

TARGET AUDIENCES AND COMMUNICATION CHANNELS
OF LIGHTEN UP PROGRAMS
IN THE UNITED STATES

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ABSTRACT

Several Lighten Up programs around the United States were qualitatively studied in efforts to determine their target audiences and the communication channels used to reach these audiences. To guide this study, principles from the social marketing framework and the diffusion of innovations theory were applied. Several Lighten Up program executive directors and other high-ranking individuals in charge of the programs were interviewed in-depth to answer questions pertaining to target audiences and communication channels. Inductive data analysis illustrated that programs did not segment their target audiences, that more programs depended on interpersonal and group communication than mass communication, and finally, that programs relied on opinion leaders, innovators, and early adopters to diffuse the program. This one-dimensional view of the audience and the lack of research also found caused the Lighten Up programs studied to have two of the symptoms of organization-centered programs.

CHAPTER 1 INTRODUCTION

The United States can no longer afford to ignore its obesity epidemic (Centers for Disease Control and Prevention, 2003). Estimates indicate that nearly 100 million American adults of a total population of 298 million (U.S. Census Bureau, 2006) are overweight (Black, Blue, Coster, & Chrysler, 2002), and almost half of those 100 million are obese (CDC, 2003). Other estimates find that 66.3 percent of American adults are overweight, and 32.2 percent of those adults are obese (National Center for Health Statistics, 2003). Sedentary lifestyles and unhealthy diets account for an estimated 300,000 deaths each year in America, most of which are preventable (Kroger, McKenna, Shepherd, Howze, & Knight, 1997). Obesity-related deaths currently represent the number two leading preventable cause of death in America, and it is believed by many that obesity-related deaths will soon pass smoking as the number one preventable cause of death in this country (Wellever, Reichard, & Velasco, 2004).

Though many people see a person's weight as one of personal responsibility, more people are beginning to recognize the community responsibility for the obesity epidemic (Andreasen, 2006). The negative and costly impact that obesity has on the nation also contributes to this idea of a community taking responsibility. Researchers estimate that obesity and the diseases related to it, mainly coronary heart disease, type 2 diabetes, and hypertension, cost the United States \$117 billion in health-care expenses each year (Rosenberger, Sneh, Phipps, & Gurvitch, 2005). These obesity-related diseases also negatively affect individual states and their total medical expenditures. State medical expenditures attributed to obesity range from an estimated \$87 million in Wyoming to \$7.7 billion in California (CDC, n.d.). Because of this negative impact on the nation and its economy, obesity no longer only burdens the obese. Although it ultimately comes down to the individual living a healthier lifestyle, society can lend a helping hand in this

fight against obesity. While researchers think inactive American adults can help reduce these preventable health-care costs by nearly \$30 to \$77 billion annually with physical activity (Pratt, Macera, & Wang, 2000), some believe it is society's responsibility to help make this possible. Therefore, with obesity no longer a taboo subject, all Americans need to address this epidemic together.

Various commercial, governmental, and nonprofit organizations around the country recognize they can and should play a role in preventing these deaths, in decreasing these startling statistics, and in reducing the negative economic impact of obesity (Andreasen, 2002). These groups intend to play a role by implementing programs to encourage the public's attitude change and, more importantly, behavior change. Several organizations have built successful campaigns affecting attitude and behavior change concerning health, such as the CDC's VERB and 5 A Day, the Florida TRUTH campaign, and the Partnership for a Drug-Free America.

However, with countless organizations helping Americans fight the bulge, it is impossible to know how much total money these organizations spend in this attempt. While some organizations have seemingly limitless funds, not all organizations, including the government, have millions of dollars available to promote their programs or disseminate their messages. In 2004, less than five percent of the nation's funds for health services were allocated for prevention and health protection activities (Gerberding & Marks, 2004). On the other hand, some organizations instead choose to allocate funding to other programs. While the CDC devotes \$100 million to its programs attempting to reduce tobacco use, it only allots \$16 million to its Division of Nutrition and Physical Activity (Gregory, 2002), even though obesity results in nearly as many deaths as tobacco use.

In 2005-2006, federal funding through the CDC for capacity building equaled less than \$500,000 for 21 states, and funding for basic implementation ranged from \$750,000 to \$1.3 million in only seven states (CDC, 2005). The 21 states in the capacity-building stage are “gathering data, building partnerships, and creating statewide health plans” (CDC, 2005). The seven states in the basic implementation stage have started “developing new interventions, evaluating existing ones, and/or supporting additional state and local efforts to prevent obesity and other chronic diseases” (CDC, 2005). This leaves 22 states without government funding for obesity prevention and cessation programs, sending the message to many that obesity is not an important or immediate enough of an issue to be on some states’ agendas.

The number of states with CDC funding for basic implementation and capacity-building is similar to the number of states that have or have had Lighten Up programs. Several states through their State Games intend to play their part in the fight against obesity and have implemented “Lighten Up” programs that promote weight loss through making healthier dietary choices and increasing physical activity. These team-based competitions encourage the residents of individual states not only to make themselves healthier but also the states in which they live. To promote and sustain these programs, directors of the programs incorporate public relations strategies and tactics in their planning and implementation.

This study aims to discover the public relations strategies and tactics that a number of states in the United States use in their Lighten Up programs. More specifically, this study aims to discover who these states targeted as their intended publics and the channels of communication used to do so.

A number of studies have been conducted on various health promotion programs that deal with issues such as preventing HIV/AIDS, promoting healthy food choices for pre-

schoolers, encouraging the consumption of five servings of vegetables and fruit a day, and reducing high-risk drinking at a university (Dearing et al., 1996; Young, Anderson, Beckstrom, Bellows, & Johnson, 2004; Thackeray, Neiger, Leonard, Ware, & Stoddard 2002; Gomberg, Schneider, & DeJong, 2001). Many of these programs were successful in changing the behavior of their target audience. These programs utilized a number of different strategies to reach their publics.

This study's purpose is to examine the public relations strategies and tactics used by various states' Lighten Up programs with the social marketing framework and diffusion of innovations theory in mind. Many institutions construct and implement programs using social marketing as a framework or foundation (Andreasen, 2002). This study expands on previous studies about social marketing and health promotion programs. Because the social marketing framework puts the target audience in the center of all decisions (Turning Point Initiative, 2003), the target audiences and channels of communication chosen for several state's Lighten Up programs must be evaluated. Additionally, as other programs have been studied in terms of the diffusion of innovations (Dearing et al., 1996) and social marketing (Gomberg, Schneider, & DeJong, 2001), the four-year-old Lighten Up program has not been studied. This research could add to the information about how to construct a successful program using this framework and theory through results and implications discussed.

This information is important if these and other similar programs wish to succeed in changing Americans' attitudes and, more importantly, unhealthy behaviors. Without studying the program in these terms, intended target publics may not be reached through the most effective channels of communication. For states that wish to build their own programs in the future, this

study could illustrate the importance of narrowing target audiences and choosing channels of communication that complement and most effectively reach those audiences.

CHAPTER 2 REVIEW OF LITERATURE

Social marketing itself is not a theory but rather a “promising framework for planning and implementing social change” (Kotler & Zaltman, 1971, p. 3). When using this framework, however, other social and behavioral theories can serve as foundations in the development of strategy (Alcalay & Bell, 2000). Therefore, for purposes of this study, the researcher will explore literature on the social marketing framework and the diffusion of innovations theory and how concepts of the two are applied to the Lighten Up programs.

Social Marketing

To understand the importance of using this working approach and related theories, it is imperative first to understand the framework itself. Kotler and Zaltman (1971) describe social marketing as the use of commercial marketing principles in the attempt to persuade people to accept an idea of social change. The origins of social marketing even lie in commercial marketing. In 1951, physiologist Gerhart Wiebe asked, “Why can’t you sell brotherhood and rational thinking like you sell soap?” (Wiebe, 1951, p. 679). In his study, Wiebe concluded that “the more a social change campaign resembles a commercial product campaign, the more successful it is likely to be” (Kotler & Roberto, 1989, p. 11). Wiebe found that through the use of mass media, and with proper motivation, direction, implementation, adequacy and compatibility of a social mechanism with consumers, one can “reasonably expect results comparable with those of a commercial sponsor” when attempting to encourage behavior changes (Wiebe, 1951, p. 691).

Programs revolving around this idea did not emerge until the 1960s with the promotion of family planning in India through the marketing of condoms by private and nonprofit sectors (Harvey, 1999). Researchers, however, did not actually coin the term social marketing until 1971

when Kotler and Zaltman recognized that the technology of marketing could be applied to issues of social change, thus dubbing it social marketing (Andreasen, 2006). From the 1950s to the 1990s, social marketing suffered an “extended ‘identity crisis’” (Andreasen, 2006, p. 90) when researchers went without a unified definition and clear characteristics. During this period, researchers also had a difficult time distinguishing social marketing from simple health promotion and health education programs. In the 1990s, social marketing hit its stride when researchers and practitioners realized that social marketing’s “essence was not changing ideas but influencing behavior” (Andreasen, 2006, p. 90).

Defining Social Marketing

From the 1970s to the 1990s, the definition of social marketing transformed. In 1971, Kotler and Zaltman 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 and marketing research. Thus, it is the explicit use of marketing skills to help translate present social action efforts into more effectively designed and communicated programs that elicit desired audience response (p. 5).

