of both criteria leading to a quantitative and qualitative change in the information environment in the community on the topic of interest" (Randolph and Viswanath 2004: 420). Although social marketers utilize both types of measures change, not all previous social marketing employed quantitative methods.

Some researchers use quantitative measurements for assessing campaigns. In 2000, Wakefield and Chaloupka reviewed statewide anti-tobacco campaigns aimed at youth in five states during the 1990s. They employed thirteen criteria for comparison and several of these measured quantifiable changes in categories like attitudes and beliefs toward smoking, as well as teen and adult smoking prevalence (Wakefield and Chaloupka 2000: 179-180). However, one must note that there were enough similarities between the five campaigns to formulate criteria for comparing all of them. Therefore, one could examine the effectiveness of each campaign by using

the rate of attitude and behavior change over the course of the campaign as an indicator. Moreover, although the methods used for each individual campaign to measure behavior change varied it was possible for researchers to draw some conclusions.

Although this particular review of anti-smoking campaigns was comprehensive, Wakefield and Chaloupka acknowledged the difficulty surrounding the assessment of social marketing campaigns. In addition, when comparing social marketing efforts span over three decades, additional complications can ensue. It can prove to be even more problematic to compare the behavior change that occurred in a campaign during the 1970s to another campaign implemented during the twenty-first century. Furthermore, Friend and Levy (2002) asserted that in a meta-analysis, evaluators face difficulty when comparing campaigns utilizing quantitative criteria (86). They identified one major caveat when evaluating social marketing campaigns with mass media elements. According to Friend and Levy,

> Sufficient data . . . in terms of standard errors and adequate control groups, were often not available for the outcome variables of interest. In addition, differences in the way that media campaigns and concurrent policies were implemented made aggregation of the results from different investigations of questionable validity (2002: 86).

Although quantitative measurements might be useful when evaluating campaigns, they cannot be the sole determinant of a social marketing campaign's success. Thus, Friend and Levy asserted that other, more qualitatively based criteria must be considered when assessing campaigns (Friend and Levy 2002: 86).

Through my research, I did not find a systematic and universal way of assessing social marketing efforts; thus, I created my own method of evaluation. After examining social marketing theories along with the evolution of several social

marketing campaigns, I synthesized literature on evaluating social marketing campaigns and developed six primary criteria by which to conduct an historical analysis of three anti-smoking campaigns: "information environment," the influence of social marketing on strategy and message content, "supportive environment," behavioral theories employed, evaluation methods and the pitfalls associated with evaluation.

Information Environment

One factor to consider is the information environment and the exposure of messages. Disseminating information to as many people as possible maximizes the number of people who view campaign messages. Campaign managers may seek to dispense facts and messages to the general public or to specific and narrow target audiences in an effort to induce more people to change their attitudes and behaviors (Randolph and Viswanath 2004: 421). Yet, how can the individuals who carry out social marketing campaigns direct the information environment to benefit the promotion of a specific behavior? Which media channels are the most appropriate to employ? Researchers quantify the information environment with measurements of exposure, or qualitatively examine a campaign's media channels and campaign components. I will look at whether or not mass media campaigns were influenced by other measures, such as community efforts or school education plans. An ancillary part of the "information environment" analysis should encompass other advertisements or marketing efforts from competitors. In the case of anti-smoking campaigns, these competitors will refer to ads generated by the tobacco industry (Levy and Friend 2000: 100).

Exposure:

Friend and Levy considered exposure to be the "number of ads that a given number of a target audience-on average-is expected to have seen, heard or read" (Levy and Friend 2000: 97). Evaluators use gross rating points to assess the effectiveness of commercial advertising campaigns, and this form of measurement can be applied to anti-smoking campaigns.

Media Channels:

Randolph and Viswanath asserted that it is not always advantageous for social marketing campaigns to rely upon traditional media sources like television and radio. Many public service announcements (often a means for communicating public health messages) do not reach many people due to late night and early morning air times (Randolph and Viswanath 2002: 424). " 'Small media,' " such as print advertisements and brochures should not be undervalued or disregarded because of other technologically advanced media channels (Randolph and Viswanath 2002: 424).

Social Marketing Strategies and Message Content

From my research, the effective implementation of social marketing principles might be considered the most important indicator of a social marketing effort's success. When assessing a mass media campaign, the strategy behind the messages is very important. I will consider the fundamentals of social marketing and whether social marketing takes target audiences into account when evaluating a campaign. Social marketing experts refer to "Message framing" as a term utilized to describe the alteration of media content to suit a particular audience (425).

Supportive Environment

A supportive environment can "facilitate the change and the structural changes that accompany or are concomitant with campaigns" (Randolph and Viswanath 2002: 426). Elements of a supportive environment include laws and policies, significant news events, and community support (Levy and Friend 2000: 101-102; Randolph and Viswanath 2002: 426).   Community involvement may enhance the positive outcomes among mass media campaigns. In fact, it is believed that "In general, mass media campaigns in combination with strategies to mobilize communities are more effective than community mobilization strategies by themselves" (Randolph and Viswanath 2002: 427). In essence, community efforts can reinforce the messages provided by mass media campaigns.

Behavioral Theories

Randolph and Viswanath stated that campaigns founded in social and psychological theory may distinguish a triumphant behavioral change campaign from failed social marketing programs. One must note that theories can help to guide campaign strategies and tactics. Yet, not all campaigns use theory wittingly in the planning stages. Furthermore, it can be difficult to access literature underscoring the types of theories implemented with a particular campaign. Scholarly research on social marketing campaigns does not always explicitly indicate how or why social marketers utilize a specific theory (Randolph and Viswanath 2002: 427). I will concentrate on contemporary behavioral theory that the public health incorporated into social marketing. Furthermore, although a significant amount of social psychological theory pertains to both social and behavior change, I will focus less on behavior change on a micro-level. Instead, I will return to behavior change on a more

of a macro-level in my analysis of the connections between social marketing and social movements.

Frequency and Suitability of Evaluation Methods

When social marketers execute campaigns in a systematic manner, chances for success increase. During social marketing campaigns, it is important to make sure that the target audience responds appropriately. Researchers evaluate campaigns as frequently as logistically feasible. Some campaign managers do an effective job of evaluating campaign efforts throughout the duration of a specific program, while managers of other campaigns may lack the resources or experience to assess whether or not their campaign objectives have been achieved. In addition, it is imperative for social marketers to utilize appropriate evaluation methods. For instance, some social marketing experts claim that assessing the number of gross rating points or "hits" does not accurately indicate awareness. They suggest that techniques like "message discrimination," attention and recall might be better used to assess a target audience's awareness of messages (Randolph and Viswanath 2002: 430). However, there were not enough references made in the literature to draw a clear conclusion.

Obstacles of Evaluating Social Marketing Campaigns

Although several criteria can be utilized to effectively assess social marketing campaigns, there are limitations. Significant behavior changes may not occur until several years into a campaign. Early assessments may be premature and draw connections without enough follow-up studies to indicate a long-term trend (Wakefield and Chaloupka 2000: 178). At the same time, "the impact of duration may be anticipated to diminish after some point because of the reduced effectiveness of

repeated messages" (Levy and Friend 2000: 99). Thus, a social marketer must be aware that a particular message strategy can reach a saturation point. Diminishing returns are also relevant. When fewer people engage in a particular behavior toward the end of a campaign, this may not ndicate that the campaign is ineffective. Instead, individuals who were more susceptible to the campaign's messages might stop earlier than others. The remaining people might not be more resistant to social marketing tactics (Levy and Friend 2000: 99).

In some campaigns, the composition of the target audience (e.g. the size, ethnicity, or age of study participants) differs so dramatically that concrete deductions may be difficult to formulate (Wakefield and Chaloupka 2000: 178). Also, over a period of time, external changes in society might influence a supportive environment and behavior change from a particular campaign may increase (Wakefield and Chaloupka 2000: 178). Moreover, in longer campaigns, the strategies initially engineered may differ from the ones that are actually implemented (Wakefield and Chaloupka 2000: 178). Finally, competitors' (e.g. activist groups or private-sector companies) campaigns can thwart the efforts initiated by the social marketers (Wakefield and Chaloupka 2000: 178). After the evaluation criteria have been established for later analysis, one can examine the detailed elements of the four anti-smoking case studies.

<p style="text-align:center">*****</p>

IV. Anti-Smoking Social Marketing Case Studies

The Prevalence of Tobacco Use in the United States

In a study that assessed smoking rates between the years 1965 and 2001, cigarette smoking among adults in the United States declined considerably. After 1990, cigarette smoking continued to decrease, but at a less significant rate than between 1965 and 1990. More specifically, the percentage of American men and women "who ever smoked at least 100 cigarettes and now smoke every day or some days" is currently 24.7% and 20.8%, respectively. Among American youth, rates of smoking consumption increased after 1990 but then dropped after 1997 (USDHHS 2003: 34-5; 212).

Rates of Quitting Smoking

In 1986, the Adult Use of Tobacco Survey indicated that 35.5% of current smokers never attempted to quit smoking while 37.3% of smokers tried to stop on

one or two different occasions. In terms of former smokers who tried to quit, 70.2%

tried one to two times to quit, 31.2 attempted on three to five occasions, and it took

8.6% of the sample six or more times to quit smoking (USHHD 1990: 15-19).

History of Early Anti-Smoking Campaigns in the United States

Although there was initial data demonstrating a correlation between smoking

and disease in the early 1950s, the Surgeon General led a comprehensive study in

June 1956 to examine the extent of the adverse health effects of smoking (U.S.

Department of Health, Education and Welfare, Public Health Service 1964: 6; Warner

1977: 645). This research effort consisted of an examination from sixteen separate

studies in five different countries over the span of eighteen years. Moreover, in

1956, at the study's conclusion, Surgeon General Leroy E. Burney asserted that

" 'The Public Health Service feels the weight of the evidence is increasingly pointing

in one direction: that excessive smoking is one of the causative factors in lung

cancer' " (U.S. Department of Health, Education and Welfare, Public Health Service

1964: 7). After the Surgeon General issued this startling statement, he proposed

the need for additional research. Eventually, a report emerged in 1964, which

released statistics of tobacco consumption. At the time of this study, 70 million

Americans used tobacco habitually. Furthermore, the *Smoking and Health: Report of*

the Advisory Committee to the Surgeon General of the Public Health Service revealed

that smoking-induced diseases, like lung cancer and heart disease, had significantly

increased over the last three decades (U.S. Department of Health, Education and

Welfare, Public Health Service 1964: 25).

The Surgeon General's Report of 1964 compelled the government to increase

public awareness of the dangers associated with smoking and to implement an "anti-

smoking campaign." The term "anti-smoking campaign" encompasses the combined efforts of several organizations, non-profits, and commercial businesses (Warner 1977: 645). One can categorize the majority of these campaigns as education or information campaigns (Thompson 1978: 250; U.S. Department of Health and Human Services 1994: 216).

Optimists within the public health sector anticipated that it would be fairly easy to dissuade individuals from smoking or encourage them to quit smoking (U.S. Department of Health and Human Services 1994: 216). Unfortunately, their expectations were not realized, as smoking prevention methods have not yet been perfected, even in the twentieth century. When young people did not automatically stop smoking after the Surgeon General's report, public health specialists hypothesized that they continued to smoke because they were unaware that cigarettes could lead to death (Thompson 1978: 250, 255). Hence, public health experts viewed information campaigns as the remedy to this problem. Leaders in the public health field justified the information campaigns with the underlying belief that "knowledge levels, or cognitive factors, would thus lead directly to changes in behavior" (U.S. Department of Health and Human Services 1994: 216). According to Thompson's analysis of smoking education campaigns from 1960 to 1976, anti-smoking campaigns supplied Americans with information primarily focusing on the adverse consequences of smoking. In effect, these campaigns proved to be futile as there were not significant decreases in smoking (Thompson 1978: 255; U.S. Department of Health and Human Services 1994: 217). Following the onset of these campaigns, researchers evaluated them and tried to deduce the reasons why behavior change might not have occurred. Researchers examined television and

radio advertisements and school prevention programs in order to determine why the anti-smoking campaigns did not yield success (Warner 1977: 645).

Another result of the Surgeon General's Report, the Federal Communications Commission's Fairness Doctrine, mandated that television broadcasting networks display advertisements discouraging smoking (Lewit, Coate, Grossman 1981: 545; U.S. Department of Health and Human Services 1987: 62). The FCC believed that these ads were necessary to counter the significant marketing and publicity efforts of the tobacco industry (U.S. Department of Health and Human Services 1987: 62). According to the *Review and Evaluation of Smoking Control Methods: The United States and Canada, 1969-1971*, cigarettes per capita decreased; experts attributed this phenomenon to the anti-smoking advertisements that ran on national television networks from 1967 to 1971. The government instituted the Public Health Cigarette Smoking Act of 1970 in 1971, which outlawed television and radio advertisements generated by the smoking industry (Lewit, Coate, and Grossman 1981: 545; Warner 1977: 649). Furthermore, when the FCC prohibited pro-smoking ads, the government deemed anti-smoking advertisements as unnecessary (Warner 1977: 649). At the same time, when the pro-smoking advertisements ceased, the rate of consumption increased (USDHHS 1987: 62). Warner argued that the effects of anti-smoking mass media exposure, over several years, may be responsible for significant declines in smoking rates. Furthermore, "the analysis suggests that per capita consumption would have been one-fifth to one-third larger than it actually is, had the years of anti-smoking publicity never materialized" (Warner 1977: 649). However, despite the decrease in smoking consumption, one must also consider the ramifications of cigarette taxes, legislation, the environment, and societal trends that

might have influenced smoking rates (Lewit, Coate, and Grossman 1981: 568-69;
Warner 1977: 649).

In addition to television anti-smoking advertisements, radio was also a
commonly used mass media vehicle for publicizing the repercussions of smoking.
Radio stations in New York City advertised smoking clinics, in an effort to help people
discontinue smoking in New York City. Later these efforts expanded to Nashville,
Tennessee, Philadelphia and even Bellingham, Washington.

The First Case Study: Great American Smokeout

History of National Great American Smokeout

During the 1970s, smoking cessation methods consisted of self-help and
psychological tactics like hypnosis and group discussion. The Great American
Smokeout, led by the American Cancer Society (ACS), was one smoking cessation
campaign that implemented a self-help approach (Schwartz 1992: 452). The Great
American Smokeout began in Monticello, Minnesota. After it yielded success, the
state government of Minnesota decided to implement it at both the state level in
Minnesota and at the national level through the ACS. In 1984, the ACS depicted this
event as " 'an upbeat, good natured effort to encourage smokers to give up
cigarettes for 24 hours, if only to prove to themselves that they can' " (Grunby 1984:
2803). The Great American Smokeout is typically held annually on the Thursday
before Thanksgiving (U.S. Department of Health and Human Services 1987: 67).

