COPYRIGHT NOTICE

FedUni ResearchOnline
<http://researchonline.ballarat.edu.au>

This is the submitted for peer-review version of the following article:

Newton, J., Ewing, M., & Finch, C. (2013). Social marketing: Why injury needs to adopt this behaviour change approach. *British Journal of Sports Medicine*.47. 665-667

Which has been published in final form at:

<http://doi.org/10.1136/bjsports-2011-090567>

© 2013 BMJ Publishing Group Ltd & British
Association of Sport and Exercise Medicine.

This is the author's version of the work. It is posted here with permission of the publisher for your personal use. No further distribution is permitted.

Editorial

SOCIAL MARKETING: WHY INJURY PREVENTION NEEDS TO ADOPT THIS BEHAVIOUR CHANGE APPROACH

Joshua D. Newton, Department of Marketing, Monash University, Caulfield, VIC, Australia

Michael T. Ewing, Department of Marketing, Monash University, Caulfield, VIC, Australia

Caroline F. Finch, Australian Centre for Research into Injury in Sport and its Prevention (ACRISP), Monash Injury Research Institute (MIRI), Monash University, Clayton, VIC, Australia

Key words: social marketing, injury prevention, behaviour change

Word count: 958

Corresponding author

Dr Joshua Newton

Monash University, Caulfield Campus

P.O. Box 197

Caulfield East, 3145

Victoria, Australia

Email: joshua.newton@monash.edu

Telephone: +61 3 9903 1582

Fax: +61 3 9903 2900

Government agencies, public health organisations, and the private sector are increasingly funding campaigns to encourage participation in sport. These campaigns frequently achieve moderate levels of success,[1] yet many of the individuals who heed these calls to action may be ill prepared for the physical rigours of sport, especially when campaigns do not address how to participate in sport safely. This is not an idle concern; individuals with limited experience in their sport of choice are at increased risk of developing a sports injury, as are those who have recently returned to sport after a prolonged absence.[2] Public health campaigns aimed at encouraging sport participation should therefore take into account the findings from the sports injury prevention literature so that those who adopt the campaign messages will be less susceptible to experiencing sports injuries.

What is social marketing?

One approach that could be used to transfer the learnings from the sports injury prevention literature to the broader population is social marketing. Social marketing refers to “the adaptation of commercial marketing technologies to programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of the society of which they are a part”.[3] Whilst it has been recommended as a strategy to prevent road accidents and trauma for some time,[4] social marketing has not yet been widely applied to sports injury prevention.

Unfortunately, the term ‘social marketing’ is often applied indiscriminately to a range of mass media and health promotion campaigns, obscuring both the nature and content of this method of behaviour change. As such, it is particularly important to appreciate the central features of the social marketing process (see Figure 1), and to understand how this process could be applied within the sports injury prevention discipline.

<Insert Figure 1 about here>

Maximise consumer value

One of the defining characteristics of social marketing campaigns is their focus on the exchange process.[5] In exchange theory, consumers are perceived to be self-interested actors who are motivated to seek the largest personal benefit for the smallest personal cost.[6] Exchange theory may initially appear more relevant to commercial marketing campaigns, where consumers compare the benefits associated with particular goods or services against their price. Nevertheless, those tasked with increasing safer sport participation may also benefit from adopting an exchange theory mindset, for participants are unlikely to adopt safer sports behaviours if they perceive that the benefits arising from these behaviours are small, diffuse, or costly.[7] Thus, sports participation programs should provide benefits that injury prevention experts *and* participants perceive to be of value.[6] Indeed, according to Andreassen's SESDED framework,[8] social marketing campaigns should offer participants a Superior Exchange that is Socially Desirable and Easily Done. This may entail changing policies or modifying the environment in addition to more typical intervention methods such as providing information or education.