Some researchers, however, saw this definition as “too ambiguous and all-encompassing” (Smith, 1997, p. 23). In 1995, Andreasen modified the definition of social marketing to include three key aspects: the adaptation of technologies from commercial marketing, the voluntary nature of the change, and the improvement of society from the change (Smith, 1997). From that point on, researchers defined 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 the society of which they are a part (Andreasen, 2006, p. 91).

With this definition, social marketing became more distinguishable from other programs that sought to merely educate and inform publics of issues in society.

To help identify true social marketing programs, Andreasen (2002) proposed six benchmarks that social marketing programs should possess. First, behavior change is the focus of the design and evaluation of interventions. Second, programs conduct both formative and process research to understand the audience and the effectiveness of the intervention itself. Third, target audiences are segmented “to ensure maximum efficiency and effectiveness in the use of scarce resources” (p. 7). Fourth, there are attractive and motivational exchanges with target audiences. Fifth, programs use all four P’s (product, price, place, and promotion) of the marketing mix. Finally, programs pay attention to the competition fighting against the adoption of a certain behavior. While social marketing campaigns do not have to possess all six of these benchmarks, they should possess a number of these in order to maximize the power of the approach and distinguish them from communications campaigns (Andreasen, 2002). For the purposes of this study, the following literature will focus on the behavior change, the research, the audience, and the four P’s associated with social marketing.

Behavior Change

As mentioned earlier, social marketing is the attempt to alter the behavior of the audience. To accomplish this, social marketing programs offer the audience benefits that overcome the barriers and outweigh the risks of the behavior change. The publics, not the motivators of change, are the benefactors of the change (Baranowski, Cullen, Nicklas, Thompson, & Baranowski, 2003). Therefore, social marketing must place “fanatical emphasis on the customer[s]” or audiences because they are, not only the benefactors, but also the ones possibly making the change (Baranowski, Cullen, Nicklas, Thompson, & Baranowski, 2003).

Research and Theory

To discover the nature of this audience, “sound research is the basis of social marketing” (Kotler & Roberto, 1989, p. 62). Even during its identity crisis, researchers understood that successful social marketing occurs “only by researching and understanding the specific needs, desires, beliefs, and attitudes of target adopters and the specific characteristics of social products that are being marketed” (Kotler & Roberto, 1989, p. 62). Social marketers can discover this and other valuable information through three types of research: formative, process, and summative (Rimer & Glanz, 2005).

Formative, or audience research conducted in the planning stage, is “foremost” because it “answers the questions that guide the whole social marketing effort” (Balch & Sutton, 1997, p. 63). The questions include: who should the target be, what are they like, what behavior should the communication persuade the target to do, what is the benefit of the change, what is the most effective channel to reach the target, and what image should this communication put across to the target (Balch & Sutton, 1997). Practitioners should answer these questions using exploratory, qualitative research methods such as focus groups where they can pre-test marketing concepts and pilot materials (Rimer & Glanz, 2005). Secondly, process research evaluates the program during the implementation stage or once the program has already begun. This research should be more “diagnostic” than simple “bean counting” or tracking if real-time program adjustments are to be made (Balch & Sutton, 1997, p. 63). This type of research should answer the questions what a program delivered to whom and how (Balch & Sutton, 1997). This can be accomplished through measuring the distribution channels used, the target audiences’ exposure to the materials, and the target audiences’ awareness of the materials (Balch & Sutton, 1997). Finally, summative research, or research conducted upon the completion of a campaign, answers the questions of

what a program accomplished, more specifically “what worked, what didn’t work, and whether the program was cost-effective” (Rimer & Glanz, 2005, p. 38). Again, real-time feedback is vital in summative research, just as in process research (Balch & Sutton, 1997).

With the emphasis placed on influencing target audiences’ behavior, a theoretical foundation would serve as a “mental roadmap” to guide social marketers in understanding how to influence this change and how to design successful programs (Andreasen, 1997, p. 8). Examples of theories that can serve as a foundation are the Health Belief Model, the Theory of Planned Behavior, Social Learning Theory, the Stages-of-Change Model, and finally Diffusion of Innovations (Andreasen, 1997). Although ‘marketing is theory based,’ only a few social marketers concentrate on the theories “that affected their judgments on selection of target audiences, questions posed during formative research studies, strategies selected, how program elements were selected and developed, what outcomes were intended, and how they were measured” (Lefebvre, 2001, p. 506). Alcalay and Bell (2000) also found that only 30 percent of social marketing programs studied actually referenced any theory.

Audience Segmentation

After research and theory are consulted, social marketers should be more familiar with the audience they are trying to reach. Then, the audience becomes the focus throughout every step of designing, implementing, and monitoring the program (Andreasen, 2002). More specifically, social marketing’s effect can have more impact if the target market is segmented or divided into subgroups (Fox & Kotler, 1980). Segmentation is separating the audience into divisions “that have common characteristics in responding to a social campaign” (Kotler & Roberto, 1989, p. 27). Alcalay and Bell (2000) wrote that target markets can be segmented by simply by demographics, psychographics/lifestyles and community. This segmentation allows

programs to “develop health messages uniquely tailored to each group’s behavior, attitudes, preferred media, [and] language” among other things (Alcalay & Bell, 2000, 26). Segmentation may also allow campaigns to focus on specific segments and set particular goals for each of these segments (Fox & Kotler, 1980). With the specific audience always in mind, the planner will be more confident that they are recognizing and meeting the public’s needs (Rimer & Glanz, 2005). Furthermore, “it seldom makes economic or tactical sense to treat a target audience as one monolithic community” and “defies” the commercial marketing principles which social marketing bases itself upon (Andreasen, 2006, p. 104). A broad target audience ignores the variety within the audiences, fails to meet the interests and needs of each target, and emphasizes some target audiences that do not deserve attention (Andreasen, 2006).

Alcalay and Bell (2000) found in 75 percent of the nutrition/activity campaigns studied, audiences were segmented by demographics, while audiences were segmented by psychographics/lifestyles in 25 percent of the programs. Demographic segmentation limits the ability of the social marketers. Dependence on this type of research locks social marketers into assuming what the targets need, want, and perceive (Andreasen, 1997). Moreover, some programs choose not to segment their target audiences at all, at times “arguing (especially if they are a government agency) that they must cover everyone” (Andreasen, 2006, p. 118) or believing “that everyone...should wear seat belts, exercise more, never smoke and never take mind-altering drugs” (Andreasen, 2006, p. 94). Nonprofits want to avoid ‘leaving anyone out’ of the mix and instead see segmentation as “withholding services from a particular group” (Currence, 1997, p. 112). While this is “admirable,” it may actually hinder social change (Andreasen, 2006, p. 94).

Competition

This component of social marketing deals with the “attitudes and activities” that prevent or compete with an audience member’s actual behavior change (Smith, 2000, Positioning strategy section, para. 2). These can include fear of the side effects of a behavior or more appealing and immediate options (Murphy, 2004; Andreasen, 2006). Burke (2004) found that a barrier for preventing the spread of HIV from mother to child was the fear of being tested. Just as in commercial marketing, success is dependent on paying attention to the competition and the benefits it offers and then “beating the competition” (Andreasen, 2006, p. 104). According to Smith (2000), “To be successful, a marketer must make it clear to the consumer what the...behavior’s competitive advantage is by giving the consumer a clear positioning strategy” (¶ 8).

The Four P’s of Marketing.

To package the idea of behavior change most effectively for the audience segments, social marketers must consider the four P’s (product, promotion, place, and price) of marketing (Kotler & Zaltman, 1971). However, because social marketing is practiced not for commercial profit but for societal benefits (Pirani & Reizes, 2005), these four principles’ meaning are shifted from the selling of an actual product to the selling or promoting of a behavior change. Kotler and Zaltman (1971) redefined the four P’s in terms of social marketing. The product becomes the benefits that the behavior change offers (Andreasen, 2006). The price becomes the cost to acquire the product or to make the behavioral change, whether it be a monetary, psychological, or sociological cost (Kotler & Zaltman, 1971). The place becomes the variety of compatible channels, both interpersonal and mass media, chosen to distribute the product to the consumers.

Finally, promotion becomes the communication strategies and channels chosen to promote behavior change (Rimer & Glanz, 2005).

Communication Channels

To be successful, a social marketing campaign must effectively communicate its message to the publics it is trying to reach (Ressler & Toledo, 1997). It is vital to understand what motivates the publics and then understand the channels of communication and distribution that would be most effective in motivating these publics in order to establish and maintain a successful program (Rimer & Glanz, 2005). Even if the message is the same, such as losing weight through eating healthier and exercising more, this message should be designed and placed according to each audience segment (Alcalay & Bell, 2000). Because social marketing is in essence a “planned communication process” (Rogers, 1995), understanding the most appropriate communication channels for the audience segments is vital to success of programs using this framework.

Another key aspect of effectively using the social marketing framework, therefore, is the selection of the communication channels that campaigns use to spread the chosen message to the specifically chosen target audiences (Alcalay & Bell, 2000). If the target audiences never get the message through the proper communication channel, they will most likely never make the behavior change that could improve their lives. However, Alcalay and Bell (2000) found that the majority of programs studied did not inquire into which channel of communication is preferred by the audience members or include justifications for the communication channels used.