Over time, the Great American Smokeout gathered not only recognition in the
U.S., but also internationally. Specifically, Australia, Canada, France, and Norway all
had established Smokeout programs by 1984. In 1988, the World Health
Organization created an international day of no smoking, which was modeled after the

Great American Smoke out's "D-Day," called "World No Tobacco Day" ("Minnesota

D-Day ("Don't Smoke Day")/The Great American Smokeout" 1995: 3; Schwartz

1992: 466). At this time, the American Medical Association drafted of slightly

ambitious long-term goals that involved smoking rates in the United States, including

a " 'smoke-free society' "by the year 2000. (Grunby 1984: 2803). It seems that

during this point in history, some health professionals believed that the Great

American Smokeout would eventually contribute to the achievement of this goal.

"D-Day" in Minnesota

The American Cancer Society did not always organize the Great American

Smokeout. Instead, Lynn Smith initiated the event in 1974 and some individuals

considered it to be " 'The broadest assault on smoking by a single state in the

history of the United States' " (Smith 1975: 409). This "media event" received

recognition and by the following year, Minnesota (Smith's home state) sponsored its

own event (U.S. Department of Health and Human Services 1987: 67). Lynn Smith,

editor of the *Monticello Times*, annually wrote an editorial to encourage individuals to

stop smoking. In the "Tyranny of Smoking," she included revised facts on smoking

dangers and tried to renew people's interest in smoking cessation. Her column

received positive feedback and the Congressional Record of Washington, DC

reprinted it. In the fall of 1973, Smith sought to initiate a program to encourage

smoking cessation and generate the publicity necessary to make the event

successful. On January 7, 1974, she launched a "D-Day," which served as an

appealing title for "Don't Smoke Day." (Smith 1975: 409).

Information Environment

What type of mass media support did the first state-wide Great American Smokeout employ? The Great American Smokeout provided the public with buttons, pledge cards, and fact sheets. "D-Day" organizers featured press coverage in magazines like *Editor and Publisher*, *Cancer News*, and *Listen Magazine.* The Minnesota Bankers Association used its satellite banks to distribute literature and pledge cards. On one radio station, radio show hosts, who were ex-smokers, advertised the event on their show. "D-Day" spokespeople traveled to larger cities and publicized the event through interviews with press, radio talk shows, and television appearances. Print media sources, like state and local newspapers in Minnesota, carried stories on either a weekly or daily basis (Smith 1974: 411).

Use of Social Marketing Principles

The Event

The organizers of the first Minnesota Great American Smokeout held the event in downtown Minneapolis, which featured radio coverage from health field authorities on the radio. In addition, the event planners held a rally with the mayor of Minneapolis, entertainment, and sports people. Four Twin cities television stations covered the event and newspapers noted a drop in cigarette sales (412). The Minnesota Department of Health introduced no-smoking tables in cafeterias. Restrictions followed in Minnesota hospitals, which made it increasingly difficult to smoke. At the time that the state instituted these policies, Smith anticipated that the restrictions would have long-term effects. Children learned about smoking cessation through educational opportunities at school: in the classroom, with newspapers and with poster contests. At the national level, the ACS Smokeout advertised a telephone hotline, which provided encouragement and additional

motivate for Smokeout participants to maintain their promise to abstain from smoking (Smith 1974: 411-2). Additionally, the ACS ran a PBS television special in 1984 on the night before "D-Day." The ACS aired *Breathing Easy* in an effort to educate both adolescents and parents on the topic of smoking (USDHH 1987: 67).

Distribution of Education Materials

During the 1990s, Minnesota distributed educational materials for individuals who were interested in organizing their own Great American Smokeout. Several information sheets showed how to assist friends with quitting, public policies affecting smoking in Minnesota, and true facts about the tobacco industry's advertising attempts. This kit suggested concrete tactics for managing one's own "D-Day," such as how to procure volunteers or establish a committee to lead Smokeout events. Middle and later stages of planning involved publicizing the event and soliciting help from local vendors who sold cigarettes. In an effort to discourage participants from smoking, Great American Smokeout organizers asked businesses within the community to ban smoking ("Minnesota D-Day ("Don't Smoke Day")/The Great American Smokeout" 1995: 4, 34).

The ACS distributed information on ways to appropriately execute a Great American Smokeout event. The ACS also suggested how to involve the community, by soliciting help from local businesses, public relations representatives, occupational health departments, and other community agencies like local health organizations, hospitals, libraries, Rotary clubs, or youth groups. Moreover, the American Cancer Society encouraged tailoring specific Great American Smokeout events to each community. Potential assistance could come from students, businesses or other groups within a town or city. More specifically, students could

promote the event through a poster/poetry contest, the president of a company could publicly sponsor the Great American Smokeout, or a Great American Smokeout could be held in conjunction with a charity road race or swim meet ("Minnesota D-Day ("Don't Smoke Day")/The Great American Smokeout" 1995: 44).

Education for Nurses

The *Journal of Practical Nursing* published an article instructing nurses on appropriate ways to help patients quit smoking. The article provided various strategies for targeting different types of smokers as well as concrete suggestions that might abet the smoking cessation process (Rosen 1978: 34). This journal article also gave nurses useful ideas for helping to prepare smokers to quit. Some of the suggestions included generating positive and negative reasons for smoking, or alternative uses for the money normally reserved for smoking. The purpose of these lists was to make smokers discover the underlying motivation for smoking. Hopefully, the quit day would prompt smokers to continue their cessation efforts. Rosen (1978) also generated a list of tips that might help smokers to better manage the emotional issues that accompanied smoking cessation (34).

Supportive Environment

Community Support in Monticello

During the first "D-Day" in Monticello, Minnesota, participation from the community was essential in bringing about a successful Great American Smokeout. Prominent individuals participated, such as the mayor of Monticello, who was the first

person to pledge not to smoke for a day. Then, Smith tried to solicit assistance from

other influential community members such as doctors, educators, hospital officials.

Local newspapers advertised the event and noted the key aims of the project. In the

Monticello Times, readers could also see which community members supported the

cause and which individuals signed up to participate. A month before "D-Day, "the

Monticello Times published the names of all the individuals who agreed not to smoke

on January 7, 1974. Smith included an article entitled, "Tyranny of Smoking," to

educate readers and future participants, and also included instructions on how to

quit (Smith 1974: 409).

Two weeks before the event, the *Monticello Times* published a list of facts,

statistics, and smoking hazards. The *Monticello Times* also broadcasted

endorsements from celebrities, who were strongly opposed to smoking, including

Carol Burnett and Vicki Carr (410). Event planners placed a sign in a public area of

Monticello that showed that 300 smokers had committed to "D-Day." Organizers also

sent lollipops by mail to help participants fight their urges to smoke. Lynn Smith

promoted the event on local radio shows, and educational programs followed in

schools during January 1975. Local businesses partook in the event. Specifically,

the two drug stores of Monticello refused to sell cigarettes while grocery stores would

only sell cigarettes "under the counter." Three months after "D-Day," the *Monticello*

Times reported that 17 of 195 participants discontinued smoking. Nine additional

individuals had stopped, even though they had never signed the pledge (Smith 1974:

409-10).

Minnesota and the Great American Smokeout

Due to the event's success, the Minnesota division of the ACS decided to make the "D-Day" a statewide event and chose Lynn Smith as the state chairman. Additionally, the Minnesota Lung Association, the Minnesota Department of Education and various other health-related professional organizations became involved in the state-wide smoking cessation efforts of Minnesota.

In the Twin Cites area, approximately 500 businesses distributed information from the American Cancer Society. Larger employers like 3M and Honeywell also participated. However, smaller firms, like Leslie Manufacturing and Supply Company, provided monetary benefits for employees who promised not to smoke for one year. Employees received compensation of $7.00 per week as an incentive, which was approximately the same amount of money being used to purchase cigarettes every week. In effect, employees who opted to give up smoking for a year could accumulate $728 worth of bonuses (Smith 1974: 412).

Smoking Policies

Shedd Brown, instituted tobacco policies at his company in Minnesota. On February 11, 1975, he decided that employees would be given 6 months to stop their habits, but after that time period, smoking would not be allowed inside the company. Smoking regulations within businesses might influence the behavior of smokers, but state policies have the power to shape smokers decisions more significantly. In 1975, legislature passed in Minnesota that "bans smoking in public places and at public meetings unless designated smoking and non-smoking areas are provided" (413). The senator, who drafted the legislation, claimed that the Minnesota "D-Day" facilitated the dissemination of information to the public and influenced individuals' behavior (Smith 1974: 413).

At the national level, the ACS solicited help from the various communities that participated. Although the ACS is the coordinator and organizing force of the Smokeout, it relies upon the efforts of schools, other community organizations, hospitals and businesses (U.S. Department of Health and Human Services 1987: 67).

Behavioral Theories

None of the studies generated by the present literature review on the Great American Smokeout included references to social and psychological theories. In later campaigns, social marketers became savvier and incorporated such theories into their campaigns and programs. However, Gritz, Carr and Marcus (1989) did employ the Health Belief Model to interpret their results. According to this model, a person will change his/her prevailing attitudes or beliefs based on the likelihood of developing a particular disease or ailment. Therefore, if a person thinks that there are advantages to quitting for his/her own personal health, then this will induce him/her to change his/her behavior. When evaluators link this theory to Gritz, Carr and Marcus' study, one can speculate that smokers who considered their risk of contracting a smoking-induced disease to be great would be more likely to quit (230). The results of this study did not support the theory, as patients that suffered from illness were not more likely to quit than those participants without some type of smoking-related ailment. Researchers also acknowledged that smoking cessation rates in this study may have been higher than similar studies because participants were more inspired to quit and considered quitting before they began the program (Gritz et al.1989: 230).

Evaluation Methods

Although evaluation methods did not develop extensively during the mid-1970s and 1980s, the ACS did subsidize several research studies. In 1977, Leiberman Research conducted a series of telephone interviews in seven states with a total sample of 1,538 adults.   The study indicated that the Smokeout Day enabled three out of ten participants "to stop or cut down smoking." In addition, thirteen percent quit on the Smokeout Day and eighteen percent reduced their cigarette intake. They concluded from their study that three out of every ten smokers quit for the day or reduced how much they smoked during the day. A month following the Smokeout Day, Leiberman Research reported that the number of smokers had dropped by four percent (U.S. Department of Health and Human Services 1987: 67).

The Gallup organization analyzed the results from the 1978 Smokeout over a longer interval than Leiberman Research's study (U.S. Department of Health and Human Services 1987: 67). A 1981 evaluation of the 1980 Smokeout, also administered by the Gallup organization, revealed that eleven months after the Smokeout, more than one million Smokeout participants stopped smoking. In addition, the American Cancer Society released statistics on the results of the Great American Smokeout. They revealed that between six and seven percent of survey participants of the 1980 Great American Smokeout had not started to smoke after one year of quitting (Grunby 1984: 2803).

Overall, in 1981, the journal *Addictive Behaviors* reported that few evaluations of the Great American Smokeout had been administered (Dawley and Finkel 1981: 153). Furthermore, studies of the Great American Smokeout have not indicated great success with reductions in the nation's rate of smoking. In one early study of the Great American Smokeout, Dawley and Finkel (1981) tested participants who were

patients, visitors, or workers of a Veterans Administration Medical Center in New

Orleans, Louisiana. The researchers recruited participants from the study by

stationing themselves at this medical center. They encouraged individuals to sign a

pledge that stated that they would not smoke for one day (February 15, 1979). Of

595 pledges, 125 agreed to be contacted; the breakdown of participants was as

follows: 30% patients, 50% employees and 20% visitors. When researchers

evaluated the percentage of pledges who maintained their vow not to smoke, 66% of

the respondents followed through with their pledge. The rest of the participants

consisted of three groups: those who had never smoked (18%), those who had quit

smoking before November 15 (15%), and those who had someone sign them up for

the Great American Smokeout (1%). Of the 66% of respondents who participated,

73% effectively met their goal not to smoke.   43% of the participants who did not

smoke on November 15 did not resume smoking the day after the Smokeout. Two

months after the Smokeout, 18% of participants who successfully met the Smokeout

challenge had not smoked yet (Dawley and Finkel 1981: 153-4).

The Dawley and Finkel study yielded smoking quitting rates (73%) that were

considerably higher than the national average statistics measured by the American

Cancer Society (approximately 33%). Researchers concluded that the VA Medical

Center New Orleans, had a helpful environment, which enabled more smokers to

refrain from smoking than national averages might demonstrate. At the same time,

researchers also speculated that a setting more conducive for smoking cessation

might increase the rate of smokers who could abstain from smoking for more than

two months (Dawley and Finkel 1981: 154).

The ACS also indicated that since the Great American Smokeout's inception, approximately "4% of smokers who quit for one day still have not returned to smoking" (Grunby 1984: 2803). *The Journal of American Medicine* published results announced by the American Cancer Society, which reported that " 'just under 36% of [an estimated 54 million] American smokers attempted to given up cigarettes on Smokeout Day." Approximately 8% of American smokers successfully abstained for the day and after 11 days, more than 4% had not returned to smoking (Grunby 1984: 2803).

Another study by Gritz, Carr and Marcus (1989) of one-day smoking cessation intervention programs like the Great American Smokeout used 554 smokers to assess the rates of smoking cessation on either the Great American Smokeout or on New Year's Day. Of the 554 study participants, 240 participated in the Great American Smokeout. This study was unique because researchers opted to assess the "effectiveness of unaided smoking cessation in the general population." Researchers separated the participants into three overarching categories: "abstainers, relapsers and smokers." Evaluation methodology included giving a "frequent-contact group" a baseline survey and then daily questionnaires over the first week. At end of the first week, telephone interviews ensued and then continued after 1, 3, 6, and 12 months following the Great American Smokeout or the New Year's Day resolution. An "infrequent contact group" involved only telephone interviews 1, 6, and 12 months after either the Great American Smokeout or the New Year's Day resolution (Gritz, Carr and Marcus 1989: 218-9).

Gritz, Carr and Marcus (1989) considered an abstainer as someone who did not smoke for at least 48 hours before and during the interview, while "relapsers"

consisted of individuals who refrained from smoking for at least a period of 48 hours, but had resumed smoking 48 hours before the telephone interview. They classified "smokers" to be participants who could not stop smoking for a 48 hour period of time (Gritz, Carr, Marcus 1989: 220).