Be consumer focused

Not all participants place the same value on injury prevention. As a result, a campaign that provides an attractive level of exchange for one group of participants may not provide sufficient value for another. Thus, social marketing campaigns are designed to be consumer oriented,[5] with the design of the campaign being tailored to address the needs, motivations, and desires of target populations.[6] This process, which is referred to as audience

segmentation, may also entail developing different campaigns for consumer sub-groups to increase the likelihood that the campaign message will be enacted.[6]

Evidence that social marketing can work in a sports injury context

A recent sports injury prevention program aimed at increasing helmet use among skiers and snowboarders at Colorado ski resorts exemplifies how social marketing can be used to motivate behaviour change.[9] At the time of the campaign, patrons attending Colorado ski resorts did not consider helmets to be an essential item of equipment because they were not included in standard hire packages.[10] Moreover, helmet use was not widely accepted.[10] The sports injury prevention program therefore used several social marketing approaches to encourage helmet use.[9] First, the program provided consumers with an attractive exchange by reducing the fiscal, temporal, and social costs associated with wearing a helmet. For instance, free helmet loans were offered with standard ski or snowboard hire packages through a popular rental firm to reduce the effort and monetary costs of organising helmet hire. Moreover, a public relations campaign was conducted through national, local, and specialist media to highlight the dangers associated with snowboarding or skiing without wearing a helmet. Second, segmentation was used to specifically target snowboard and ski instructors, for these individuals were identified as opinion leaders that could influence the behaviour of others. To this end, instructors were given helmets to wear free of charge.

The program was ultimately successful in its aim of increasing helmet use.[9] The percentage of consumers who included a helmet in their snow hire package was significantly higher among stores offering free loan helmets, with follow-up surveys suggesting that consumers who received a free loan helmet went on to use them while skiing or snowboarding. More generally, the percentage of skiers and snowboarders who were

observed to be wearing helmets at Colorado ski resorts increased significantly over the four ski seasons that the program was conducted.

Taking advantage of the social marketing framework

Systematic reviews of the literature suggest that social marketing campaigns are an efficacious method of encouraging health-related behaviour change.[11] As sports medicine moves towards better implementation and dissemination of its evidence-based practice,[12] there will consequently be a need to make more use of this behaviour change approach. The challenge for the sports medicine discipline will be to determine how best to apply social marketing principles to the prevention of sporting injuries. Particular focus should be directed towards identifying how attractive exchanges can be achieved and on developing interventions that are truly consumer oriented.

Acknowledgements

CFF is funded by a National Health and Medical Research Council (NHMRC) Principal Research Fellowship. ACRISP is one of the International Research Centres for Prevention of Injury and Protection of Athlete Health supported by the International Olympic Committee (IOC).

Competing interests

There are no competing interests.

Funding

This research received no specific funding.

Contributors

JDN, MTE, and CFF are equal contributors.

References

1. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet* 2010;**376**:1261–71.
2. Buist I, Bredeweg SW, Bessem B, et al. Incidence and risk factors of running-related injuries during preparation for a 4-mile recreational running event. *Br J Sports Med* 2010;**44**:598–604.
3. Andreasen AR. Social marketing: Its definition and domain. *Journal of Public Policy and Marketing* 1994;**13**:108–14.
4. Smith W. Social marketing: An overview of approach and effects. *Inj Prev* 2006;**12**:i38–i43.
5. Donovan R. Social marketing's mythunderstandings. *Journal of Social Marketing* 2011;**1**:8–16.
6. Grier S, Bryant CA. Social marketing in public health. *Annu Rev Public Health* 2005;**26**:319–39.
7. Finch C, Donohue S, Garnham A. Safety attitudes and beliefs of junior Australian football players. *Inj Prev* 2002;**8**:151–154.
8. Andreasen AR. *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco, CA: Jossey-Bass 1995.
9. Levy AS, Hawkes AP, Rossie GV. Helmets for skiers and snowboards: An injury prevention program. *Health Promot Pract* 2007;**8**:257–65.
10. Hennessey T, Morgan SJ, Elliot JP, et al. Helmet availability at skiing and snowboarding rental shops: A survey of Colorado ski resort rental practices. *Am J Prev Med* 2002;**22**:110–2.
11. Stead M, Gordon R, Angus K, et al. A systematic review of social marketing effectiveness. *Health Educ* 2007;**107**:126–91.

12. Finch CF. Implementation and dissemination research: The time has come! *Br J Sports Med* 2011;**45**:7863–4.

Figure 1 Title

The social marketing process.