Diffusion of Innovations

Again, although social marketing is not a theory, it is related to a number of other theories that promote the spread of ideas (Baran & Davis, 2000). Baran and Davis (2000) state

that one strength of social marketing is that it builds on diffusion theories. Lefebvre (2001) wrote, “Diffusion of innovations...concepts offer a tremendous amount of insight for social marketers to use in designing their programs” (p. 513). Social marketing and diffusion of innovations both attempt to further people’s understanding of attitude and behavior change in society (Alcalay & Bell, 2000). They also complement each other with social marketing concentrating on using mass communication to inform and interpersonal communication to persuade and diffusion of innovations incorporating the power of both mass communication and interpersonal communication to further the public’s understanding, awareness, and adoption of an innovation or behavior change (Dearing et al., 1996).

In order to improve the health of the community, the community as a whole must be reached, which is where diffusion of innovations enters. Although an individual ultimately must make the behavior change, diffusion of innovations proposes that “there are processes available to manage widespread behavior change and not leave it to chance” (Lefebvre, 2001, p. 513). Not only has diffusion of innovations made “significant contributions to the understanding and promotion of behavioral change,” (Haider & Kreps, 2004, 6) but it is also vital to this change. “The DOI model serves as an invaluable tool to facilitate the spread of health messages within a community” (Haider & Kreps, 2004, 6).

Diffusion of innovations has four components to its definition: the innovation, communication channels, time, and the social system (Rogers, 2003). Diffusion is the process “by which an innovation is communicated through certain channels over time among the members of a social system” (Rogers, 2003, p. 11). Again, diffusion itself promotes the idea of social change (Rogers, 1995) because the innovation being diffused is a new idea, practice, or object to society, thus a type of social change.

Innovation Characteristics

An understanding of five specific characteristics of an innovation helps explain the rate of its adoption (Burke, 2004). These five qualities are its relative advantage, compatibility, complexity, trialability, and observability (Svenkerud & Singhal, 1998). Relative advantage refers to how much the innovation is perceived to be better than the idea formerly in place (Rogers, 1995). Compatibility is how consistent an innovation is perceived to be with “existing values, past experiences, and needs of potential adopters” (Rogers, 1995, 15). Complexity is the level of difficulty to understand and use the innovation that the adopter perceives. Trialability refers to the possible experimentation of the innovation by the adopter for a limited amount of time before the adoption of the innovation. Finally, observability is how visible the results of the adoption of an innovation are to the adopters’ peers.

Adopter Segments

Even during its identity crises, social marketing researchers understood the importance of the diffusion of social change, recognizing the different rates of adoption by those within an audience. The idea that “some members of a target group adopt change more quickly than other members, even when all members of the target group are exposed to the advocated change more or less at the same time,” (Zaltman & Duncan, 1977, p. 99) serves as a basis for the rate of adoption of an innovation. Typically, the rate of adoption follows the S-shaped curve, which rises slowly with a small amount of a population initially adopting an innovation, then quickly accelerates until half of a population adopts an innovation, then finally gradually slows down as the remaining few adopt the innovation (Rogers, 2003). In most cases of marketing, however, 100 percent of the population will not adopt an innovation, but it is still important to understand the sequence of the diffusion process (Robertson, 1967). According to Burke (2004), researchers

have used diffusion of innovations theory to explain the reactions to health problems, like HIV/AIDS, from placing blame on outsiders, then to risk groups, and finally to the general population recognizing it as a problem for everyone.

The distribution of the total adopter population follows a normal Bell curve. This curve is divided into five sections or adopter categorizations including: innovators, early adopters, early majority, late majority, and laggards. The percentages of each adopter segment are 2.5 percent, 13.5 percent, 34 percent, 34 percent, and 16 percent, respectively (Robertson, 1967). Innovators are the first to adopt an innovation, early majority are second, and so forth until laggards are the last segment to adopt an innovation. When researching the diffusion of family planning programs in developing countries, Murphy (2004) found that some individuals were “in the avant guard,” while others followed when more individuals adopted the innovation and still others have yet to adopt the innovation (p. 125).

The section that adopters fall into at times reflects certain characteristics they possess. Haider and Kreps (2004) described these characteristics as including the level of education, socioeconomic status, and social status, among others. Similarly, the opinion leadership of the diffusion of innovations revolved around a similar idea. Rogers (1995) defined four specific typical characteristics of opinion leaders. First, they have exposure to cosmopolite communications. Second, they are in somewhat higher socioeconomic status. Third, they are more innovative in nature. Finally, they are usually in the center of interpersonal communication networks. Therefore, formative research conducted before the onset of a social marketing campaign could not only help to segment the target audiences, but also help to determine which audience members will adopt an innovation first and then spread the information to future

adopters. Similar to social marketing, these segments are useful in tailoring the innovation to the segment's personalities (Burke, 2004).

Communication Channels

In order to describe the innovation characteristics to the public and increase the probability and speed of adoption, communication is key (Burke, 2004). The communication channel is the way that this information gets from one person to another person. Communication channels can be either mass media channels or interpersonal channels (Rogers, 2003). Mass media channels involve the transmission of messages through a mass medium, including television, radio, newspaper, and Internet, among others. Rogers (2003) concluded that communication generated through mass media channels can “reach a large audience rapidly, create knowledge and spread information, [and] change weakly held attitudes” (p. 205). Unlike the media's ability to change weakly held attitudes, strongly held attitudes are shaped and changed by interpersonal communication channels (Rogers, 2003). This interpersonal communication channel refers to the face-to-face or electronically-facilitated interaction between two people (Svenkerud & Singhal, 1998). Often times, ideas are diffused through both communication channels, and the two supplement each other well. Kotler and Roberto (1989) address this supplementation, saying, “At times interpersonal channels are primary and supplemented by mass communications; at other times, mass advertising is the primary channel and is supplemented by interpersonal communication.” (Kotler & Roberto, 1989, p. 169).

Innovation-Decision Process

The selection of communication channels often follows the Innovation-Decision process of diffusion of innovations (Haider & Kreps, 2004). Rogers first described the five-step process that adopters go through, which includes the knowledge, persuasion, decision, implementation,

and confirmation stages (Rogers, 1995). Knowledge refers to an adopter learning about an innovation's existence and characteristics/functions. Persuasion refers to an adopter forming a favorable or unfavorable opinion about the innovation. Decision refers to an adopter engaging in actions that ultimately lead to adoption or rejection of the innovation. Implementation refers to an adopter using an innovation or making a behavior change (Haider & Kreps, 2004). Finally, conformation refers to an adopter seeks reinforcement of the adoption decision, whether it be acceptance or rejection.

Haider and Kreps (2004) found that public health campaigns should be designed in a similar step-organized framework. According to the social marketing framework, after discovering the current attitudes of the audience segments, the program must then determine which channels of communication, both formal and informal, would be best to reach these segments (Fox & Kotler, 1980). Mass media channels tend to make the public more aware of innovations the quickest and most efficiently (Rogers, 1995), while interpersonal channels are the most effective channels during the persuasion stage (Burke, 2004). Some researchers find that the more powerful "personal-influence" or interpersonal communication channels should be taken advantage of whenever possible, even in social marketing programs (Robertson, 1967, p. 18; Kotler and Roberto, 1989). This type of communication is related to the opinion leadership of certain individuals who "are able to influence other individuals' attitudes or behaviors in a desired way with relative frequency" (Svenkerud & Singhal, 1998, p. 196).

One study suggested that more than 75 percent of new undergraduate college students would recommend the use of helmets to their fellow students to avoid head injury on bicycles (Coron & McLaughlin, 1996). In their 2003 study on African Americans, social marketing, and health promotion programs, Icard, Bourjolly, and Siddiqui (2003) found African-Americans

thought “word-of-mouth,” friends, and personal acquaintances were good channels to spread health programs to African-Americans. Haider and Kreps (2004) also found behavior change programs based on this theory should attempt to diffuse the idea from the innovators to the laggards as soon as possible to promote more behavior change in everyone, not just the opinion leaders.

Recent research has also focused on how the communication channels, the innovation-process, innovation attributes, adopter categories, and opinion leaders are related to the prevention of the spread of HIV/AIDS (Bertrand, 2004; Rao & Svenkerud, 1998). To summarize, the combination of diffusion concepts discussed above, including communication channels, the innovation-decision process, innovation attributes, adopter categories, and opinion leadership “have emerged as salient to the design of public health programs” (Svenkerud & Singhal, 1998, p. 195).

Not all organizations attempting the diffusion of behavior change have the resources to use a proper combination of communication channels or conduct the sometimes expensive audience research. Nonprofit organizations often fall victim to their own limited budgets or lack of resources. Often times, they cannot afford the use of the mass media communication channels despite the fact that these channels may be the most effective channels for their audiences. Therefore, “there are barriers to the ability of a nonprofit to control and use all of the elements of the marketing mix, and therefore to their ability to change the consumer” (Dahl, Gorn, & Weinberg, 1997, 174). Other researchers, however, conclude that for half the cost of mass communication, the high-intensity or personal selling approach is used twice as much in diffusion of a social marketing program aimed at community mental health workers than the low-intensity or mass communication approach (Rothman, Teresa, Kay, & Morningstar, 1983).