In the final analysis, about thirteen percent could successfully stop smoking on the day of the Great American Smokeout. Moreover, only half of those individuals who abstained from smoking were able to maintain this vow for one to four days afterward (Gritz, Carr and Marcus 1989: 218). Both the Great American Smokeout and the New Year's Day cohorts yielded similar results; these particular studies' cessation rates were 25% and 11% for the ability to refrain from smoking for one year respectively. Gritz, Carr and Marcus noted that these percentages are higher than most self-directed smoking cessation programs and are similar to programs where assistance is offered. Harris noted in *The Health Consequences of smoking for women: A report of the surgeon general* that when most American initiated smoking cessation efforts without assistance, the rates of "spontaneous cessation" are 2% to 6%. Gritz, Carr and Marcus suggested that long-term smoking cessation should be emphasized instead of short-term cessation goals (218-32). Following the Great American Smokeout, community-based social marketing programs became more prevalent. During the 1980s, public health educators decided to implement these programs to reduce the rates of both cardiovascular heart disease and risk factors like smoking.

A Second Case Study: The Minnesota Heart Health Program

History of Community-based Health Education Campaigns

Merzel and D'Afflitti (2003) described community-based health promotion programs as "integrated and comprehensive, not limited to medical care settings, and systematically involv[ing] community leaders, social networks, mass communication campaigns, and direct education of the general population" (558). In 1970, the World Health Organization raised awareness of the ways that community involvement could have positive effects on social change, especially within the public health sphere (Thompson and Kinne 1999: 29). Two relevant principles, the " 'principle of participation' " and the " 'principle of ownership,' " emerged to help guide community-based health programs (Thompson and Kinne 1999: 30).

The " 'principle of participation' " asserts that in order for social change to occur, the individuals who are affected by a particular problem or condition must also be the same people who are most involved in all aspects of planning and executing how social change will be implemented. Thompson and Kinne 1999: 30). According to the " 'principle of ownership,' " if people are connected to community programs, then they will be more interested in maintaining them.   Furthermore, "Change is more likely to be successful and permanent when the people who are affected are involved in initiating and promoting it" (Thompson and Kinne 1999: 30). These notions underlie the rationale for integrating community action into public health campaigns.

The Minnesota Heart Health Program (MHHP)

The North Karelia study in Finland and the Stanford Three-Community Study provided the inspiration for other community-based health education programs like

the Minnesota Heart Health Program.[2]   In an attempt to investigate how the

influence of both the mass media and community involvement could reduce the

existence of cardiovascular disease (CVD), public health organizers initiated the

Minnesota Heart Health Program (MHHP) in 1980 (Jacobs et al. 1986: 765). This

community-based social marketing campaign focused on raising awareness of heart

disease by "providing community health education and enhancing the community

climate to support healthy behaviors" (U.S. Department of Health and Human

Services 1987: 69). In order to decrease the prevalence of cardiovascular disease,

the campaign tried to reduce the risk factors associated with it, such as smoking and

anxiety levels, while simultaneously promoting better nutrition and increased exercise

(Perry and Jessor 1985: 169-71).

  Moreover, researchers theorized that when behavior is altered in a community

setting, then the risk factors linked to CVD will decrease along with mortality rates

(Mittlemark et al. 1986: 2). In addition, through health education, program organizers

hoped that attitudes and beliefs regarding cardiovascular disease would change, as

the environment can also have effects on a population's behavior within a

community. The environment can also help to reinforce the health education

messages and ultimately yield behavior change (Jacobs et al. 1986: 775; Mittelmark

et al. 1986: 2).

  Additional aims of the MHHP included formulating both strategies and

concrete methods for achieving the aforementioned goals (Mittlemark et al. 1986: 2).

Another objective outlined by the program managers included a transition from

researchers as the impetus behind the project to community members (Carlaw 1984:

---

[2] Both the North Karelia and the Stanford Three-Community Study were also community-based social
marketing programs that sought to reduce the rates of cardiovascular disease,

248). Part of a successful community-based health education program includes

community members gaining control of the project and continuing to reach its

objectives without the assistance of the researchers (Jacobs et al. 1986: 776;

Mittlemark et al. 1986: 2).

History of the Minnesota Heart Health Program

The MHHP officially began in mid-1981 in Mankato, the first of three

communities in Minnesota to adopt the health education program for cardiovascular

disease (Mittlemark et al. 1986: 2). Instead of a one-day mass media or education

related program, the MHHP sought to significantly alter the risk factor levels as well

as the overall incidence of cardiovascular disease over time. While the MHHP

commenced its educational intervention in Mankato, educational programs were

implemented in the other two communities gradually (Jacobs et al. 1986: 777). This

strategy enabled program planners to learn from mistakes discovered in the

communities with earlier exposure to the educational programs.

Community Selection

In the planning stages of the MHHP, designers chose six communities that

would be studied over the course of ten years, and subsequently evaluated them for

changes in "risk factor levels" (Jacobs et al. 1986: 765). The MHHP exposed three

of the six communities to extensive health education programs, while the remaining

towns served as the comparison communities. Researchers needed comparison

communities to gauge whether the health education methods worked. Some

researchers measured program success by the net decrease, or "the change in

pooled education communities less the corresponding change in the pooled

comparison communities" (Jacobs et al. 1986: 776). Researchers associated

program success with behavioral change in individuals or overall community change in the educational communities. Program leaders selected communities centered on the size of the community, how far the community was from the Twin Cities, and the type of community (which was based on a qualitative classification of small, large, or urban). The pairing of treatment and comparison communities was based on socio-economic status and on the level of medical and media resources. In the end, MHHP organizers chose Mankato, Moorhead and Bloomington (all communities within Minnesota) as the communities that they would expose to the educational programs (Jacobs et al. 1986: 775-6).

Information Environment

Through the MHHP, program developers encouraged nonsmokers to end their smoking habits and gain the tools to quit themselves or assist others with this process through experience. Earlier MHHP cessation programs focused more on stopping smoking, rather than emphasizing prevention. Media sources such as local newspapers and radio and television sources disseminated information. MHHP communities raised general program awareness through videotapes, brochures, and posters. Publicity for the program was made available to community residents through news "gatekeepers," who had influence with media outlets. Results from promotional efforts administered from mid-1981 to spring 1984 indicated that mass media education included 180,500 newspaper inserts, 123 newspaper stories, features and columns within the daily Mankato newspaper. In terms of television footage, there were 47 television and radio public service announcements that attempted to increase awareness of MHHP activities, plus thirteen educational radio

programs about MHHP. Additionally, the MHHP publicized programs with 135,000

brochures and flyers (Mittlemark 1986: 5-10).

Use of Social Marketing Principles

Community-wide Campaigns

There were community-wide campaigns and every two to three months, the

MHHP focused on a different risk factor so that awareness could be raised on

smoking, blood pressure, nutrition and physical activity equally (Mittlemark 1986: 8;

Perry and Jessor 1985: 181). Spacing each individual risk factor campaign enabled

program workers to communicate messages that concentrated on one risk factor as

opposed to several at once. Also, focusing on specific risk factors also permitted

campaign workers to model each campaign on already existing national and local

efforts. In addition, some of the programs that directly linked to the prevalence of

smoking included a "Quit and Win Contest." If adults successfully abstained from

smoking for one month, then their families would be eligible to win a trip for four to

Disney World. This contest facilitated an interaction of environmental, personality and

behavioral elements that might contribute to decreasing the behavior of smoking in

the community (Mittlemark 1986: 5-6).

Population-Based Screening

The Mankato Heart Health Center functioned as an "educational contact"

where community members could learn about behaviors that increased the risks of

developing cardiovascular disease (Mittlemark 1986: 5-6). It also served as the

"place" element of the social marketing mix because it provided a venue where

individuals could access the product (screening for risk factors). The MHHP sought

out families for the population-based screening. Pre-adolescents could learn from the

educational programs provided by the Mankato Heart Health Center, while adolescents and adults could actually be tested for CVC risk factors (Mittlemark 1986: 5-6). There are multiple risk factors associated with cardiovascular health disease and each requires a different type of testing. As a result, the Mankato Heart Health Center maintained a number of screening centers for the various types of testing. After an individual was tested, s/he would watch an educational video that provided instruction on the different ways of avoiding a particular risk factor (Mittlemark 1986: 5-6).

Adult Education Classes

Another element of the MHHP education strategy included adult classes emphasizing how to eat nutritiously, integrate more physical exercise into one's daily routine and learn skills that would directly encourage a person to stop smoking (Mittlemark 1986: 7). The MHHP planners held these classes in various community settings, such as churches, clubs and at the meeting places of already existing community organizations (Mittlemark 1986: 7). One of the most popular MHHP adult education classes was the "Quit and Win" smoking cessation course. "Quit and Win" participants enrolled in a "packaged program designed for smokers who want to quit smoking but are not interested in formal cessation programs" (Mittlemark 1986: 7). In order to participate, one needed to attend a ninety minute education session where educators distributed information detailing how to quit smoking (Mittlemark 1986: 7). The "Quit and Win" program included educational literature on social and

environmental influences that might cause them to lapse back into smoking again, and how to avoid them (Mittlemark 1986: 7).

Education for Health Professionals

The MHHP also consisted of an education program for health professionals because MHHP coordinators deemed it important to inform community health "authorities" about cardiovascular heart disease and the ways that it could be avoided (Mittlemark 8). MHHP planners reported specific facts to physicians and health professionals, such as dentists, nurses and dieticians (Mittlemark 8).

Youth and Parent Education

In addition, the MHHP focused on teaching young people about CVC risk factors, especially smoking, because adolescents often learn attitudes and adopt behaviors that they maintain as adults. MHHP planners also understood that youth are active in the community and have the power to persuade other community members. Thus, it is important to devise unique educational programs for this age demographic. To reach young people, educational programs featured in both public and private junior and senior high schools supplied students with relevant information on smoking cessation. At the same time, schools served as a place where normative behavior could be changed and healthy alternatives reinforced. The relationship between the MHHP and local schools allowed the youth educational programs to gain support from school administrators and teachers, who could translate the messages from the MHHP for the students (Mittlemark 1986: 7).

One program, the Minnesota Smoking-Prevention Program (MSPP) emerged as one of the MHHP's ancillary plans. The MSPP concentrated its efforts on smoking cessation and employed approaches that reflected the social and psychological

theories underscored during the 1980s (U.S. Department of Health and Human Services 1994: 222). One of its theoretical constructs emphasized ways of withstanding social pressure. A primary aim of the MSPP focused on myths regarding the normalcy of smoking. Through the campaign's educational efforts on smoking cessation, young people also learned how to be more discriminating when viewing pro-smoking messages in the media (USDHHS 1994: 223).

Supportive Environment

In this health education campaign, mass media was not the only way of dispensing information to the public. Instead, the MHHP maximized its human capital through community-wide efforts.   In his assessment of community-based programs that addressed cardiovascular heart disease, Carlaw evaluated how communities contributed to the MHHP. According to Carlaw, in an ideal community-based CVC program, eventually there is transition from the researchers as the impetus behind the project to the community members (Carlaw 1984: 248). Furthermore, the first step in achieving this goal included "community analysis." Once campaign planner raised overall consciousness within the community, then individuals from various interest groups could become involved with the heart health board. For example, community task forces and advisory boards emerged in the MHHP intervention cities (Jacobs et al. 1986: 777). In Mankato, the Heart Health Program Community Advisory Board consisted of leaders who were interested in promoting cardiovascular health within the community and would also best represent organizations. Advisory board members acted as intermediaries between the Minnesota Heart Health Program and the community at large (Mittlemark 1986: 5-6).

The second stage entailed establishing services that would increase the "opportunities to practice healthful behavior" (Carlaw 1984: 249). In this phase of community mobilization, grocery stores labeled food items with nutritional information and restaurants offered menus with healthy options. There was a flow of information from community leaders to the greater public and eventually social norms could be altered. Carlaw noted that in step three of enlisting the community for assistance, there must be a "development of social system support" (Carlaw 1984: 248). Already existing social groups within the community educated their members, and simultaneously reinforced the development of social norms that reflected healthier behaviors. The advisory board organized larger community-wide events on an annual basis in an effort to educate residents (Mittlemark 1986: 5-6). In the last phase, prominent community leaders of organizations promoted behavior that backed the MHHP (Carlaw 1984: 248).

Behavioral Theories

Several mid-range behavioral theories can be applied to behavior change. In the 1980s, public health scholars emphasized psychosocially-based theories over more individually-based concepts. In the planning stages, the MHHP focused on incorporating psychosocial principles into its behavior change strategies. Syme and Alcalay (1982) articulated the benefits of a more socially-minded approach to behavior change. According to Syme and Alcalay, why use a "social approach" to smoking cessation? It is important to employ this method because it is much easier to reach the largest number of people. They also asserted that one-on-one

interventions would require considerable human and financial means and claimed that "a program limited to one-on-one interventions with beginners would drain resources without affecting those forces in society that continue to generate new smokers" (Syme and Alcalay 1982: 181). Furthermore, one-on-one interventions do not alleviate the problem, because they may only be a superficial way of addressing smoking cessation.

At the same time, there are patterns within different social demographic groups, indicating that some groups are more likely to smoke than others. These groups can be targeted accordingly once researchers identify them. Lastly, previous studies show that other programs that focused on individuals have not had the highest rates of success (182). People choose to smoke for several reasons and when trying to prevent people from smoking, it is not effective to simply address one "dimension." It is important not to inundate people with information on the dangers associated with smoking, but instead, it might be better to address *why* people smoke in social settings, or are influenced by peers (Syme and Alcalay 1982:193). One specific theory, the social learning theory, coined by Bandura, asserts that attitudes and knowledge can stimulate people to change their actions. According to this theory, people will internalize a change in social norms and thus be inclined to alter their own behavior (Thompson and Kinne 1999: 36). An individual becomes an active participant in the environment while exposure to external events can influence the ways that s/he acts. The mass media can be a vehicle to inform people that social norms have been changed and also can be an outlet for showcasing prominent people who have decided to advocate in favor of a particular cause. Social networks can act as facilitators of social change, as one's behavior can ultimately be

influenced by the beliefs and behaviors of associates (Thompson and Kinne 1990: 36).

Merzel and D'Afflitti (2003) criticized the psychological and social theories that appeared to be innovative during the 1980s. They believed that researchers over-emphasized their potential while neglecting other, more ecologically-based theories. Ecologically based theories take overall adjustments within communities into account unlike psychological and social theories, which focus on individual change. However, it must be noted that there are not specific statistical models available for analyzing all the various methods used in the community participation (Merzel and D'Afflitti 2003: 566).

Evaluation Methods

Evaluation of Adult Programs

Surveys seemed to be the most widely used assessment for progress of the MHHP. Jacobs et al. (1986) noted how most of their surveys included 500 people and under certain circumstances, they might only be able to use 300 people due to inadequate financial resources. Telephone surveys measured the effects of educational efforts and participants provided crucial feedback that enabled researchers to make conclusions regarding the campaign. Overall, response rates were high and over 90% of participants contributed feedback. At the same time, researchers gained insight through focus groups and learned how participants perceived messages and whether or not they internalized the content from the messages. Unfortunately, evaluations of entire communities did not allow researchers to use random selection in a controlled setting. Instead, researchers designed quasi-experimental studies. It became more difficult to discern whether

individuals who comprised the comparison community were exposed to any of the health promotions; thus, researchers could not control for this variable (Jacobs et al. 1986: 779-82).