Research addressing both the diffusion of innovations theory and the social marketing framework has been conducted. Svenkerud and Singhal (1998) examined how effectiveness HIV/AIDS prevention programs were at targeting specific populations in Thailand. In this study, they found that the majority of programs did not target unique segments of the audience; “instead, they utilized a ‘blanket’ approach in reaching the general population” (p. 203). Of the unique populations targeted, interpersonal communication played a larger role in the persuasion stages of the program. For these populations, “the use of mass media channels alone is not enough to affect behavioral change” (Svenkerud & Singhal, 1998, p. 204).

In order to illustrate the use of the diffusion of innovations theory and the social marketing framework in the real world, the literature review will now focus on past and current programs that have successfully used the two.

Programs That Use Social Marketing

Social marketing’s status as a developing framework and not a theory influences the number of academic studies using social marketing. Most research on social marketing focuses on its struggle to define itself (Smith, 2000; MacStravic, 2000; Andreasen, 2002; Neiger, Thackeray, Barnes, & McKenzie, 2003), the difficulty of measuring the effects of social marketing, (Pavia, 1995) or the influence that social marketing has had on various programs throughout the country (Ludwig, Buchholz, & Clarke, 2005; Conner et al., 2005; Cohen et al., 1999).

Unlike most commercial marketing, where the goal is to produce profits through increased sales, “the motivation behind social marketing is to reduce the incidence of deaths, illness, and health care costs, and to improve the quality of life” (Mintz, Layne, Ladauceur, & Desrosiers, 1997, p. 218). Simply put, “the ‘bottom line’ of social marketing is social change”

(Andreasen, 1994, p. 110). “Successes clearly and widely exist” in the field of social marketing with several organizations reaching this goal (Andreasen, 2006, p. 217). Social marketing is a “promising framework to systematically approach problems related to nutrition behavior” (Young, Anderson, Beckstrom, Bellows, & Johnson, 2004, p. 250). While at times social marketing can only do so much to fight against the current trends and influences of society, these programs can be effective in making the public aware and making some of these public change their behaviors (Alcalay & Bell, 2000). Several programs promote behavior changes that lead to a healthier population. Among others, programs have influenced behavior changes such as anti-smoking, safe sex, seatbelt use, and organ donation (Pavia, 1995).

One such program is the Florida TRUTH campaign, which is now the largest smoking prevention program geared toward the youth of America (Bradley, n.d). Instead of focusing on the health risks of smoking, the TRUTH campaign focused on promoting teenagers to exercise their independence and rebel against the pressure to smoke and the tobacco industry (Evans et al., 2004), leading to an effective prevention and behavior change program (Bradley, n.d.). Other states have designed similar programs to make the public more aware of the effects of smoking tobacco. The Coalition for the Tobacco-Free Louisiana and the Louisiana Campaign for Tobacco-Free Living specifically tackle the issue of secondhand smoking and preventing tobacco use through their media campaigns and public relations tactics. To target college students, the cessation program “Smoking Words” uses the social marketing framework to reach students on the Louisiana State University and Southern University campuses. Through specifically targeting female students with the health and cosmetic problems caused by smoking, the program has successfully lowered the percentage of students who smoke by seven percent in a five-year period (McElfresh, 2005).

Louisiana's "Click it or Ticket" serves as another example of programs effectively using the principles of social marketing as a framework for success. By initially promoting the product (seatbelt use) and the price (fines or jail time) of the program, this program illustrates how the proper mix of product, price, and promotion can lead to an increase in seatbelt use (Bradley, n.d.). The social marketing campaign Project ACTION has increased teen condom use by 18 percent in Portland, Oregon (Keller & Brown, 2002). With the knowledge that access was a main barrier to condom use, this campaign made condoms available for sale through condom vending machines (Keller & Brown, 2002).

Other successful social marketing campaigns focus on promoting healthier, more active lifestyles to fight obesity. Several of these are geared toward motivating children. Coordinated Approach to Child Health, otherwise known as CATCH, is a research-based program that promotes good heart health early in life by using schools around the country as a base (Bradley, n.d.). Government agencies such as the CDC have initiated programs that more obviously incorporate social marketing components, such as the VERB campaign. Launched in 2000, VERB focuses on fulfilling as many of the six benchmark characteristics set forth by Andreasen (2002) to distinguish itself as a social marketing campaign. Its main goal is to encourage tweens (age 9 to 13) to become and remain physically active. According to the CDC (2002), the program segments the tweens into multiculturally similar segments, then into primary and secondary groups within these segments, and then VERB produced various messages to be placed in various mass media channels according to how these segments would best be reached (Multicultural creative backgrounder, 2002). VERB also places an emphasis on formative, process, and summative research.

The CDC also has social marketing programs geared toward adults, such as the 5 A Day for Better Health campaign, which uses the mass media, point of purchase, community coalitions, and research to plan, implement, and monitor the program (Bradley, n.d.). The 5 A Day campaign encourages the consumption of five fruits and vegetables a day in the effort to reduce various types of cancer and other diseases by making healthier dietary choices (Donato, 2006). This national campaign that originated in California used several of the six benchmarks established by Andreasen (2002), including a specific behavior change as the goal, formative and process audience research including focus groups and monitoring, all four P's of the marketing mix, and also used a variety of distribution channels and the Stages of Change Model as a theoretical framework (Rimer & Glanz, 2005). Project Leaders Encouraging Activity and Nutrition, otherwise known as Project LEAN, thoroughly considered its audience after conducting formative research and recognizing that behavior change was more difficult when guidance on healthier food preparation was not given as part of the message (Bradley, n.d.). Therefore, the program supported this idea by having chefs and journalists collaborate on recipes and cooking tips. However, in many cases, programs ignore this formative research, which is crucial for effective social marketing programs.

Programs That Use Diffusion of Innovations

Diffusion of innovations can promote three kinds of behavioral changes including commencement, cessation, and adoption, which either can be prevention or sustained behavior change (Haider & Kreps, 2004). An example of commencement would be a program, such as Lighten Up, that promotes adding elements of a healthier lifestyle such as exercising more and eating healthier foods. An example of cessation would be a program encouraging smokers to quit

the behavior. Finally, an example of adoption would be a program encouraging people to use condoms to stop the spread of STDs.

The majority of research on diffusion of innovations programs attempting to change the public's behavior related to health revolve around preventing the spread of HIV/AIDS (Dearing, et al, 1996; Svenkerud & Singhal, 1998; Bertrand, 2004). STOP AIDS is one such adoption programs that sought to stop the spread of HIV/AIDS among homosexual men in the 1980s in San Francisco (Bertrand, 2004). The program was based on the diffusion of innovations theory, which contributed to its "success" (Rogers, 2004, p. 18). The 7,000 homosexual men, or innovators and early adopters, who were trained in the program reached upwards of 30,000 other gay men. These 7,000 men made other men aware of HIV/AIDS, the nature of the disease, and the preventative steps to take against the spread of it (Rogers, 2004). This diffusion resulted in the number of AIDS infections per year dropping dramatically from 8,000 to 650 in fewer than two years. This illustrates the possibility to save lives through using diffusion of innovations in health promotion programs (Rogers, 2004). However, as stated earlier, this drop may not only be a result of this one program, as other societal factors have not been controlled for.

Further research on other programs that used diffusion of innovations for the purposes of social or behavioral change are lacking. This coincides with Lebevre's conclusion that few "active discussions of it [exist] in social marketing circles" (2001, p. 513).

Research Questions

The tie that binds social marketing and diffusion of innovations together is the focus on target audiences and communication channels. Although the Lighten Up programs do not claim to operate as social marketing programs, the social marketing framework and diffusion of innovations theory serve as appropriate vehicles to study target audiences and proper

communication channel choice under because of their common focus. With the emphasis of research and theory in social marketing, it is also important to study the research and theory that the Lighten Up programs did or did not utilize. Thus, the following research questions will be examined:

RQ1: What audiences are being targeted by the programs?

RQ2: What channels are used to reach these target audiences?

RQ3: What is the rationale for using these channels?

RQ4: Do the directors use any type of theory as a basis for their tactics used, such as the social marketing framework or diffusion of innovations theory?

RQ5: Do the directors conduct any type of research before, during, or after the program?

RQ6: How do the directors evaluate the effectiveness of the campaigns?

CHAPTER 3 METHODOLOGY

The purpose of this study is the discovery of how the Lighten Up programs in the United States apply the concepts of the social marketing framework and the diffusion of innovations theory. More specifically, the study examines the chosen target audiences, the channels of communication used to reach these audiences, the theories used for any decisions pertaining to the program, what research, if any, was conducted, and finally the evaluation of the effectiveness of the program. Qualitative interviews were utilized to answer these inquiries. A discussion of the justification in using this method and an explanation of the research design follow.

When little is known about a topic, qualitative research can provide enlightening data that answer exploratory and descriptive research questions (McCracken, 1988; Broom & Dozier, 1990; Lindlof & Taylor, 2002). One of the most potent methods of qualitative research is the in-depth interview (McCracken, 1988). In this purposeful conversation, the researcher leads respondents through a series of open-ended questions that address the research questions.

The researcher contacted directors of 23 Lighten Up programs by e-mail or telephone to request participation in this study. The researcher used the Internet to find the identities and contact information of the directors. Of those contacted, 22 were from individual states who previously implemented this program and one was from the national program, Lighten Up America. The researcher aimed to interview the executive directors of the programs as the ultimate decision makers. However, only six respondents were executive directors. Other respondents had the titles of vice president of operations, director of communications, marketing coordinator, director of events, health initiative coordinator, director of special projects and finance, coordinator, and volunteer in marketing and public relations. Individuals in these positions either were referred by the executive directors or were those individuals who replied to

the researcher's e-mail soliciting participation. Because qualitative research generally focuses on individuals with extensive knowledge of the subject being studied, this did not limit the study (Daymon & Holloway, 2002). Three executive directors declined participation. One state does not currently have an operating Lighten Up program. Six executive directors did not reply to multiple requests for participation. Of these six, two states do not have a Lighten Up program currently in operation.

With only 18 Lighten Up programs currently being implemented, a qualitative method served the researcher's purpose by allowing time to research this information fully with those respondents available. From April to May 2006, in-depth phone interviews were conducted with 14 individuals from 13 organizations (one organization had two representatives). Participating programs included America, Arizona, Colorado, Iowa, Kansas, Maine, Massachusetts, Missouri, Montana, Nebraska, North Carolina, Virginia, and Washington. The number of interviews allowed for redundancy of themes or what is known as saturation (Hon & Brunner, 2000). The number of programs represented in this study also matches the number of programs present at a Lighten Up Summit in May 2006, according to Lighten Up America Executive Director Troy Vincent.

Each in-depth interview was semi-structured in order to reduce any effect the researcher might have on the research (Lindlof, 1995). The respondents were asked approximately 20 open-ended questions, which exhausted the subject matter being researched.

The questions asked include

- Was there any public that was targeted more than any others?
- Was the audience segmented according to demographics?

- What types of channels of communication were used to reach each of these target audiences?
- In regard to mass communication, was there any medium that was used considerably more than any others?
- What was the justification in using the media that were used to distribute the program's message?
- Were any theories considered as a framework or as a guide for reaching the target audiences?
- What type of research was conducted before the campaign?
- How do you evaluate the effectiveness of the campaign?

The interviews ranged from 17 to 52 minutes with an average of 31 minutes. The interviews were audio recorded over speakerphone and then transcribed by the researcher.

Using the transcriptions, the researcher used inductive data analysis to “search for patterns of meaning in the data so that general statements about phenomena under investigation [could] be made” (Hatch, 2002, p. 161). First, the researcher read the data thoroughly to get a “solid sense” of what made up the data (Hatch, 2002, p. 162). From these readings, the researcher developed two overarching categories and discussed each category in terms of social marketing and diffusion of innovations and themes associated with the two.

CHAPTER 4 RESULTS

Interviews were conducted with 14 knowledgeable individuals in high-ranking positions of Lighten Up programs in the United States. The length of time the respondents have held their positions ranged from two months to four years. Overall, there were 10 female respondents and four male respondents. Although the majority of the programs operate under the name “Lighten Up” plus the name of the state, not every respondent in this study represented programs with that exact name. Other states have chosen to alter the names slightly to fit their goals better; however, these programs still operate in a similar fashion to the Lighten Up programs. All 13 of the programs operate as nonprofits. At some point during the interview without any prompting from the researcher, eight respondents mentioned their positions as nonprofits and the effects on their strategies and tactics they used throughout the program. These effects will be mentioned throughout this chapter.

The purpose of these interviews was to answer the following research questions:

RQ1: What audiences are being targeted by the programs?

RQ2: What channels are used to reach these target audiences?

RQ3: What is the rationale for using these channels?

RQ4: Do the directors use any type of theory as a basis for their tactics used, such as the social marketing framework or diffusion of innovations theory?

RQ5: Do the directors conduct any type of research either before, during, or after the program?

RQ6: How do the directors evaluate the effectiveness of the campaigns?

Before studying the strategies and tactics used by the programs studied, it is important to understand the overall inspiration for many of these decisions. With Lighten Up programs in

their infancy, the dependence that these programs have on the pilot program, Lighten Up Iowa, is evident. The majority of respondents mentioned their varying degrees of reliance on the Lighten Up Iowa program and the model it provides. In 2002, Lighten Up Iowa introduced the model of team-based competitions available each year for a period of roughly five months. Participants organize themselves into teams that pay a small fee to compete against other teams throughout the state to lose the most weight and accumulate the most miles or minutes of activity. Teams typically log or record their accumulated miles or minutes and pounds lost on the program's website. Those teams that win the competition usually receive some form of recognition or award from the program. Again, majority of respondents addressed how they mimicked this initial model when implementing their own states' programs.

LE: I base a lot of what we do from marketing to how the program is operated and how we communicate with our people based on what was done initially with the Iowa Games and Lighten Up Iowa in 2002. They really are the blueprint that many...of the programs are using.

RO: The idea came to us through the Iowa Games...We kind of did it a different route but basically the same thing as Lighten Up Iowa.

NI: We started...after the Lighten Up Iowa began and the folks from the Iowa Games shared some information with us. We took their model and customized it for [our state]...Everything good about the program, we've learned from the Iowa Games. We took their manuals, their entry information and studied it...We knew what worked for Iowa...It was very much developing the strategies from them.

ML: We got involved through Iowa who started the Lighten Up program...[got] most of the information from the state of Iowa and started our own program here...We kind of use their model as a base model and use a lot of information from them.

IR: Literally what we've done is taken the Lighten Up Iowa information and turned it into [our program]...In the past, it was very similar to the Lighten Up Iowa program, and in the future it will be the same.

Duplication of the Iowa program seemed the logical choice to several respondents, who believed that "it was a no-brainer" because "as Americans we all have similar problems."

LE: I don't feel like I have to really re-invent the wheel on any of these issues that we come up in __.¹ What works in Iowa, works here, and works in Pennsylvania, and works in Missouri and Massachusetts. So we all, most of the states, are following the same pattern, the same blueprint, although we certainly at this point have not been bound by being forced to follow any of those.

DR: We did it...based on the fact that there was success in the state games programs around the country, in particular Iowa....We didn't re-invent the wheel, so we leaned heavily on other states that had success along the way, again, in particular Iowa.

Using inductive analysis, the researcher identified two categories to divide the data into, including uniquely targeted programs and blanket-targeted programs. This categorization is similar to Svenkerud and Singhal's (1998) study on HIV/AIDS programs using the frameworks of diffusion of innovations and social marketing. Svenkerud and Singhal's purpose was to discover if and which diffusion of innovations concepts or social marketing concepts were found in HIV/AIDS programs in Bangkok. Within each of these two categories, the researcher developed the themes first revolving around social marketing (behavior change, the use of research, the use of theory, audience segmentation, the four P's of marketing, and communication channels) and then on diffusion of innovations (innovation characteristics, adopter segments, communication channels, and innovation-decision process). The researcher chose to categorize the programs according to their focus on the audience because the audience members are those that would engage in the behavior change or adoption and the emphasis that social marketing and diffusion of innovation place on the audience or adopters.

To distinguish which category each program studied belonged in, the researcher analyzed the respondents' answers to questions that were related to target audiences of the programs, including what were the target audiences of the public relations strategies and tactics, was there any public that was targeted more than any others, and was there any public not targeted at all.

¹ The symbol __ denotes where a respondent mentioned the program, the state they represent or a fact that would identify the program or state. This symbol is used as to not reveal the identity of the respondent.

Respondents who said the target audiences, for example, were “everyone in general,” “all audiences,” “adults over 18 years old,” “the total population of the state,” “real broad target base,” “people from every walk of life,” and “all adults over 18” were categorized as blanket targeted programs. Respondents who said the target audiences were specifically “key employers [and] sponsors,” “big businesses and corporations [with] their own health fitness programs,” “school systems [and corporations] using the program as a corporate wellness initiative,” and “businesses...our sponsors...churches [and] schools” were categorized as uniquely targeted programs. Nine programs were categorized as blanket-targeted programs, and four programs were categorized as uniquely targeted programs. First, the blanket-targeted programs will be analyzed in terms of social marketing concepts and diffusion of innovations components, followed by an analysis of uniquely marketed programs.

Blanket Targeted Programs

Social Marketing

Behavior Change. As stated earlier, social marketing is different from commercial marketing because it promotes “the voluntary behavior of target audiences in order to improve their personal welfare and that of the society of which they are a part” (Andreasen, 2006, p. 91).

Though no question specifically addressed this during the interviews, a number of respondents in the blanket category referenced this goal of behavior or “lifestyle changes.”

DR: It was the total population of the state...in particular those people that needed to change their lifestyle as it pertained to exercise and eating habits and combating the epidemic of obesity...Our idea was to...raise the awareness of the problem and along the way change the lifestyle of the...people that participated.

SN: I think that’s our goal – that people develop some healthy habits during it and that they maintain it when the program is over.

PV: We want everyone to realize it is not about losing weight. It’s about being active and taking care of yourself.

ML: It's not just based on weight loss or trying to push a diet. It's more...activity... getting healthier, learning to eat the right things.

RH: We have a sedentary population that needs to get up and get active, and they needed to make better food choices.

IR: For those individuals who might not be disciplined when it comes to their health, eating right and then actually getting up and having activities, we're gonna target those folks and keep them motivated and help them build, changing their health habits and making it a cultural experience of changing their complete habits.