In a study conducted by Jacobs et al. (1986), they used 9295 people and response rates for surveys were as follows: 92% for home interviews, 79% for cross-sectional clinic surveys and 83% responded to follow-up surveys. Research indicated that there were not many people who watched the "kickoff" television program, which aired as part of a public service announcement. At the same time, the MHHP Heart Health Center concentrated on physical activity rather than smoking cessation, and risk factor rates reflected the emphasis placed on each component. In a survey measuring the net change in smoking quit rate between the educated community and the non-educated community, the cross-sectional survey yielded a rate of 4.7% and the cohort survey 7.5%. The results fell short of the MHHP goal which was a net change of 10%. For number of cigarettes smoked (of the smoking population), the cross-sectional surveys yielded a net change of 2.6% and 2.5% for the cohort surveys. Although the cross-sectional survey met the objective of 2.5%, the net change and the cohort survey results were only .1% below the goal, and these percentage rates of net change did not surpass the indicated aims (Jacobs et al. 1986: 785).

In an effort to systematically and tangibly measure progress of the MHHP, researchers employed several evaluation methods. Evaluators theorized that if education works on a community, then the risk factors will change for the community as well (Jacobs et al. 1986: 779). They used both cross-sectional samples and population-based randomly selected surveys of adults, aged 25-74. They looked at

risk factor indicators and specifically physiological criteria such as blood pressure, weight, serum thiocyanate, blood total and HDL cholesterol levels. Every year, researchers investigated baseline data on communities through data and other assessments in order to assess what worked and what needed improvement in future interventions (Mittlemark 1986: 3). Before the education program began, evaluators conducted baseline research to better understand the needs of the communities (Mittlemark 1986: 5). They also administered interviews with prominent community members and gathered background information with community " 'case books' " (Mittelmark 1986: 5).

In another study, Lando et al. (1995) followed the smoking cessations of the adult population within these Minnesota communities and suggested that community interventions did not have high rates of success. The only cohort group slightly affected by the MHHP intervention was women. Overall, particular programs, like the "Quit and Win" contest, yielded a reduction in smoking.

Limitations of MHHP Results

Low-statistical power

Low statistical power, one methodological issue that arises with community-based programs is low statistical power. It proves difficult to generalize when programs are based on such a small sample of communities. In the MHHP, there were only three intervention communities and three reference communities. Suggestions for the future community-based programs included using more communities and a larger sample size. Since the MHHP used a quasi-experimental design, it became more difficult to control for variables like random selection (Merzel and D'Afflitti 2003: 563).

Attrition rates:

Evaluations of the MHHP consisted of both longitudinal and cross-sectional studies. In many community-based health programs like the MHHP, there was a high attrition rate. Therefore, it is difficult to determine if the results yielded in community-based program can be attributed to solely to increased education (Merzel and D'Afflitti 2003: 563).

Secular trends:

Community-based programs can be susceptible to the influence of secular health trends. For example, during the MHHP, the United States became more aware of the importance of engaging in healthy behaviors and avoiding smoking. Thus, in the MHHP, the studies that may have showed gains were, in actuality, indicative of secular trends. Apparently, researchers in the Minnesota thought that societal trends might influence the results, but not quite to the extent that they did (Merzel and D'Afflitti 2003: 564-5).

Lando et al. (1995) also noted that community-based programs face methodological problems. Sometimes, individuals from the comparison communities are exposed to the educational efforts of intervention communities. Also, Lando et al. believed that the MHHP concentrated on too many risk factors. Instead, the MHHP should have focused on fewer risk factors. Lastly, multiple efforts may be necessary to ensure social marketing success. In other words, policy may prove to be an essential component in both inducing behavior change campaigns within a community as well as reinforcing these campaigns (206-7).

Evaluation of Youth Programs

The Minnesota School Prevention Program (MSPP) used the results from eight

junior high schools to evaluate this component of the MHHP. Researchers found that

four years after the program was initiated, "peer-led social influences intervention"

altered the rates of smoking. More specifically, the number of daily and weekly

smokers declined. When compared to adults exposed to MHHP education classes,

researchers noted that these adults did not yield similar results. One must be

cognizant that five and six-year studies of "peer-led social influences intervention"

compared to adult education did not demonstrate a statistically significant

relationship (USHHS 1994: 223). Public health researchers used the "Class of 1989

Survey" to measure the long-term progress achieved through the MSPP (USHHS

1994: 223).

One of the best known studies associated with the MHHP is Perry et al.'s

assessment of the Class of 1989 Campaign. In 1990, the *Drug Use among*

American High School Seniors, College Students, and Young Adults, 1975-1990,

Volume 1: High School Seniors reported that 29.4% of high school graduates in the

United States considered themselves smokers (Perry et al. 1992: 1210). "The Class

of 1989" study is one of the only available studies that examined how the MHHP

helped reduce smoking among adolescents (1210). Researchers hypothesized that

in order for youth smoking rates to decrease, adults must play a part in enforcing

smoking regulations in schools. In this particular study, MHHP evaluators named two

communities of the MHHP as the intervention communities, and used another

community as a "comparison" community. In 1983, researchers administered a

baseline evaluation to sixth graders and assessments continued until 1989, when

participants reached twelfth grade. In order to assess results from the "Class of

1989" study accurately, MHHP evaluators employed both cross-sectional and longitudinal studies. Perry et al. (1992) viewed cohort analysis as the best determinant of intervention success (1121). When new students relocated in one of the communities, one could assess how the partial exposure to the interventions affected behavior, attitudes or beliefs toward smoking (Perry et al. 1992: 1120-1).

When they compared the reference community to the intervention community at high school graduation, 14.6% of the cohort sample smoked, while in the reference community 24.1% smoked. Cross-sectional studies (comprised of people who might not have been surveyed during the baseline) revealed a minimal rise in smoking prevalence, but this data did not affect the results of the cohort data considerably (Perry et al. 1992: 1121).

Over the study's duration (6 years), the intervention community routinely had greater decreases in both the weekly smoking rate and smoking intensity. In fact, "The risk of being a smoker upon graduation in 1989 in the intervention community was about 40% lower than it was in the reference community" (Perry et al. 1992: 1214). Perry et al. claimed that other smoking prevention programs neglected to evaluate how smoking campaigns might influence results after the 10th grade. Furthermore, studies that assessed the influence of health education programs on youth did not result in high rates of success. Researchers inferred "that behavioral education in schools, booster programs to sustain training, and complementary community-wide change may all be needed to maintain effects with young people" (1214). Since the majority of adolescents normally begin to smoke before the end of 12th grade, Perry et al. deduced that similar programs in the future might reduce the

prevalence of cardiovascular diseases and smoking in adults (Perry et al. 1992: 1214).

In another longitudinal study that looked at adolescent groups, Kelder et al. (1994) used self-reported data and specifically investigated how frequently people smoked and categorized subjects with labels like "never smoker," "experimental smoker," "quitter," and "weekly smoker." Kelder et al.'s study examined how differences in smoking rates yearly and also discerned whether adolescents moved into a more extreme smoking category. Results showed that 13.5% of sixth and seventh grade smokers advanced from weekly smokers from experimental smokers. After a year, 3.3% of seventh graders in the survey became weekly smokers from never having smoked group and 4.1% eighth graders who had never smoked in seventh grade now considered themselves "weekly smokers." Study evaluators noted that most young people in this survey moved from never smoking to weekly smokers, rather than moving gradually through each category. Unfortunately, once smokers enter the "weekly smoker" classification, a high percentage is more likely continue smoking. In the year between sixth and seventh grade, 49.7% of weekly smokers had not changed their smoking status. Yet, even more noteworthy is the percentage (92.2%) of twelfth graders who continued to classified themselves as weekly smokers after a year (Kelder et al. 1994: 1122-3).

In conclusion, researchers of the "Class of 1989" study observed salient trends from the data. There was a lower incidence of quitters who resumed smoking in intervention communities. In addition, in the year between sixth and seventh grade, 49.7% of participants from the reference community remained weekly smokers as compared to 12.0% of the intervention community. In essence, researchers

concluded that early efforts to combat youth smoking may be effective (1124).

Furthermore, "once students become weekly smokers, they are unlikely to give up

cigarettes. Of the students who were current smokers, an increasing percentage

remained smokers over the years of the follow-up; they were either unable or

unwilling to quit smoking" (1124). Nonetheless, one must note that in student

reports, 64% to 87% of students who tried to quit smoking could do so for more than

a year, a higher rate than adult-oriented smoking cessation programs (Kelder 1994:

1123-4). The effectiveness of adolescent anti-smoking programs like the Minnesota

School Prevention Program during the 1980s may have influenced the incidence of

youth-oriented statewide anti-smoking mass media campaigns of the 1990s.

A Third Case Study: The Florida Statewide "truth" Campaign

On National Public Radio, Jared Perez, a "truth" spokesperson, noted that it is

" 'Funny to hear that type of criticism, calling our ads over the top or morbid or some

of the other things that have been mentioned in the press, because if killing over

three million people every year around the world is not over the top and morbid, I

don't know what is' " (Kotler, Roberto and Lee 2002: 91).

Brief History and Components of the Florida "truth" Campaign

The Florida Tobacco Pilot Program (FTPP) began in 1997 and public health

organizers designed it to discourage youth from smoking. Unlike other state

campaigns of the 1990s, tax increases on cigarettes did not fund the FTPP. A

settlement between the Florida state government and the tobacco industry provided

the necessary funding for a statewide anti-smoking campaign (Wakefield and

Chaloupka 2000: 183). Florida was the first state to have significant funds to launch

a campaign (Hicks 2001: 3). The FTPP targeted adolescents (12-17 year olds), and

was the first state anti-smoking campaign that concentrated exclusively on young

people. The FTPP consisted of several components, including school, community,

law enforcement, and youth organizations in addition to the better known mass

media campaign (Farrelly, Niederdeppe, and Yarsevich 2003: i38; Sly, Heald and Ray

2001: 9). More specifically, from 1998-1999, Givel and Glanz noted that funds were

distributed as follows: 37% to a statewide mass media campaign, 23% for education

and training, 21% for youth and community programs, 12% for enforcement, and 6%

for evaluation (Wakefield and Chaloupka 2000: 183-179).

Information Environment

Florida's "truth" campaign used a plethora of media sources to promote its

messages, including unique television commercials and an innovative website,

complete with fun graphics that would appeal to a young audience. The FTPP utilized

$15 million and unlike traditional public service announcements that few people

viewed, the Florida "truth" campaign aired commercials on MTV, the Superbowl and

other television stations with a youth audience (Hicks 2001: 3).

Use of Social Marketing Principles

The FTPP conducted research in an effort to devise the best campaign and

influence the most adolescents in Florida. The Florida Tobacco Pilot Program showed

that, "Existing public service announcements, seen as too severe and preachy, did

not match teens' perceptions of the problem" (Zucker et al. 2000: 1-2). The FTPP

campaign planners intended to name this youth-oriented mass media campaign

"RAGE" because they hoped youth would associate the sentiment with the scheming

tobacco industry (Zucker et al. 2000: 1-2). Yet, in 1998, the FTPP decided that

"truth" worked better and became the main focus of a mass media campaign to

expose the negative "truth" about tobacco companies, including their policies and manipulation tactics (Wakefield and Chaloupka 2000: 183). Jeffrey Hicks, a representative from the Florida ad agency (Crispin, Porter and Bogusky) employed for the FTPP, notes how the "truth" campaign's strategy was unique from other anti-smoking campaigns. He indicates that substantial financial resources distinguished the Florida "truth" campaign from other smoking prevention programs because it emerged out of a $11.3 billion settlement with the tobacco industry. $200 million of this settlement went to curbing youth smoking and creating a special social marketing program (Hicks 2001: 3).

This significant sum of money allowed social marketers to use tactics employed by marketers in the private sector. In the "truth" campaign, they considered the market trends of youth present at that time. Instead of unoriginal public service announcements, the social marketers created commercials and websites with ground-breaking designs that reflected the research conducted on the youth market. A "truth" magazine, which resembled a tabloid magazine, emerged and the FTPP distributed it to places that young people frequented like surf shops and record stores. In addition, the "truth" campaign employed experiential marketing efforts like the "truth truck." This vehicle functioned as mobile source of publicity and made appearances at concerts and beaches (Hicks 2001: 3-4). Through these marketing efforts, the "truth" brand eventually became associated with the fun and independence "experienced" in these settings.

When promoting the "truth" message, it was necessary to formulate a social marketing campaign that reflected the attitudes of the youth audience. Furthermore, the campaign strategists recognized that "If we were to be successful, "truth" could

not preach. 'Truth' needed a message other than don't" (Hicks 2001: 4). Yet, what

type of strategy would be most suitable for this audience? Crispin, Porter and

Bogusky learned that young people unanimously knew about tobacco's dangers.

Therefore, in order to implement a successful campaign, simple messages conveying

the risks of smoking could not secure the attention of young people. Teens like to be

"in control" and by smoking they can show that they are not succumbing to the

expectations of their parents (Hicks 2001: 4). Previous anti-smoking campaigns,

"While rather counterintuitive . . . . risked actually making tobacco that much more

appealing to youth" (Hicks 2001: 4). Ironically, past social marketing campaigns,

which preached to young audiences, encouraged smoking rather than deterring

adolescents from it. Therefore, if youth continued to behave defiantly, then social

marketers would need to replace smoking with another equally rebellious act. As a

result, the campaign planners who implemented the strategy behind the "truth"

campaigns actively tried to channel adolescents' defiance toward the tobacco

industry instead of parents (Hicks 2001: 4).

Supportive Environment – Community Involvement and Policies

In addition to the mass media campaign, the FTPP utilized participation from

the community. More specifically, every county in Florida played a role in the FTPP

with the implementation of school-based education programs and training sessions

(Wakefield and Chaloupka 2000: 183). As a means to convince young people to take

direct involvement with the anti-smoking efforts, the "truth" campaign established a

"youth advocacy anti-tobacco advocacy group" (Zucker et al. 2000: 2). Hicks noted

how the FTPP used a 500-person youth summit to understand how a cross-sampling

of young people perceived smoking and what they viewed as redeeming about the

"truth" campaign. The advertising and market research companies viewed the young people as actual "clients" and made them feel that their opinions were valued. Moreover, Hicks claimed that "If 'truth' was to be aspirational, relevant, and 'cool' it had to be more than a poster contest. Like any engaging brand, the creative work had to surprise and lead the target rather than be based on images they expected" (Hicks 2001: 3). The youth audience is astute, perhaps more so than marketers believe, and inducing them to engage in a behavior requires thoughtful planning and execution.