Though several respondents said their goal was to promote these behavior changes, this is not an always easily accomplished goal. DR illustrated this point:

I think the number one lesson learned is it is very difficult to change one's lifestyle even knowing that there are problems and identifying them. Changing people's lifestyle is not an easy task.

The use of research. Research is vital to discovering how to best reach publics and to influence behavior change. Formative, process, and summative research help programs explore these issues before, during, and after campaigns.

Overwhelmingly, a majority of blanket-targeted programs engaged in some type of formative research, though not formal research, choosing rather to conduct "fact-finding," "informal," "basic" assessments of the current obesity "problem" within their states and the country.

EA: It wasn't really research. It was just...saying 'hey, we have a problem.'...I guess we started pulling information from the CDC and having __Department of Public Health available to the program, and they have specific information regarding everything in the state as well.

PV: We looked into some health statistics in the state and what the obesity numbers are...The research we did was researching what happened last year. Also, basing it off of the other states...We pulled up a lot of numbers about how a lot of research was done, was proved in Iowa...It was basic, basic research.

NI: No. We clipped articles about the obesity epidemic...We spoke to community leaders and people who eventually became partners in the program, for instance, the health department, the education department, the university extension service. That was not

what I would call formal research as much as it was sort of informal polling of experts in the area of wellness....We've never done any research on how people have found out about it or about our channels of communication.

RH: We worked with our [health department] and the CDC to come up with what percentage of the population is obese, what percentage of the population is lacking in the activity area, what the age groups are and then went from there...so those are the things that we put into our marketing plan.

SN: I don't know if you have to do anything formal...__% of the people who live in __ are overweight and obese. I'm not sure how much more you need to know than that.

TK's labeled the research her program conducted "relationship building" research that entailed "meeting" with the department of health and business associations "to see if businesses would be receptive to allowing employees to be online to be logging physical activity and diet...during the work day as a part of their health and fitness program."

TK: We had to make sure that we weren't going to miss the main target, the deconditioned audience. So we needed to do a lot of research on that end just to be sure that our program, we knew that it couldn't serve 100 percent of the potential users, but we wanted to make sure it served a high percentage.

Process research should diagnostically evaluate the program once it has started and not just track the number of participants or the number of materials distributed (Balch & Sutton, 1997). It should answer what a program delivered to whom and how (Balch & Sutton, 1997). Three programs in the blanket targeted category conducted surveys of the participants during the campaign. These surveys generally served as a checkup on the participants. According to NI, the survey's purpose was "finding out how the participants were doing in the program and their opinions of whether it was helpful or not." The purpose of TK's survey was similar, being "to get feedback on what's working, what's not working, and that would be about it." Four respondents said they did more observational process research, which Balch and Sutton (1997) advised against.

RH: I don't know that we really conduct research during the campaign. We track results, but we really don't conduct research.

DR: Not necessarily other than tracking the amount of activity that was actually taking place.

EA: We track all the teams that report their numbers to us so we have the starting weights then each month how much each team has lost and how many minutes of activity. It's mostly just based on numbers.

The remaining respondents said that their research during the campaign was "nothing formal" and served a "monitoring" purpose for their states and other states' programs.

PV: We're not doing extensive research, but we're always looking into what other states have found and what is proven across the board right now for the country in terms of participation and obesity.

PV also mentioned the fact that once the program begins it is no longer the time to conduct research.

Once the competition started, it was kind of like our PR stuff is out there. Teams are there. Let's just move forward with the competition. It is no longer us trying to research for next year and what else we could do because it was kind of done once the program was started.

In terms of research performed after the completion of each program, or summative research, six respondents said they conducted surveys or questionnaires of all participants, random participants, or team captains. One respondent also conducted a survey a number of months after the campaign ended. Overall, these surveys also served as an investigation into participants' opinions on the effectiveness of the programs, similar to what Rimer and Glanz (2005) advised.

EA: It's more finding out what people liked and dislike about the program, what worked for them, what didn't work for them, so we can make the appropriate changes and progress on with our program, make those changes to make it a better program so hopefully we can reach out and reach more people in the future.

TK: I'm kind of trying to see if I would deem anything formal research. Once again, surveys, and I'm gonna leave it at that...It's more of a relational instead of formal research oriented interaction.

The informal questionnaire of team captains aimed to discover "if their teams were still in communication with one another, if they were still working together as a team, if they were still doing a lot of the things they were doing during the program." Similar to process research, a number of respondents said their summative research revolved around gathering statistics pertaining to the participants and their progress made in the program.

IR: The amount of research that was conducted was very limited. It was just pretty much on the number of participants, the number of pounds and minutes logged, that kind of stuff.

DR: The accumulation of activity that was taking place in the program, so we have statistical data to justify or to attest to the success of what we had done.

RH: We wait until everything is done and then kind of follow up with statistics of what we did and monitor what is going on in the state and the country....We look at all of our statistics and compare them with statistics at the other state levels and other state games who are doing a similar type program and draw conclusion from that. But I don't know that we would really say that we do research.

A handful of respondents also said that their summative research made comparisons between their programs and other states' programs.

PV: We all share numbers, and we all share statistics. Based on the success of others as well as the overall program...that's the research we're doing, to see what is working and see what avenues we haven't gone down that need to be gone down....We're not so caught up in hard numbers right now.

ML: Just look at credible websites or credible information or talking to other states to find out where they got their information from.

The Use of Theory. Of the nine programs categorized as blanket targeted programs, eight respondents said they did not consult any theory as a framework or as a guide in the decisions. This corresponds closely to the 30 percent of social marketing programs that Alcalay and Bell

(2000) said referenced theory. One respondent reflected that she based decisions more on what other states do and on “trial and error.”

PV: We worked closely with a lot of other states that have this program. We kind of get ideas from them...We did it on trial and error too. When a program is new, you really just have to put yourself out there and try to figure out what works...We really didn't have a theory of what we knew worked and would work again. Because it is still a baby of a program,...it's still just see what works and what doesn't.

One respondent's answer resembled one social theory that social marketing programs often use in strategic development. NI explained his uncertainty:

NI: I don't know if I can specifically say or not. The way that I would look at it is you've got a problem to solve...So any indication we use is just to basically convince people that it can work for them...Now we can say every year that this is something that has worked for a lot of people, and it can work for you.

This coincides with two components of the Health Belief Model, which Lefebvre found was the most commonly used theory by the social marketing programs studied (2001). The concept of perceived benefits refers to “one's opinion of the effectiveness of taking action to reduce risk or seriousness” (Rimer & Glanz, 2005, p. 14), while self-efficacy refers to “confidence in one's ability to take action” (p. 14).

Audience Segmentation. Svenkerud and Singhal (1998) define segmentation as “the identification of one or more homogenous sub-audiences from a population” (p. 197).

Respondents were asked if they segmented to the audience according to demographics or how the members would be reached. An overwhelming majority of respondents in the blanket targeted program category said they did not segment the audience according to demographics or how they were reached. Some respondents referred to the most basic separation between targeting adults over 18 for the adult Lighten Up program and children under 18 for the children's version of the Lighten Up programs. Other respondents said any segmenting performed was “not [done] intentionally.”

PV: The only major segment that we saw in targeting our markets was simply dividing by the region. The only reason we did that is for our entry system....There was not one time we thought of one section over another or one socioeconomic status over another. Everyone was looked at as potential members of this program.

Many credited this lack of segmentation to budget constraints.

NI: We don't purchase the advertising so we really don't have that option. We don't go in and look for a certain economic level or geographic area.

TK: Because of limited funding, we weren't able to really dial it down to specifically segmented marketplaces. We had to go broad...With this particular program, because of a lack of funding, we had to depend on broad based campaign...where we weren't able to specifically target demographics as easily as we would if we would have had a budget or much of a budget to work with.

RH: Because we're such a small organization, and we have very very little budget to market, we just do really a large blanket market. We don't necessarily target over anyone else.

Because the Lighten Up platform is new and some states' programs are even younger, one respondent explained that they have not gotten to this far yet but hope to in the future.

IR: ___ hasn't had the opportunity to do any of that. But when it comes time, we will do some demographic data to see where we can target folks that we're not reaching and some folks that we are reaching to make sure we get to more of those individuals as well.

Although the majority of the blanket-targeted programs did not segment their target audiences "intentionally" or at all, several respondents knew the demographics of the participants that made up a majority of their programs with certainty, while others estimated this demographic.

NI: The average participant is 44 years old, and the participation over the...years has been almost 70 percent female on the adult side.

TK: We've found that about 67 percent of our participants were female the first year.

PV: Our biggest range is 30 to 40 year olds. I would say also [we have] more teams of women than men.

EA: I'd say the age range between 30 and mid-50s is where the majority of our age range falls for our program...___ are in our program. ___ are female. So obviously, that tells us we're reaching many more females than males for our program.

Four P's of Marketing. The product or the benefits to participating in the Lighten Up programs possibly include losing weight and accumulating activity minutes or miles, according to EA, who explained, "at the end of the program, we can say ____, this many [people] this year lost how ever many pounds and accumulated this many miles of activity." EA went on to say, "we have this one person already who's lost 56 pounds." Respondents also described success stories of companies giving employees free months of insurance and having no increases in premiums to illustrate the benefits of this product or behavior change. The final benefit respondents brought up were the tangible incentives for participation, such as T-shirts among other things. In NI's case, they were "incentive prizes." According to NI, if participants "reported progress for any given month, they went into a drawing. They had a real good chance to receive some bigger items like gift certificates to health clubs." Incentives have been found to stimulate short-term behavior in social marketing programs and can differentiate social marketing programs from a mere social advertising campaign (Dholakia & Dholakia, 2001).

Other than one respondent saying that their program has taken measures to reduce the cost to participants by cutting \$2 from the cost of registration if teams sign up online, the issue of price or the cost to participants did not emerge as an issue during the interviews.

When speaking in terms of an intangible product in social marketing, place refers to the "decisions about the channels through which consumers are reached with information or training" (Weinreich, n.d., para. 7). Individuals can learn about a product through outlets that are human or nonhuman, in other words personal or non-personal (Black et al., 2002). Of those programs categorized as a blanket targeted program, by far the most used interpersonal channels of communication during recruitment were large businesses in the states and wellness coordinators of corporations throughout the states. The second most frequently used

interpersonal channel was community coalitions or groups. Finally, respondents also said electronically-mediated interpersonal communication channels, including direct mail and blast e-mail, were vital to their programs.

When asked was if there a channel used more than any others out of interpersonal, group, or mass communication, two respondents said interpersonal communication, two respondents said group communication, and three respondents said mass communication. Therefore, four respondents used non-media communication more, while three used mass communication more. TK said each communication was used equally. PV said mass communication was used more to recruit, but personal communication was used more to keep the program “running.” To contrast, EA saw its program’s use of communication as starting with interpersonal “because you have to start somewhere and find that person to make that connection with at the corporate level, and then we go into group communication [because] you are getting a bigger group at the time.” Kotler and Roberto (1989) expressed this same idea of either type of communication being able to supplement the other.

Of the total combination of mass communication used, five respondents used television, radio, and newspapers to distribute information. Billboards, the programs’ websites, newsletters and mass transit advertising followed in popularity of use. When asked if one mass communication channel was used more than any others, three respondents said newspapers, while two said radio and television and another two respondents said their programs’ websites were used the most of all media. One respondent said all media were used equally.

The final P of the traditional marketing mix is promotion. This describes how programs decided to employ the chosen communication channels, both personal and media. Content that appeared on television, radio, and newspapers can be divided into two types: earned media and

paid media. Three respondents said they received coverage in newspapers, two received radio coverage, and one received television coverage. Some respondents said they used press releases to garner this coverage.

EA: We do press releases every week...Those get sent out to all newspapers across the state...Currently I have about a __-inch binder almost filled already half way during the program with different press releases that have ran.

NI: We do depend heavily on news media as well. We do news releases almost weekly throughout the registration period...We have, I would consider, a real good percentage of the news media. Mostly I'm talking in terms of weekly and daily newspapers that we measure with a clipping service that surveys the news.

Radio coverage came in the form of on-air interviews for both respondents who earned radio coverage. One respondent said, "Prior to the program, we try to do quite a few radio interviews."

Paid media was also a part of several respondents' marketing mixes. Four respondents said they used advertising on television. The same four respondents said they also used radio advertising. Two respondents said they used advertising in newspapers. Two respondents said they advertised on billboards, while one respondent advertised on mass transit.

The programs, however, did not always pay for all of this media space and time on their own. Rimer and Glanz (2005) said that their small budgets force programs such as these to often "rely on strategies for free distribution" (p. 30). Similarly, the majority of respondents said they received this advertising "leverage" because of media sponsorships set up with the program or the state games organizations.

PV: __ is our sponsor...They give us advertising in their paper as well as their affiliate papers. Because we're a nonprofit, sponsorship is huge for us.

NI: We're a nonprofit in the truest sense of the word. We have a pretty small advertising budget. So what we try to do is try to find media partners. Obviously we go after the ones who serve the most people and get the best deal we can make with them...We have a handful of television partners and we have a statewide radio network, so we're in every market...As far as television, we do cover every household in the state with public service announcements...We have the ability to reach every person in __ by radio. At

least one station in their market will carry a public service announcement during the two and a half months we allow registration.

TK: We actually partnered with different media entities to be able to kind of brand our program underneath their banner as well. So we had a television station, for instance, picking up the major sponsorship so that they were able to push it out there for us as well.

While some of these respondents felt “blessed” or “fortunate,” this blessing sometimes “limited” respondents to “working within the guidelines of [their] sponsors.”

NI: Our media plan is such that we have media partners who necessarily dictate when and how often the messages are run, whether it’s television, radio or print. The media partners carry the messages according to their obligation...Our messages that we put out in terms of advertising goes to whatever the media partner serves.

PV: One of our sponsors is __. So under __, there are a bunch of community newspapers that reach specific cities and towns in the __ area. So again, it wasn’t intentional to say ‘we’ll just place ads to people within this section of the state.’ It was maybe more convenient...So that wasn’t necessarily intentional marketing. It is just kind of more opportunity to get the word out. That was something a little outside of our control.

TK: Our cash outlaid for marketing was very small. The bottom line is beggars can’t be choosers.

For those programs that did not have media sponsors, a nonprofit’s lack of funding allotted for advertising made it impossible for some programs to use the ideal type or amount of advertising.

RH explained the reason their program did not run any television, radio, or newspapers advertisements was “we don’t have a big enough budget to do that.” ML reiterated saying, “Financially, if we could, I’m sure we would do more radio ads, PSAs.” Dahl, Gorn and Weinberg (1997) found that this lack of resources is a “barrier” to a nonprofit reaching its fullest employment of the marketing mix and in turn reaching its fullest potential to change the target audience’s behavior (p. 174).

Ultimately, the decision of how to promote itself falls on the program. Respondents justified why they choose particular mass media channels. The consensus of the respondents was that “effectiveness of reaching large numbers of people” or the “cost” of the media determined

their media promotion choices, and in one case, both of these reasons factored into decisions made.

EA: Obviously quite a lot of people read the newspaper...then obviously wherever that goes, someone...[is] reading that...Then the actual television news obviously....that goes to a larger audience.

DR: The justification was very simple. We thought it was the best way to reach the most people in the shortest amount of time.

TK: I guess coming from where I sit again, looking at budgetary constraints, my job is to look for as many no cost outlets for the information as possible.

ML: A large part of it, since we're a nonprofit, we do have to look at things that aren't very expensive to get the information out...That would be the biggest reason we went the route we did, financial reasons.

PV: It does come down to finances unfortunately a lot of the time.

RH: Our justification for doing it that way [was] so we could reach as many as we could on our budget.

As stated earlier, during the promotion process, the programs depended on interpersonal and group communication to reach professionals through large corporations and especially through the wellness coordinators of these large corporations with the goal of signing up their employees. Often times, respondents like ML and RH "set up a booth" at corporate health fairs "where [they] had [their] information out for people to come by and ask questions." How the information flowed from the corporate wellness directors to the employees is explained below.

EA: We'll go out to a lot of businesses to talk with usually someone in charge of their wellness program...We do quite a few of those prior to the program starting...When businesses want their employees to hear about the program, we'll go and make the actual presentation. We'll travel to different cities across the state to do presentations for their employees.

NI: We have forums for corporate wellness directors...A group of professional wellness directors from various companies can come in and learn about the program and bring it back to their companies.

SN: Of all the businesses I spoke to, then they talked to different groups of employees. The wellness coordinators of different businesses presented to groups.

IR: We had individual CEOs and individual dieticians and wellness people speak to one another at wellness conferences or even just in common conversation saying how they incorporated ___ within their particular wellness programs.

According to respondents, also popular was the use of groups within the community such as community coalitions and service groups.

NI: We do a tour of [community] coalition meetings as a part of the registration period. We bring city leaders together to send the message through them to their constituents. That might be the most effective public relations or media tool that we have....The business leaders obviously take it to the workplace where it's really popular. The other civic leaders make it known to basically everyone else in the region. Then we have a real good chance that it spreads person to person there.

DR: [We] get in front of as many service groups, community groups as possible.

Finally, some of the programs used electronically-mediated interpersonal and group communication to get their messages out to the public. ML utilized a database of past participants to send mass e-mails to these individuals, while RH and PV used a database of past participants to send out direct mail pieces. RH also said they try to focus on those individuals who had previously participated in the program and "ask them to spread it by word of mouth." SN, however, used "both snail mail and e-mail to past participants and team captains urging them to invite new team members this year."

To reiterate, though it was close, more respondents said they used interpersonal or group communication than mass communication. However respondents chose to use interpersonal communication, it was evident that it was an important tool for the programs. PV summarized this by saying, "Interpersonal communication is something that definitely all programs such as this one benefit from." The following section examines how this concept and other decisions

articulated by respondents of blanket-targeted programs correspond with diffusion of innovations.

Diffusion of Innovations

Opinion Leadership. This diffusion of information from the corporate wellness directors and community leaders illustrates the opinion leadership component of the theory of diffusion of innovations, which says certain individuals can “influence other individuals’ attitudes or overt behavior informally in a desired way with relative frequency” (Rogers, 2003, p. 27). The change agents, Lighten Up officials, use corporate wellness directors and community leaders as opinion leaders to diffuse the idea of Lighten Up into their social networks.