The FTPP also influenced new legislation in Florida that banned the possession of tobacco among adolescents. Furthermore, other preexisting laws became more rigid in enforcing tobacco-related policies targeted at young people (Wakefield and Chaloupka 2000: 183). There were also tax increases of $0.45 on cigarettes in 1998 (Farrelly, Niederdeppe, and Yarsevich 2003: i38).

Evaluation Methods

Evaluation methods for the media elements of the campaign consisted of surveys that measured the recall of advertisements, school surveys that assessed behavior, and attitude changes (Wakefield and Chaloupka 2000: 180).

Mass Media and Exposure

On average during the first year of the "truth" campaign in Florida, there were 1600 gross ratings points per quarter. When one computes the rate of planned exposure, this gross ratings point measurement equates to 16 exposures per quarter. The planned exposure rate indicates "the number of times all persons may see an ad based on an estimate of all viewers at a time when the ad is aired" (Sly, Heald and Ray 2001: 10).

In September 1998, 28% of teens saw one "truth" advertisement per day and 66% viewed an advertisement at least once a week. Even though "truth" campaign targeted a youth audience, in January 1999, almost half (48%) of adults surveyed recognized the campaign (Wakefield and Chaloupka 2000: 180).

School-based Surveys

Public health evaluators employed media tracking surveys before the campaign began (in April of 1998), and during the campaign in June and September of 1998 (Wakefield and Chaloupka 2000: 183). One year later, the same media tracking survey was used to measure effects of the campaign. The Legacy Media Tracking Survey (LMTS) evaluated progress of the "truth" campaign after two years (Niederdeppe, Farrelly, and Haviland 2004: 255).

The First Year Results

In Sly, Heald and Ray's (2001) evaluation of the effects generated by the "truth" campaign after one year, they noted that "significant declines occurred for each measure among under 16 youth in Florida, while nationally no change occurred in the prevalence of persons who had tried a cigarette or susceptibility, and current use actually increased." (Sly, Heald and Ray 2001: 14). Initially, the April 1998 study measured awareness and confirmed awareness of anti-tobacco ads, media messages and smoking behavior. Six weeks after the campaign's start, FAME, assessed how "initial campaign message penetration and youth reactions to ads so it was much shorter than the baseline" (Sly, Heald and Ray 2001: 9-10).

Behavior Change

According to the *Mortality and Morbidity Weekly Report*, "The trends observed in Florida are larger than any decline observed nationally among youth since 1980."

(Wakefield and Chaloupka 2000: 183). Even within one of year of the campaign's

start, initial evaluations of the FTPP demonstrated behavioral change progress. In

Florida, smoking among youth declined from 42.1% to 36.6% and nationally, 40.7 to

39.0% (Sly, Heald and Ray 2001: 14). After one year, not only were smoking rates

lower in Florida than nationally, but the Florida youth had a higher smoking rate

before the study began.

Conclusions

The assessors claimed that these results can be attributed to the mass

media campaign, because the other campaign elements would probably take a longer

period of time to show much of a difference. More specifically, after the first year,

only 7% of young people in Florida were cognizant of anti-tobacco groups at school

and 3.7% were members of the Students Working Against Tobacco. Thus, it would be

reasonable to deduce that after the first year, the mass media campaign might

account for the reduction in smoking. Furthermore, control groups did not experience

the same success rate that occurred in Florida (Sly, Heald and Ray 2001: 14-5).

The Second Year Results

The LMTS was more comprehensive than previous evaluations, as it

measured current smoking, lifetime smoking, smoking intentions, awareness of

"truth" campaign, and the effects of anti-smoking groups and school-based tobacco

education. This survey investigated whether there was a correlation between

awareness of "truth," attitudes and beliefs toward smoking with levels of smoking

(Niederdeppe et al. 2004: 255).

Awareness of "truth" brand

Youth from Florida had a greater awareness of both "truth" and anti-tobacco groups than young people from other states. In addition, when public health experts assessed awareness of the "truth" sponsored school community groups and tobacco prevention education, 44.8% in Florida recognized them versus 20.1% nationally (Niederdeppe et al. 2004: 255).

Attitude/Belief Change

Overall, Florida youth favored the tobacco industry less than other states. Moreover, evaluators asked young people in the survey whether or not they agreed with statements reflecting an attitude toward the tobacco industry or smoking, and 87.3% of Florida youth agreed that "cigarette companies lie" while nationally, only 79.9% concurred. The statement "Cigarette Companies try to get young people to start smoking" yielded an agreement of 88.6% in Florida and 80.8% nationally (Niederdeppe et al. 2004: 255).

Behavior Change

Relative to other states, there was a lower probability that youth from Florida would have smoked or attempted to smoke in the last thirty days. More specifically, when assessors asked youth if they had smoked in the last 30 days, 6.6% of Florida youth affirmed this statement as compared to 14.0% nationally. Furthermore, in Florida, 24.3% and nationally, 33.5% tried smoking (Niederdeppe et al. 2004: 255). In another study conducted by Bauer et al. (2000), the smoking rates dropped by 40% (from 18.5% to 11.1%) among middle school students and from 27.4% to 22.6% among high school students (725).

In Florida, cigarette taxes increased in November 1998. However, Bauer et al. argued that the significant changes in smoking use indicated that other factors were

responsible for the lowered smoking rates (Bauer et al. 2000: 728). However,

Farrelley et al. (2002) claimed that even though the tax increase may have affected

the smoking rates of youth in Florida, economists anticipated that there would be a

10-20% decrease in the number of young people smoking in the first year and then a

2-5% decrease during 1999. Given these statistics, one can gather that the "truth"

campaign would have had an influence on smoking rates (901).

Niederdeppe et al. (2004) declared that this study may provide more data to

substantiate the argument that the "truth" campaign can increase negative views on

smoking. Consequently, this lowers the rate of smoking among youth (256).

Additionally, Bauer et al. echoed Niederdeppe et al. and argued that the decreases in

smoking use might be explained by the "truth" campaign and all of its promotion

activities (Bauer et al. 2000: 726). The "truth" campaign's success became public

knowledge after evaluations of the "truth" campaign indicated that adolescent

smoking rates decreased. Consequently, the American Legacy Foundation adopted

some of the "truth" strategies and implemented them at the national level.

The Fourth Case Study: The National "truth" Campaign

" 'Very few behaviors change because someone saw an ad. You need social

norms in place, environmental supports, the products, the placement, all the things

that make the right decisions easy' " says Carol Schechter, director of health

communications for the Academy for Educational Development (Healy 2006: n. pag.).

In the late 1990s, Philip Morris launched its " 'Think. Don't Smoke' " campaign,

which they used to discourage youth from smoking. This anti-smoking campaign led

by Philip Morris cost drew more than $100 million. In February 2002, the American

Legacy Foundation revealed its own campaign against smoking, "truth," which

precipitated from the efforts of the Florida statewide anti-smoking campaign (Farrelly et al. 2003: i39).

The American Legacy Foundation relied upon the contributions from national advertising firms, such as Arnold Communications, individuals who worked at the foundation, and youth volunteers from across the United States. Similar to the Florida "truth" campaign, the American Legacy Foundation's anti-smoking campaign targeted youth aged from twelve to seventeen years old (Farrelly et al. 2003: i39). The American Legacy Foundation touts that the "truth" campaign is the "largest national youth-focused anti-tobacco education campaign" (American Legacy Foundation 2005: 1). The national "truth" campaign strategies resemble those of the Florida "truth" campaign, as they demonstrate how the tobacco industry manipulates young people with its marketing practices, but on a much larger scale.

Information Environment

The national "truth" campaign utilized media channels that were popular with the youth audiences like MTV, BET and WB. Additionally, magazines like *Vibe* and *Seventeen* also featured the "truth" ads. Perhaps the easier way to accesses the anti-smoking information was through the truth website – www.thetruth.com (American Legacy Foundation 2005: 2).

Use of Social Marketing Principles

Like the state campaign, social marketers of the national program sought to use the "truth" brand to market the central campaign messages. Social marketers wanted the brand to appear as trendy and used tee-shirts, other apparel, and street marketing to increase brand awareness. The messages focused on manipulation of teens by the tobacco industry, the types of dangerous chemicals found in cigarettes

along with clear-cut statistics illustrating the dire repercussions of smoking (Farrelly

et al. 2003: i41).

One well-known advertisement, entitled "Body Bags," depicted teens

(representing a variety of ethnicities) dropping bodies onto the street in a city and

showed that 1200 people die from tobacco use everyday. The teens involved in this

commercial looked like activists because they showed how they were directly

attacking the tobacco industry. Tobacco companies might feature a rugged cowboy

who exudes sexiness and appeal; yet, many of the "truth" ads tried to deglamorize

the tobacco industry messages and show a body bag riding on a horse. In one

advertisement, the message read " 'what if cigarette ads told the truth' " which is

followed by " 'YEE HAW! You too can be an independent, rugged, macho-looking dead

guy' " (Farrelly et al. 2003: i41-3). The ads by the "truth" campaign used the same

messages created by the tobacco industry to mock the act of smoking.

Other national tactics included a youth summit that debuted in 2000. In

2001 and 2002, an "Infect truth" program promoted awareness on the ingredients

found in cigarettes and the ways that they are created. In addition, the "Orange

Curtain" increased awareness of the deceitful tactics that tobacco companies

employ, along with the negative outcomes of smoking. Another example of the

national "truth" campaign includes "Crazyworld" which educated youth that " 'While

many companies recall products at the first sign of danger to a consumer, the

tobacco industry makes a product that kills 1,200 of its customers everyday' "

(American Legacy 2005: 1). These ads exposed the socially dishonorable practices

of the tobacco industry in order to provide young people with more of an incentive for

rebelling against it.

National "truth" Branding

The national "truth" campaign maintained the same brand identity, which promoted young people as independent and defiant. When a teen associated with a brand, s/he also belonged to a larger social network that collectively had angst toward the tobacco industry. Furthermore, "Campaign designers intended that "truth" would become a movement to which teens were committed and of which they would feel a sense of ownership." Brand equity "can be defined as a set of attributes and associations that an individual or potential consumer has regarding a product, service, or as in the case of *truth*, a lifestyle" (Evans et al. 2002: 19-20). According to Aaker, there is a correlation between increased levels of brand equity and strong brand loyalty. The "truth" brand is unique because it relates to a way of life, rather than to a product. In addition, the criteria that Aaker applied to products to measure brand equity can be modified to measure the "truth" brand (Evans et al. 2002: 19-20).

The LMTS-III, another assessment of the "truth" campaign, indicated that "truth" had a strong measure of brand equity. However, this study did not incorporate a measure of smoking usage, so researchers can only hypothesize based on previous studies of brand equity that there is a connection between brand equity and behavior. After this study, Evans et al (2002) concluded that brand equity acts almost like a "vaccination" from the initiation of smoking. As a result, fewer young people will start smoking. If the "truth" brand dissuades teens from smoking because it is deemed as "un-cool," then these social images might deter them from adopting smoking later in life (Evans et al. 2002: 19-28).

There were a few limitations linked to the brand equity study. The first caveat was that the study only measured brand equity and did not incorporate measures of smoking behavior. At the same time, notions of brand equity are theoretical, and there was not any proof demonstrating that high rates of brand equity will definitely reduce the number of youth who are smoking (Evans et al. 2002: 27-8).

Supportive Environment

Grassroots efforts like "youth empowerment groups" can be used to "create a presence in the community that can change norms about tobacco through peer influence and other supportive activities." Community involvement might include media literacy, advocacy leadership skills, peer education, youth anti-tobacco summits, and youth anti-tobacco activist groups (like SWAT) (Farrelly et al. 2003: i43).

Behavioral Theories:

In the "truth" campaign, strategists tried to influence smoking cessation through the social norms theory. If individuals choose not smoke, then their peers would see them refraining from smoking and then they would be more inclined to alter their own behavior. In theory, eventually greater numbers of young people would stop smoking and this would have a ripple effect (Evans et al. 2002: 18).

Evans et al. also applied social psychological theories on "attitude and belief formation" to "those that address the formation of self-image and idealized social images" (Evans et al. 2002: 27). If the social image is changed and now refraining from smoking becomes popular, then this theory might help to explain the campaign and its success. In self-image theories, "youth will adopt self-images that are consistent with their values and will act on those adopted self-images, seeking

consistency between them and desired social images" (Evans et al. 2002: 27).

When a teen internalizes the messages of his/her environment, including changes in

values, then s/he will change his/her beliefs and ultimately his/her behavior

accordingly.

Evaluation Methods

The American Legacy Foundation sponsors the National Youth Tobacco Survey (NYTS)

and measures consumption of tobacco goods by middle and high school students.

From 2000-2002, high school students reduced their use of tobacco products from

34.5% to 28.4% and cigarette use declined from 14.85% to 11.6%. Middle school

students did not show any remained constant. According to Farrelly et al. (2003),

there are several reasons for this statistical change. They attributed it to laws and

policies, cigarette price increases, fewer advertisements from the tobacco industry,

and anti-smoking campaigns. One limitation of this evaluation of the national "truth"

campaign showed how some of the individuals in the 2000 survey graduated from

high school and could not be used in the later versions of the survey. Also, due to

the fact that these surveys were administered to students, they might not be

representative of the national population, as there are adolescents who do not attend

middle and high school (Center for Disease Control 2003:1096-8). The 2002 version

of the "Monitoring the Future" survey revealed that there was a lowered rate of

smoking among 8th, 10th, and 12th graders In the years between 1999 to 2002, the

rate of smoking decreased from 25.3% to 18.0% nationally (American Legacy

Foundation 2005: 1).   In the next chapter, I will interweave the information from each

anti-smoking effort together and analyze the strengths and weaknesses of the Great

American Smokeout, the Minnesota Heart Health Program, and both the statewide

and national "truth" campaigns.

*****

V. Analysis

Although all four anti-smoking efforts vary on many levels, one can consider

how they evolved and intersect. More specifically, I will examine how the Great

American Smokeout, the Minnesota Heart Health Program and the "truth" campaign

at the state and national levels developed over time in terms of: informational

environment, their use of social marketing principles, supportive environment,

behavioral theories that influenced strategies, the ways that researchers evaluated

these anti-smoking efforts and the limitations associated with each effort.

Ultimately, I want to examine not only how and why these changes took place, but

how we can improve the future of social marketing.

Information Environment

In terms of the informational environment, all four case studies differed in the ways that they employed the mass media. Ideally, one needs to assess both quantitative and qualitative components of the informational environment. One quantitative measure of informational environment is gross rating points (how many times a person was exposed to a particular ad) and none of the literature that I compiled on the Great American Smokeout and the MHHP documented the gross rating points. For the MHHP, the only quantifiable data that I could find concerned the number of newspaper inserts, news articles, brochures, and television appearances utilized to promote the program from 1980 to 1984. However, in the state "truth" campaign, evaluations became more sophisticated and evaluators made efforts to measure the gross rating points per quarter.

When studying the information environment of the Great American Smokeout, I found that there was not much research devoted to this part of the event. In general, literature of this event only indicated which types of mass media the event planners used. For instance, journal articles related to the first "D-Day" (the local event held in Monticello, Minnesota) commented on the nature of radio and television appearances and interviews with the press, while also noting whether newspapers included stories on a weekly or daily basis. From my research, I learned that the Great American Smokeout organizers distributed information to the local community through smaller magazines and employed banks to support the event. Similarly, the research written on the MHHP notes how educators used videotapes, brochures, and posters to inform people and promote the event. In addition, the MHHP employed some of the more traditional methods utilized by the Great American Smokeout (through newspapers, radio and television appearances). The statewide "truth"

campaign had $15 million at its disposal for television advertisements. Even at the

state level, the information environment consisted of innovative commercials on MTV,

the Superbowl, and other networks of interest to teenagers. Like the state

campaign, national campaign planners had ample funding at their disposal. Again,

"truth" commercials appeared on national stations like MTV, BET and the WB.

Nationally circulated magazines, like *Seventeen* and *Vibe*, also contained "truth" print

advertisements. The strategists behind the national "truth" campaign disseminated

campaign facts and information through the campaign's website.

It is difficult to ascertain why quantitative facts pertaining to the information

environment of the Great American Smokeout and the MHHP did not exist. However,

it is plausible that the technology present during the 1970s and 1980s did not

permit public health researchers to evaluate the gross rating points. Less developed

technology might also explain why planners utilized more traditional mass media

channels in the Great American Smokeout and MHHP.

At the same time, neither the Great American Smokeout nor the MHHP

concentrated on devoting a significant portion of resources to media promotions.

Instead, the majority of publicity in these case studies emanated from the community

and local supporters. I hypothesize that gauging the gross rating points for individual

advertisements may require considerable funding. Unlike the Great American

Smokeout and the MHHP, both the "truth" campaigns possessed significant financial

resources. Thus, it may have been more feasible for the statewide and national

"truth" campaigns to examine the frequency of exposure to various advertisements.

On the other hand, the MHHP differed from the other three case studies

because it lasted over the course of a decade instead of a day or a few years.

Therefore, it is hard to quantify how much publicity and mass media coverage actually existed because most of the MHHP literature continuously assessed the program over an extended period of time. As a result, statistical research may not indicate an accurate reading of media exposure because it does not reflect individual years of the MHHP. The MHHP's information environment also differed from the other case studies, because unlike the other campaigns, it aimed to raise awareness of the multiple risk factors that induced cardiovascular heart disease. Risk factors included smoking, a poor diet, and a lack of physical exercise. In one year, individual awareness campaigns focused on each of the risk factors. Consequently, the information environment never concentrated entirely on creating more consciousness of smoking. The information environment shed light on the promotion element of the marketing mix, but there are other parts to the marketing mix that are essential to a social marketing event, program or campaign's success.

Use of Social Marketing Principles

Marketing Mix

When evaluating the social marketing principles of each case study, one must examine the 4Ps of the marketing mix (product, price, place and promotion). With regard to the Great American Smokeout, the product was the desired behavior change or, in this particular case study, abstaining from smoking. Price refers to the expenses, both financial and personal costs, involved with engaging in a particular act. I would not consider the Great American Smokeout to contain substantial costs, as one was only forced to refrain from smoking for one day as opposed to a longer period of time. For the Great American Smokeout, it is important to consider how this event would count as the place because it served as the context for participants

to access the product (the behavior change). Promotional efforts included the aforementioned television appearances, rallies, and educational programs for participants and health professionals. In more modern Great American Smokeout events, American Cancer Society representatives distributed educational materials for others to plan events. These materials included useful information for smokers on how to solicit help from the community and volunteers. Health professionals benefited from advice on how to encourage someone who attempts to quit smoking as well.

There was not much information on how the Great American Smokeout organizers marketed this event or on the strategies that generated increased participation in the event. It seems as though program organizers sought to generally increase awareness and encourage smokers to quit for only one day. The event operated under the general assumption that if participants could be successful in abstaining from smoking for one day, then they could maintain this vow for a longer period of time.

Although I would consider the MHHP to exemplify social marketing, it concentrated on educating people within smaller communities rather than large-scale mass media campaigns. Yet, the MHHP did implement a few campaigns that directly tried to limit smoking use and typified more stereotypical social marketing campaigns. Unlike the Great American Smokeout, the MHHP's product was persuading smokers to cease their smoking habits permanently. In order to "sell the product," the MHHP promoted incentives for individuals who abstained from smoking. For instance, the "Quit and Win" contest encouraged smokers not to smoke for one month. If individuals proved to be successful, then they became eligible for a family

trip to Disney World. The price element would be the costs linked to smoking cessation. Like any smoking cessation campaign, psychological and physical withdrawal symptoms often ensue. However, participants of the "Quit and Win" contest benefit from the possibility of a free trip. In terms of the place element, the MHHP sponsored population-based screening centers like the Mankato Heart Health Center, where community members could get tested for the various risk factors. These screening centers also served as educational venues and participants could watch videos that described the best methods to quit smoking. Of all of these case studies, the MHHP seemed to focus the least on mass media and publicity strategies, and instead focused on educational programs for smokers, health professionals, adolescents and parents. However, it is necessary to note that the MHHP promoted its product through conventional outlets like print media and television public service announcements. One auxiliary part of the MHHP, the MSPP, aimed to prevent young people from cultivating a smoking habit, and educated both youth and adults. Results from the MSPP indicated that rates of smoking were much lower in the intervention community than in the reference community. I wonder if the success rate of the MSPP spurred many of the youth-focused statewide campaigns of the 1990s (including Florida's "truth" campaign).

Both the state and national "truth" campaigns epitomized successful social marketing endeavors and of the four case studies, most resembled commercial marketing campaigns. These campaigns shed light on the deceitful measures that tobacco companies utilize in order to gain a following of adolescent customers. The "truth" campaign's primary product was to persuade adolescents to stop smoking but also to prevent teens from cultivating a smoking habit. However, in order to

achieve this goal, "truth" organizers attempted to change the beliefs and attitudes towards both the tobacco industry and smoking in general. "Truth" campaign planners forecasted the potential prices associated with smoking cessation. They acknowledged that in some social environments where individuals who viewed smoking as "cool," one cost could be criticism from peers.

In terms of place, the statewide and national "truth" campaigns sponsored events at concerts and at the beach, where adolescents might come into contact with the brand through experiential marketing. The campaign also employed a "truth truck," which served as a mobile form of publicity. Marketing professionals consider experiential marketing to be a relatively new tactic that is commonly associated with youth marketing practices. It also corresponds with the promotion element of the marketing mix. Other promotional methods included magazines (which were placed in surf shops) and street marketing through clothing articles.

The "truth" campaigns distinguished themselves from previous anti-smoking campaigns because social marketers implemented branding strategies and modeled this to the target audience. Another component of these campaigns included formative research, which enabled planners to better understand their adolescent target audience and then tailor their campaign accordingly. The research provided the facts necessary to gain insight into the minds of the adolescents, which eventually led to the key strategy.

How can we explain these differences between the case studies? Naturally, through time, as social marketers honed their skills, they realized how they could integrate advances made in commercial marketing into their own social marketing efforts. The Great American Smokeout was one of the first attempts by public health

specialists to promote smoking cessation through social marketing principles. The Great American Smokeout event encouraged smokers to quit for one day under the assumption that they would not continue to smoke after abstaining for one day. Although this event may have initiated the process of smoking cessation for some individuals, I view it as a temporary fix. Social marketers needed to implement programs that would teach smokers how to prepare for smoking cessation over an extended period of time. Surely, it is easier to commit to a goal where the costs are not long-lasting. It is an entirely different to stop smoking for a month or for six months, because of the physical and psychological side effects that one must overcome. The second anti-smoking case study, the MHHP, can be viewed as a natural step in the advancement of social marketing. The MHHP lasted through the 1980s and some of its programs continued into the early 1990s. Instead of a one day solution, the MHHP aimed to educate smokers through several months of training and instruction. On the surface, it can be rewarding for people to stop smoking for one day, yet, in reality, how many of the smokers in the Great American Smokeout learned the appropriate tools to quit smoking permanently? The "truth" campaign emerged in the late 1990s, after social marketing became more widely known among marketing academic community. By this point, social marketers wanted to prevent adolescents (the age demographic most likely to begin smoking) from ever cultivating a smoking habit. Over time, anti-smoking advocates learned the best techniques for promoting both smoking cessation and promotion. The organizers of the "truth" campaign gained knowledge of which strategies and tactics worked and which ones did not produce results. They employed systematic methods to induce adolescents' disillusionment with the smoking industry. In contrast, early

promoters of smoking cessation may not have realized which techniques would reach the most smokers.

Although I could not find information approximating the amount of money that Great American Smokeout or the MHHP employed on social marketing or specifically on promotion, the statewide "truth" campaign benefited from generous financial resources. I argue that $200 million enabled "truth" organizers to implement a well-planned campaign, and use the ground-breaking approaches administered by professional advertising and public relations firms. The "truth" campaign employs many of the strategic marketing principles that an ideal social marketing campaign might use, including skillful implementation of the marketing mix, market research, market evaluation. It is interesting to consider how future social marketing campaigns may evolve and learn from the successful "truth" campaigns. For instance, in the next decade, adolescents' attitudes toward smoking might change to reflect a different cultural context. Presently, focus group research has enabled the "truth" campaign managers to understand their target audiences. Focus group research could be applied to future campaigns in order to help them comprehend a new cultural context as well. In addition, many social marketing campaigns do not have sufficient funding and as a result cannot implement campaigns with sophisticated marketing techniques. I am curious to find out how social marketing can become more efficient through the use of its limited resources, yet can still achieve the same success.

In addition to its stellar use of the marketing mix, the "truth" campaign also epitomized true social marketing as it conducted formative research in an effort to truly understand the wants and needs of the adolescents. Once they collected

feedback, the organizers of the "truth" campaign customized their campaign to match these needs and wants. Furthermore, the "truth" campaign also took different ethnic and racial groups into consideration during its planning stages and designed special strategies and tactics for each demographic group. By contrast, the Great American Smokeout and MHHP (with the exception of the Minnesota Smoking-Prevention Program) used an undifferentiated marketing scheme, where they addressed all smokers in the same way. A lack of a differentiated marketing plan was especially pronounced in the MHHP, as many of its educational and promotional efforts did not focus entirely on smoking cessation but concentrated on other risk factors. Even if an anti-smoking endeavor has adeptly implemented social marketing principles, the supportive environment can either facilitate or inhibit smoking cessation or smoking prevention.

Supportive Environment:

The supportive environment consists of community action, policies that influence either the accessibility of smoking or the price of cigarettes and news events that might affect the success of each social marketing endeavor. I only found relevant literature on community support on the "D-Day" in Monticello and the Minnesota Smokeout. Involvement from the community included endorsements from community members, local businesses declining to sell cigarettes, and employers who discouraged their employees from smoking.

Although the community contributed a great deal to the execution of the Smokeout event in Monticello, I did not find a plethora of information on how the community supported the national Great American Smokeout (sponsored by the ACS). Generally speaking, the ACS drew support from schools, hospitals and businesses.

The literature, produced by the ACS during the 1990s, provided individuals who might potentially plan a Smokeout in their own community with helpful suggestions on how to integrate community members into the event. Yet, I did not find actual sources that documented the specific incidence of community participation in the national Great American Smokeout. In terms of advantageous policies, the Smokeout that was held in Minnesota also benefited from legislature that restricted residents from smoking in public venues or public meetings.

Of all the anti-smoking efforts, the MHHP involved the most systematic community participation. In fact, Carlaw even outlined four steps that increased with level of involvement. They included an advisory board with community members, community mobilization, advancement of a support system, and diffusion of information by charismatic and credible community members to the general public. None of the literature that I uncovered indicated how particular policies might have influenced smoking consumption in Minnesota.

In addition to a summit that relied upon the opinions of young people, the statewide "truth" campaign developed anti-tobacco advocacy groups within Florida. During the second year of the statewide "truth" campaign, both rigid laws that prohibited the possession of tobacco in Florida by adolescents were instituted while taxes on cigarettes rose. Some researchers suggested how these policies might have confounded the results of the campaigns. The national "truth" campaign also employed grass-roots activist groups who tried to publicize the "truth" campaign's central messages.

In effect, it seems that community support was instrumental in the successful execution of the first Smokeout. Even when the Great American Smokeout became

much larger, it still relied upon the efforts of altruistic community members to promote the event effectively. I found it interesting that local businesses implemented policies that encouraged smoking cessation. Although these businesses may have been motivated by the opportunity to reduce medical costs, ultimately, the policies that they developed and enforced also encouraged healthier behaviors. The existence of these policies enabled both proprietors and employees to benefit.

The ultimate goal of the MHHP was to shift the power from the researchers and program planners to the community members. Program planners did not focus on mass media publicity, but instead on community involvement. It differed considerably from the "truth" campaigns, which developed activist groups to gain localized support. However, I did not find any significant research noting their effectiveness. In addition to the policies and community cooperation that comprised the supportive environment, behavioral theories also helped to guide the anti-smoking efforts.

Behavioral Theories

In most successful social marketing efforts, the use of social and psychological theories can abet process of establishing an overarching strategy. In the Great American Smokeout, individually based theories prevailed. For instance, the health belief model claims that people make decisions about their health based on whether they believe that they face perceived health risks. According to this theory, people with ailments would be more likely to quit because they perceived that their health risks would increase. Yet, studies related to the Great American Smokeout's effectiveness noted that results did not reflect these hypotheses.

Literature pertaining to the MHHP emphasized the emerging psych-social theories developed during this time in history. Researchers wondered how other people could ultimately abet behavioral change. Given the community focus of the MHHP, it makes sense that the program organizers would consider the effectiveness of utilizing social norms, social learning theory and ecologically-based theories, which all take one's social environment into account.

Building off of the psycho-social theoretical trends of the 1980s, both the "truth" campaigns also incorporated the concept of social norms theory into its countermarketing strategy. More specifically, Evans et al. (2002) hypothesized that the development of new social norms can influence other people to cultivate new attitudes and beliefs.

Overall, theory did not play an extremely influential role in guiding the planning of the Great American Smokeout, nor could it explain the results of the event, but it seemed to play more of a central role in the MHHP and both of the "truth" campaigns. Yet, it is difficult to discern how much of an influence a particular behavioral theory had on the results of a social marketing event, program or campaign. Another point to note is how the influence of commercial marketing on the "truth" campaign becomes more apparent with the implementation of behavioral theories. From my observations, it seems that the "truth" campaign maintained the use of socially-influenced behavioral theories, but also integrated strategies that for-profit marketers might employ. Although behavioral theories may influence the development of social marketing strategies and tactics, ultimately, social marketers must be able to monitor the effectiveness of their approaches through evaluation methods.

Evaluation Methods

Frequency of Evaluations

To review, ideally, social marketers should assess their respective events, programs and campaigns as frequently as possible. It is necessary for social marketers to remain critical and to constantly strive to improve the programs in order to achieve their pre-set goals.

In the first few years of the Great American Smokeout's inception, annual studies considered both the percentage of smokers who had successfully quit on the day of the Smokeout and how many people had maintained their vow not to smoke for a month after the event. The Gallup Organization considered how participants' smoking habits might have been affected eleven months following the Great American Smokeout. The Smokeout differed from the MHHP and the "truth" campaigns in that each year, planners prepared for one event instead of an extended program or campaign. Thus, these organizers could not evaluate the event over a long period of time. The Smokeout was an annual event and research conducted after each Smokeout helped social marketers monitor the progress each year.

In terms of the research methods incorporated into the evaluations of these campaigns, Leiberman Research administered a series of interviews while the Gallup Organization used surveys. All of the evaluations focused on temporary behavior change and whether participants could successfully adhere to their promises for day or for a longer period of time. The focal point of the evaluations was on whether the short-term goals were met rather than if long-term smoking cessation was achieved. Most of the research evaluated the effectiveness of the Smokeout day. Yet, I believe that this was appropriate, given the objectives behind this event.

In the MHHP, Mittlemark et al. conducted baseline research, which enabled evaluators to have a reference point from which to compare the effectiveness of the program. Like the Great American Smokeout, researchers analyzed the results on a yearly basis. When compared with the Great American Smokeout, methods became more sophisticated. Mittlemark et al. (1986) noted how researchers used physiological measurements on a yearly basis. Jacobs et al. (1986) employed focus groups, home interviews, and cross-sectional clinical surveys in addition to follow-up surveys. They compared the intervention communities to the reference communities in order to observe how the MHHP educational programs might have impacted the rates of smoking. The MSPP, the ancillary program of the MHHP that focused on changing the behavior of adolescents, incorporated some longitudinal studies. The statewide "truth" campaign used school-based surveys before the campaign began, when the campaign commenced and three months after the campaign began in September. Additional surveys followed one and two years after the "truth" campaign started. In terms of methods, some research measured the effectiveness of the advertisements by how readily they were recalled. Moreover, the "truth" campaign research focused on the shifts in attitudes and beliefs toward smoking and the cigarette companies. This type of research differed from the Great American Smokeout and the MHHP, which did not measure changes in attitudes and beliefs. Evaluators tried to investigate whether there was a correlation between the cultivation of particular attitudes/beliefs and decreases in the rate of smoking. Another unique feature of the Florida "truth" campaign's research involved measuring recognition of the "truth" brand.

Similar to the statewide campaign, evaluators of the national "truth" campaign also administered annual surveys like the National Youth Tobacco Survey and the Monitoring the Future survey, which assessed smoking consumption of youth in American, but on a much larger scale. The U.S. Department of Health and Human Services collected the data from these surveys and published government documents of adolescent smoking activity.

Overall Results / Obstacles:

Is it possible to see which campaign is the best at stopping smoking? When analyzing the Smokeout events over time, the results varied and lacked consistency. In most of the studies, one-third of participants stopped smoking on the day of the Smokeout. A study published in *Addictive Behaviors* noted much higher rates of success than the national averages. Overall, MHHP's educational programs aimed at adults did not yield high success rates and the goals outlined by adult program organizers did not come to fruition. However, the MSPP generated much higher levels of success as indicated by Perry et al. (1992) and Kelder et al. (1994). Research showed that once young people became smokers, they were more likely to continue smoking. Furthermore, the educational efforts of the MSPP led to decreased smoking rates in intervention communities as compared to reference communities.

It is reasonable to believe that the "truth" campaigns, along with other statewide media campaigns stemmed from the success of the community-based MSPP. The "truth" campaigns, which centered their strategies and tactics on reaching the youth population, looked at changes in beliefs and attitudes and their effect on behavior change. In the statewide "truth" campaign, after both the first and

second years, Sly, Heald and Ray (2001) and the Legacy Media Tracking Survey

indicated success when researchers compared the sample of Florida youth to the

national population. In the final analysis, statistics indicated increased awareness,

more negative attitudes and beliefs regarding tobacco and the tobacco industry, and

decreased smoking usage. After the first year, evaluators surmised that these gains

could be attributed to the efforts of the "truth" campaign. However, other factors

confounded the results from the second year of the Florida "truth" campaign. More

specifically, the evaluations from the second year yielded similar results to the first

year, but one must consider that Florida raised taxes on cigarettes in November

1998 (which would have affected the results of the second year). Yet, the "truth"

campaign exceeded the expectations of economists and led evaluators to believe

that the "truth" campaign did contribute to the decreases in smoking. In terms of

the national "truth" campaign, large-scale surveys of the "truth" campaign indicated

that smoking consumption and use of tobacco products significantly decreased after

the campaign began.

Conclusion

From these results, I surmised that both the statewide and national "truth"

campaigns yielded high rates of success due to their advanced information

environment, skillful implementation of social marketing elements, well-developed

behavioral theories and frequent evaluation methods. The goal of this analysis is not

to determine that one anti-smoking case study is better than another one. Each case

study differs significantly, and without quantifiable variables, it becomes increasingly

difficult to assess the merits of each one accurately. However, comparative historical

and methodological analyses can shed light on the strengths and weaknesses of

each case study. The insight generated from these assessments can be used to advance the practice of social marketing. For example, aside from the youth activist groups, the "truth" campaigns did not involve the community. Future attempts to combat smoking through mass media techniques could implement more localized programs (Randolph and Viswanath 2002: 427). After analyzing the four anti-smoking efforts, I considered other ways of implementing behavior change at the collective level. More specifically, in the next section, I will explore how components of social marketing overlap with elements of social movements.

<div align="center">*****</div>

VI. *The Intersection of Social Marketing and Social Movements*

What is a Social Movement?

On the surface, it may not seem as though the practice of social marketing would correspond with the theories pertaining to social movements. However, upon closer examination, one will see how both share several common traits. According to Tarrow (1998), social movements are "collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents and authorities" (1998: 4). On the other hand, Kolter and Zaltman (1971) 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, communication, distribution, marketing research" (1971: 5). Both social movements and social marketing are systematic ways of organizing people, strategizing and influencing people in order to achieve social change.

History of Social Movement Theory

During the late 1970s, sociologists sought to account for the upsurge in social movements activity during the 1960s. The result was that a new type of sociological thought surfaced under the category of social movement theory (Buechler 2000: 32-34). Prior to the 1970s, collective action was understood by three dominant collective behavior theoretical frameworks: symbolic interactionism, structural-functionalism, and relative deprivation (Buechler 2000: 20-34).

Philip Kotler, a marketing scholar who stood at the vanguard of social marketing, likened social marketing to social movements, as both are examples of systematic ways of inducing social change. In his article entitled, "What Consumerism Means For Marketers," Kotler drew parallels between social marketing

and social movements, and roots his explanation in collective behavior theory

(Buechler 2000:19-34).[3]

As a result of the historical time period in which Kotler wrote the article, he

would have only been able to draw upon the collective behavior theories popular

before the onset of social movement theory.   More specifically, Kotler used Neil

Smelsner's structural-functionalism perspective on collective action to support his

claims that elements of a social movement could yield societal change (Kotler 1972:

50). In *Theory of Collective Behavior*, Smelsner explicated collective behavior as

"mobilization on the basis of a belief which redefines social action" (Smelsner 1962:

8). Moreover, Kotler utilized Smelsner's prerequisite conditions of collective

behavior: structural conduciveness, structural strain, generalized belief, precipitating

factors, mobilization for action, and social control (Kotler 1972: 50; Smelsner 1962:

15-8).

Although Kotler is not a social theorist, he outlined the prerequisites for

collective action and introduced his own stages in "Elements of Social Action." The

four conditions include crusading, popular cause, managerial and bureaucratic (Kotler

and Roberto 1989: 16-7). The crusade consists of energetic individuals who have

the ability to influence other people. If what they are promoting has legitimacy, then

gradually, more people add to a cause's momentum, as it evolves into a social

change campaign (Kotler and Roberto 1989: 16-7). During the popular cause stage

of a social change campaign, a more specific definition of the problem as well as the

---

[3] This journal article appeared in a 1972 edition of the *Harvard Business Review*, before
sociological theory that specifically focused on social movements became prevalent.

roles that both leaders and participants will play are established (Kotler and Roberto

1989: 16-70. The managerial phase helps to better define the organization of the

campaign by bringing more systematic order to the social change plan. At this point,

original leaders may be relegated to other positions while other participants assume

positions of authority (Kotler and Roberto 1989: 16-7). Lastly, when the campaign

reaches the bureaucratic period, there is not as much excitement, as "the social

movement is run like a business with a product to sell; it has a rigid hierarchy and

established policies to maintain functional specialization and control" (Kotler and

Roberto 1989: 16-7). During this time, the social movement has become highly

systematic in nature.

　　　　During the 1970s, other theoretical explanations for social movements

materialized, including McCarthy and Zald's resource mobilization theory, which

"focused on the means available to actors." These means of which Tarrow spoke

can take the form of financial resources or even human capital. Perhaps the

theoretical model that most relates to social marketing is the "political opportunities

structure," a term coined by Charles Tilly. This paradigm used political structures to

explain how social movements occurred (Tarrow 1998: 16-18). When comparing

social movements with social marketing, Tarrow's "political opportunities structure"

also can be applied.

Political Opportunities and Constraints

　　　　Political opportunities structure refers to "a set of clues for when contentious

politics will emerge, setting in motion a chain of causation that may ultimately lead to

sustained interaction with authorities and thence to social movements" (Tarrow

1998: 20). In other words, they are the conditions related to the political

atmosphere that enable a social movement to occur. Tarrow claimed that a social movement may be more likely to happen when outside conditions permit people to organize and demonstrate in an assertive manner.

As alluded to before, the supportive environment component of an organized social marketing effort resonates with the political opportunities that Tarrow discussed. In terms of political opportunities that would have facilitated social marketing, one must note the general advances in medicine. The medical field has benefited from the technological developments that have occurred over the last fifty years. Due to increased medical knowledge, people can live longer than they did decades ago and life expectancy has grown. Baby-boomers have approached middle age and have begun striving to maintain a more youthful lifestyle that will ultimately promote longevity.

In addition to advances in technology, there have been general trends on improving health and not only treating the symptoms once they surface, but preventing health-induced problems. There is a general understanding that preventative measures can be more cost-efficient than treating diseases. These trends have influenced the public health sphere and the direction of its health promotion efforts. More specifically, in an effort to thwart disease, public health experts have decided to educate the general population (Manoff 1985: 11).

How has smoking cessation been influenced by political factors? In the government, federally funded smoking programs have been instituted by the Veterans Administration and through Medicaid (Smoking Cessation Leadership Center" n. pag.). Recently, alliances have formed between the Robert Wood Johnson Foundation and the Veterans Health Administration. The Robert Wood Johnson

Leadership Center established the Smoking Cessation Leadership Center in an effort to abet smoking cessation among various populations, including veterans (Center for Tobacco Cessation n. pag.; "Smoking Cessation Leadership Center" n. pag.).

At the same time, health care issues have become a national concern and debates focusing on centralized health care versus insurance subsidized by employers have become more prevalent. In fact, even the private sector has been affected by these trends. For instance, some employers grant incentives for their employees to stop smoking due to high medical costs. In 1998, medical fees of $75.5 billion resulted from smoking-induced illness (Center for Disease Control 2002: 301). It is interesting to note that in as early as 1971 at the Great American Smokeout Minnesota, employers tried to combat expensive medical fees. For instance, the Leslie Manufacturing and Supply Company, a small business located in the Twin Cities area, granted their employees financial benefits if they quit smoking. Employees who successfully stopped smoking received $7.00 per week. In the end, it is advantageous for employers to implement these policies because these companies spend less money.

While Leslie Manufacturing and Supply Company rewarded employees with incentives, Shedd Brown, a proprietor of a Minnesota business, mandated that his employees abstain from smoking within the confines of the office (Smith 1974: 412). The implementation of smoke-free areas preceded the more contemporary "smoke-free workplaces" that Fichtenberg and Glantz (2002) researched. They found that smoke-free workplaces not only led to fewer medical expenses for employers, but also abetted the smoking cessation process for smokers (2-3). Even more striking is

the notion that according to Fichtenberg and Glantz, smoke-fee workplaces may be more effective in reducing smoking consumption than tax increases (2002: 5-7).

Contentious Politics

The second element that Tarrow viewed as an essential step in advancing a social movement is "contentious politics." According to Tarrow, behaving contentiously might involve specific acts like picketing, setting fire, or making public disturbances (Tarrow 1998: 20). One of the central parts of contention depends on capable leaders who can persuade and organize a group of people to act collectively. Tarrow identified three different types of contention: disruption, convention, and strikes or demonstrations. Disruption, which is not the most common form of contention, can be the most influential type. Convention is viewed as a safer, less radical way of taking action and often more people are attracted to this method. Lastly, strikes and demonstrations can also be a form of contentious politics. Tarrow noted that both strikes and demonstrations eventually became part of the democratic process even though many individuals continue to see them as unruly displays of behavior (Tarrow 1998: 98-100).

Despite federal policies, that banned smoking in public places and introduced smoke-free workplaces, there have not been any notable social movements against smoking (Jacobson, Wasserman and Anderson 1997: 75-86). Although one might expect individuals to act contentiously when compelled by anti-smoking efforts, this has not occurred. Yet, why is it uncommon for people to act out against the government for enforcing legislation? Or, why have tobacco companies not been the victims of contention?

I would like to speculate as to why it is more of an anomaly for contentious action to build against the government for enforcing smoking-related policies. Perhaps, some smokers understand how their actions do not affect only themselves, but other people as well. They may perceive acting contentiously as futile because they are aware of the detrimental effects of second-hand smoking. Moreover, they may be discouraged from organizing because smoking is deemed as a socially unacceptable behavior and they do not want to break additional social norms by protesting or demonstrating.

In terms of taking action against the tobacco industry, it is surprising that more people have not rebelled. Many of the national "truth" ads featured large contingents of adolescents gathered around tobacco company offices screaming and demonstrating how many people die from smoking everyday. In fact, in the "truth" campaign's "body bags" commercials, these young people stacked stuffed body bags around the perimeter of the office and used a mega-phone to vocalize the damage carried out by the tobacco industry. One might think that these television advertisements might act as a catalyst for adolescents to act contentiously, but neither journal articles nor newspapers have reported any incidence of real-life demonstrations due to these commercials. Both the statewide and national "truth" campaigns also had youth activist groups. One would assume that these groups might take action or form a coalition of young people who demonstrated against the tobacco companies. However, this type of behavior did not ensue. Overall, it is surprising that contentious action never resulted from the "truth" ads, even though in many instances, these commercials seemed to promote collective action.

Consensus Mobilization and Identities: Framing

Another leading characteristic of social movements that resonates with social marketing (as outlined in Tarrow's "political opportunities structure" framework) is framing or "shared understandings and identities" (Tarrow 1998: 21). Goffman coined the social psychological term "frame." According to Goffman, the process of framing involves providing to meaning to life "occurrences" (Snow et al. 1997: 235). Additionally, the concept of framing stems from the grievances that Smelsner incorporated into his theories. Furthermore, these "collective action frames" serve as means for labeling the societal elements that need to be addressed and subsequently altered (Tarrow 1998: 110). Framing grievances involves choosing sentiments that will be appeal to an individual's emotions or sense of reason and be more persuasive. Similarly, in social marketing, the job of the social marketer is to understand his/her target audience and then implement a persuasive strategy for getting these people to adopt a particular behavior. When messages are convincing, individuals will be more apt to either join an activist group or alter their behavior. According to Klandermans, the media plays an important role in constructing common sentiments, beliefs or values, which enables consensus formation to occur in social movements. Likewise, in social marketing, one of the most effective ways of communicating messages is through the media.

Oftentimes, social marketers will utilize social and psychological behavioral theories as a basis for their strategic marketing plans. In an effort to persuade *individuals* to engage in a healthy behavior, social marketers must discern what would motivate a person to discontinue smoking. For instance, social marketers of the past have employed the health belief model, the transformative model, and social learning theory for this purpose. More recently, the "truth" campaign used countermarketing

to dissuade adolescents from smoking by exposing the manipulation tactics of the tobacco industry.

It is essential to note that when social movements use framing, it differs from the framing approaches employed in a social marketing campaign. More specifically, although social activists try to appeal to the interests of individuals, ultimately they aim to gain consensus of beliefs. Social marketing, on the other hand, focuses on changing the behavior of individuals. Although the behavioral theories that underlie social marketing strategies often take the influence of groups of people into account, the primary objective of social marketing attempts is to change the behavior of individuals. However, social marketing could benefit from considering the approach taken by social activists, as the use of framing to gain consensus might be valuable for future social marketing endeavors.

*****

VII. Final Conclusion

Throughout history, there has always been a need for more systematic way of achieving social change. Through the practice of social marketing, some of modern society's most challenging problems can be alleviated. This historical and methodological analysis showed some of the strategies and tactics implemented by social marketers to change the behavior of smokers.

Even though assessing social marketing endeavors proves to be challenging, evaluators can learn from previous campaigns and identify which facets of social marketing events, programs and campaigns need to be improved. Additionally, by analyzing social movements and evaluating how they connect to social marketing, we can gain a clearer view on ways to ameliorate the field of social marketing. As social marketing becomes increasingly sophisticated and similar to commercial marketing, there is hope that social marketing can yield higher rates of success in the future.

Friend and Levy (2002) claimed that it was nearly impossible to compare social marketing endeavors using quantitative criteria and advocate the use of qualitative methods. However, if social marketing scholars developed a more systematic paradigm to assess events, programs and campaigns employing a

combination of both quantitative and qualitative methods, then it would be easier to establish which social marketing efforts generated more success than others. When there are too many confounding variables, conclusions cannot always be drawn and evaluations may not be viewed as legitimate. As a result, critics become skeptical of social marketing's value and both the importance and credibility of social marketing decline. With the establishment of proper criteria and evaluation methods, social marketing can progress and initiate more social change.

<div align="center">

* * * * *

</div>

References

"1995 Minnesota D-Day ('Don't Smoke Day')/The Great American Smokeout." 1995.

     Minnesota.

American Legacy Foundation. 2005. "Truth Fact Sheet." Washington, DC:

     American Legacy Foundation, Retrieved January 14, 2006

     ([http://www.americanlegacy.org/americanlegacy/skins/alf/display.aspx?Actio](http://www.americanlegacy.org/americanlegacy/skins/alf/display.aspx?Action)

[n](http://www.americanlegacy.org/americanlegacy/skins/alf/display.aspx?Action)

     =display_page&mode=User&ModuleID=8cde2e88-3052-448c-893d

     d0b4b14b31c4&ObjectID=5441ae49-f8bb-4a52-9c7c-fed6a573fe48).

Andreasen, Alan. 1995. *Marketing Social Change: Changing Behavior to Promote*

     Health, Social Development, and the Environment. San Fransisco, CA: Josey-

     Bass Publishers.

—. 1994. "Social Marketing: Its Definition and Domain." *Journal of Public Policy*

     and Marketing. 13(1): 108-114.

Bauer, Ursula E. et al. 2000. "Changes in Youth Cigarette Use and Intentions

     Following Implementation of a Tobacco Control Program: Findings from the

     Florida Youth Tobacco Survey, 1998-2000." *Journal of the American Medical*

     Association. 284(6): 723-728.

Carlaw, Maurice B. 1984. "Organization for a Community Cardiovascular Health

    Program: Experiences from the Minnesota Heart Health Program." *Health*

    Education Quarterly. 11(3): 243-252.

Center for Disease Control. 2005. "Annual Smoking-Attributable Mortality, Years of

    Potential Life Lost, and Productivity Losses — United States, 1997–2001."

    Mortality and Morbidity Weekly Report. 54(25): 625-8.

——. 2003. "Tobacco Use Among Middle and High School Students —United

    States, 2002." *Mortality and Morbidity Weekly Report*. 52(45): 1096-1098.

Dawley, Harold H. and Carol Finkel. 1981. "The Great American Smokeout: A

    Follow-Up Report." *Addictive Behaviors*. 6: 153-4.

Farrelly, Matthew C., J Niederdeppe, and J Yarsevich. 2003. "Youth Tobacco

    Prevention Mass Media Campaigns: Past, Present, and Future Directions."

    Tobacco Control. 12(Supp 1): i35-i47.

Farrelly, Matthew C. et al. 2002. "Getting to the Truth: Evaluating National Tobacco

    Countermarketing Campaigns." *American Journal of Public Health*. 92(6):

    901-7).

Fox, Karen F. A. and Philip Kotler. 1980. "The Marketing of Social Causes: The

    First 10 Years." *Journal of Marketing*. 44 (4):24-33.

Friend, Karen and David T. Levy. 2002. "Reductions in smoking prevalence and

    cigarette consumption associated with mass-media campaign." *Health*

    Education Research. 17(1): 85-98.

Grier, Sonya and Carol A. Bryant. 2005. "Social Marketing in Public Health."

    Annual Review of Public Health. 26: 319-39.

Gritz, Ellen R., Clifford R. Carr, and Alfred C. Marcus. 1988. "Unaided Smoking

Cessation: Great American Smokeout and New Year's Day Quitters." *Journal of Psychosocial Oncology*. 6(¾): 217-232.

Hicks, Jeffrey J. 2001. "The Strategy behind Florida's 'truth' Campaign." *Tobacco Control.* 10:3-5.

Hyman, Herbert H. and Paul B. Sheatsley. 1947. "Some Reasons Why Information Campaigns Fail." *The Pubic Opinion Quarterly*. 11(3):412-423.

Jacobs, David R. et al. 1986. Community-wide Prevention Strategies: Evaluation Design of the Minnesota Heart Health Program." *Journal of Chronic Disease*. 39(10): 775-788.

Kelder, Steven H et al. 1994. "Longitudinal Tracking of Adolescent Smoking, Physical Activity, and Food Choice Behaviors." *American Journal of Public Health*. 84(7): 1121-1128.

Kotler, Philip. 1972. "What Consumerism Means for Marketers." *Harvard Business Review*. 50 (May-June 1972): 48-57.

Kotler, Philip and Sidney J. Levy. 1969. "Broadening the Concept of Marketing." *Journal of Marketing*. 33(1):10-15.

Kotler, Philip and Eduardo L. Roberto. 1989. *Social Marketing Strategies for Changing Public Behavior.* New York, New York: The Free Press, a Division of Macmillan, Inc.

Kotler, Philip, Ned Roberto and Nancy Lee. 2002. *Social Marketing: Improving the Quality of Life*. Thousand Oakes, CA: Sage Publications, Inc.

Kotler, Philip and Gerald Zaltman. 1971. "Social Marketing: An Approach to Planned Social Change." *Journal of Marketing*. 35(July 1971):3-12.

Lando, Harry A. et al. 1995. "Changes in Adult Cigarette Smoking in the Minnesota

Heart Health Program." *American Journal of Public Health*. 85(2): 201-208.

Levy, David T. and Karen Friend. 2000. "Gauging the Effects of Mass Media

 Policies: What Do We Need To Know?" *Journal of Public Management*

 Practice. 6(3): 95-106.

Lewit, Eugene M., Douglas Coate, and Michael Grossman. 1981. "The Effects of

 Government Regulation on Teenage Smoking." *Journal of Law and*

 Economics. 24(3): 545-569.

Luck, David J. 1969. "Broadening the Concept of Marketing—Too Far." *Journal of*

 Marketing. 33(3):53-63.

Manoff, Richard. 1985. *Social Marketing: New Imperative for Public Health*. New

 York, New York: Praeger Publishers.

Marketing Staff of the Ohio State University. 1965. "A Statement of Marketing

 Philosophy." *Journal of Marketing*. 29(January 1965): 43-44.

Mendelsohn, Harold. 1973. "Some Reasons Why Information Campaigns Can

 Succeed." *The Public Opinion Quarterly*. 37(1):50-61.

Merzel, Cheryl and Joanna D'Afflitti. 2003. "Reconsidering Community-Based

 Health Promotion: Promise, Performance, and Potential." *American Journal of*

 Public Health. 93(4): 557-574.

Mittlemark, Maurice B. et al. 1986. "Community-wide Prevention of Cardiovascular

 Disease: Education Strategies of the Minnesota Heart Health Program."

 Preventive Medicine. 15: 1-17.

Niederdeppe, Jeff, Matthew C. Farrelly, M. Lydon Haviland. 2004. "Confirming the

 'truth': More Evidence of a Successful Tobacco Countermarketing Campaign

 in Florida." *American Journal of Public Health*. 94(2): 255-7.

Perry, Cheryl L. and Richard Jessor. 1985. "The Concept of Health Promotion and

the Prevention of Adolescent Drug Abuse." *Health Education Quarterly*. 12(2):

169-184.

Perry, Cheryl L. et al. 1992. "Communitywide Smoking Prevention: Long-Term

Outcomes of the Minnesota Heart Health Program and the Class of 1989

Study." *American Journal of Public Health*. 82(9):1210-1216.

Randolph, Whitney and K. Viswanath. 2004. "Lessons Learned from Public Health

Mass Media Campaigns: Marketing Health in a Crowded Media World."

Annual Review of Public Health. 25: 419-37.

Rosen, Ellen. 1978. "The Great American Smokeout." *The Journal of Practical

Nursing.* 28(11): 34-35, 42.

Rothschild, Michael L. 1979. "Marketing Communications in Nonbusiness

Situations or Why It's So Hard to Sell Brotherhood Like Soap." *Journal of

Marketing*. 43(Spring 1979):11-20.

Schwartz, Jerome L. "Methods of Smoking Cessation." *Medical Clinics of North

America*. 76(2) 451-476.

Sly, David F., Gary R. Heald, and Sarah Ray. 2001. "The Florida 'truth' anti-tobacco

media evaluation: design, first year results, and implications for planning

future state evaluations." *Tobacco Control*. 10:9-15.

Smelsner, Neil J. 1962. *Theory of Collective Behavior*. New York, NY: The

Press.

Smith, Lynn. 1975. "The D-Day Story . . ." Pp. 409-413 in *Proceedings of the 3rd

World Conference on Smoking and Health*, Volume 2: Health Consequences,

Education, Cessation Activities and Governmental Action, edited by Steinfeld, Jesse et al. Washington, DC: U.S. Department of Health, Education and Welfare.

Snow, David et al. 1997. "Frame Alignment Processes, Micromobilization, and Movement Participation." Pp. 235-251 in *Social Movements: Readings on Their Emergence, Mobilization and Dynamics*, edited by Doug McAdam and David A. Snow. Los Angeles, CA: Roxbury Publishing Company.

Syme, S. Leonard and Rina Alcalay. 1982. "Control of Cigarette Smoking From a Social Perspective." *Annual Review of Health*. 3: 179-199.

Tarrow, Sidney. 1998. *Power in Movement: Social Movements and Contentious Politics*, 2nd Edition. Cambridge, UK: Cambridge University Press.

Thompson, Beti and Susan Kinne. 1999. "Social Change Theory: Applications to Community Health." Pp. 31-46 in *Health Promotion at the Community Level*, edited by Neil Bracht.   Thousand Oaks, CA: Sage Publications, Inc.

Thompson, Eva Lynn. 1978. "Smoking Education Programs 1960-1976." *American Journal of Public Health*. 68(3): 250-7.

U.S. Department of Health, Education, and Welfare, Public Health Service. 1964. *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*. Washington: U.S. GPO.

U.S. Department of Health and Human Services. 1987. *Review and Evaluation of Smoking Cessation Methods: The United States and Canada, 1978-1985*. Atlanta, Georgia: U.S. Department of Health and Human Services, Division of Cancer Prevention and Control, National Cancer Institute.

——. 1990. *Smoking and Health: A National Status Report, 2nd Edition*. Rockville,

Maryland: U.S. Department of Health and Human Services, Office on
Smoking and Health.

——. 1994*. Preventing Tobacco Use Among Young People: A Report of the
Surgeon General.* Atlanta, Georgia*:* U.S. Department of Health and Human
 Services, Public Health Service, Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion, Office
on Smoking and Health.

——. 2003. "Chartbook on Trends in the Health of the Americans." *Health, United
States, 2003*. Hyattsville, Maryland: National Center for Health Statistics.

Wakefield, Melanie and Frank Caloupka. 2000. "Effectiveness of comprehensive
tobacco control programs in reducing teenage smoking in the USA." *Tobacco
Control*. 9: 177-186.

Warnecke, Richard B. et al. 2001. "Changes in Self-Efficacy and Readiness for
Smoking Cessation among Women with High School or Less Education."
Journal of Health and Social Behavior. 42(1): 97-110.

Warner, Kenneth. 1977. "The Effects of the Anti-Smoking Campaign on Cigarette
Consumption." *American Journal of Public Health*. 67(7): 645-650.

Wiebe, G. D. 1951. "Merchandising Commodities and Citizenship on Television."
The Public Opinion Quarterly. 15(4):679-691.

Zucker et al. "Florida's 'truth' Campaign: A Counter- Marketing, Anti-Tobacco Media
Campaign." *Journal of Public Health Management and Practice*. 6(3): 1-6.