Adopter Segments. The adopter segments noticed in the blanket-targeted programs were the innovators and possibly early adopters. While the wellness directors and community leaders were opinion leaders, past participants can be categorized as innovator or early adopters. Not only were they the first to adopt the program or behavior, but they also at times helped to encourage other individuals to join the program. TK hinted at this idea by saying:

Another way it gets passed along obviously is through successful results from the first year. The second year when it came around, people were more likely to have found out about it through someone else.

Because the Lighten Up program is still a new concept, the small number of participants coincides with the place on the adopter segment Bell curve that the Lighten Up programs most likely are situated.

Innovation Characteristics. Opinion leadership and adopter segments were not the only concepts related to diffusion of innovations mentioned by the respondents of the blanket-targeted programs. At some points during the interviews without actually labeling them, respondents randomly discussed without any prompting four of the five innovation characteristics, including

relative advantage, compatibility, complexity, and observability. Some of the current programs implemented had relative advantage over versions previously implemented. For example, respondents said that the new structure of Lighten Up programs provide adequate time to make the behavior change. While there was not much agreement on time length between the states' programs, the respondents who mentioned this, said they based decisions on what they thought participants would benefit from more.

NI: We started out with a six-month long [program]. This most recent one was three months long...There are things that we've done to try to make the program work better for participants and also be more popular. The biggest thing was make it a little bit shorter.

EA: First off, it's a five-month program. It takes most people at least three months to develop a habit...You don't want to make it too long of a program so that people can lose interest, yet you have to make it long enough since they are making these lifestyle changes...Also it's a team-based program because it's a proven fact out there in the health field that a team-based or buddy program works for people.

Unlike many other programs promoting health, these programs also provide a competition and team-based environment to encourage participants to make the change.

IR: It might be those individuals that, when it's one on one, might not be as direct in their health and in their activities unless they have a teammate. So that's what the Lighten Up programs are very very good at – incorporating a team atmosphere and also a little bit of competition atmosphere.

NI: When teams report [their progress] now, it's [posted in] real time...It makes their progress more gratifying to a team. It helps with the competitive aspect.

A relative advantage of the Lighten Up program to other corporate wellness programs is that it is a system easily adoptable by wellness coordinators and corporations because the program is already developed. According to IR, "some businesses were saying 'we don't have the money to incorporate a corporate wellness program, so how do we go about doing it, how do we have the technology for all the recording, all the data.'" Therefore, to IR, "it was clear...that by

developing the technology tool to provide these organizations...that we'd be able to sign up more participants and get more people involved."

The second innovation characteristic that respondents mentioned was compatibility. In some cases, such as TK's, people who "were engaging in physical activity on a regular basis and were looking for a way to keep track of their diet and exercise" adopted the program, illustrating the compatibility of the program with certain participants' pre-existing lifestyles.

Some respondents also addressed certain complexities of the innovation or program. In most of these cases, respondents said these were "major lesson[s] learned."

EA: The minutes of accumulated activity is different. We used to have people track their miles of activity. That was kind of a headache for people who lose weight through doing yoga or even people who were tracking such things as house cleaning. It's kinda hard finding the conversions, so that's one of the things we have different [now].

PV: We had a lot of issues with [our website] this year...We need to make sure that it's user friendly enough that all questions will be answered instead of having participants getting frustrated because they don't know what's going on and just stop.

Finally, according to some respondents, future participants of the programs were able to observe through past participants the benefits of joining the program and of making healthier choices. According to NI, "Now we can say every year that this is something that has worked for a lot of people, and it can work for you." Other respondents added that by individuals seeing past participants' results themselves, they would be more likely to join the program the next year.

TK: It gets passed along obviously through successful results from the first year...People were more likely to have found out about it through someone else.

RH: We kind of go back to those people who had been involved before and ask them to spread it by word of mouth.

Innovation-Decision Process. Adopters typically go through a five-step process when adopting or rejecting an innovation (Rogers, 1995). Again, these five stages are knowledge, persuasion, decision, implementation, and conformation. Though this study did not address how

participants of the program came to adopt the program, it did address the channels of communication used to entice participants to adopt the program and new behaviors. Haider and Krep (2004) said that programs such as these should follow a similar step-process to reach people. One respondent explained how their program did this. PV said:

Mass communication was easily the best method used to get people signed up. But I think once the program started, our interpersonal communication was the way that the program kept running.

Evaluating Effectiveness

To address the final research question, the respondents identified how they evaluated the effectiveness of their campaigns. Three total respondents said they acquired any information on the effectiveness of the program through participant surveys. Of the nine blanket-targeted programs, a slight majority of respondents said they assess the effectiveness of the programs by looking at the numbers or “the results” at the end of the campaign.

EA: The numbers have continued to go up the past few years of the program.

NI: We evaluate the effects directly based on the number of participants served and the satisfaction level of the participants.

ML: The way we evaluate is the overall weight loss since the program started...and the overall activity miles that they have accumulated.

RH: By the number of people who actually participated, where they come from within the state and how they heard about us.

IR: It will be based on the number of people that we can help and the number of minutes we can log and how many pounds we can lose and kind of creating a more health conscious culture within the workplace and the communities of America.

Other respondents said they evaluate effectiveness more on the lasting behavior change of the participants.

SN: Half of our participants report that they maintain at least some of the healthy habits they developed during the program. I think that’s our goal – that people develop some healthy habits during it and that they maintain it when the program is over.

TK: As far as ongoing, long-term change...our participants say it was 50 percent effective because they dropped off...We had 50 percent of the people feeling like they were still making positive steps toward health and fitness and 50 percent saying, 'no, I dropped off.'

To promote and diffuse the idea of behavior change to the general public, blanket-targeted programs engaged in informal research and generally did not use theory in the decision-making process. In general, these programs did not segment their audiences; however, a number of the programs had an understanding of which demographic made up the majority of participants. The most frequently used interpersonal channels of communication in this group were corporations and wellness initiative directors of corporations, while the most frequently used mass communication channel was newspapers. Programs received both earned and paid for coverage and advertising. Many times, media sponsorships provided this airtime or space, which was both a “blessing” and a “barrier” to the nonprofit organizations. Wellness initiative directors served as opinion leaders to diffuse the program throughout the corporations and communities, while past participants were innovators and early adopters as well as promoters of the program. Respondents also addressed four of the five innovation characteristics, including relative advantage, compatibility, complexity, and observability. Generally, programs in the blanket-targeted category evaluated effectiveness based on the “results” or the change of behavior in participants at the end of the campaign. In the following section, similarities and differences between the blanket-targeted programs and the uniquely targeted programs will be examined.

Uniquely Targeted Programs

The following section addresses if the remaining programs that the researcher categorized as uniquely-target programs marketed their programs differently than blanket-targeted programs that targeted “everyone.” To reiterate, uniquely-targeted programs were those that had more specific target audiences, such as “key employers [and] sponsors,” “big businesses and

corporations [with] their own health fitness programs,” “school systems [and corporations] using the program as a corporate wellness initiative,” and “businesses...our sponsors...churches [and] schools.”

Social Marketing

Behavior Change. Similar to the blanket-targeted programs, within the uniquely-targeted programs, there was also a consensus that the ultimate goal was the audience’s behavior change.

CM: We’re trying to get people to change their behaviors as far as their health behaviors.

HT: [We try to make] people more aware of the percentage of people that are overweight and obese and make people realize that something needs to change. ...Obviously, our goal is people to adopt a new lifestyle, completely change and to see people continue to be physically active even after the program.

LE: The overall goal...is to really provide the incentive and the motivation for people all over __ to take better care of themselves and help reduce these costs.

The Use of Research. Of the uniquely targeted programs, half of the respondents said they did not conduct formal research before the program started.

LE: I didn’t really do any research other than reading literature on and statistics provided by [the health department] and the CDC, just a couple of statistics to help with marketing. There wasn’t a whole lot of research that went into it other than just sort of gathering data, basic data that was available to the public. We didn’t create any research at all....There wasn’t a whole lot of research to determine whether or not this would work or how best we market this.

RO: We didn’t do a lot of research. We committed that we were going to do this, and we were going to make this work [but] that’s not how we got it started.

Two respondents, however, said they did conduct some research beforehand to discover a small amount of information about the audience.

CM: Honestly, we do research only for our marketing materials. We try to do research in as far as employers...If I’m trying to sell this program to an organization or company, I want to tell the boss why their employees would benefit from this program. I do that kind of research...Our target areas aren’t done by any specific research. They’re really just

with the corporations that have fitness centers. We try to go by what makes sense, just from what we think. There's not a lot of background done.

HT: We looked at our participants from last year, you know tried to see trends or where are these people coming from...I guess I look at the demographics of our past participants to mold our target audiences for the future...We conduct a pre-survey, [and] a lot of what we get is that people are too busy to take an hour or so to do something...We discovered the best way to reach them would be through television, radio, [and] mass e-mails, targeting specific groups such as the teachers...and the corporations....We [also] see the news...and see what's going on as far as the latest and greatest on fitness and weight loss and what groups they tend to market to are most likely the same people we are trying to reach.

The research conducted during the campaign by the uniquely targeted programs was extremely similar to that conducted during the blanket-targeted programs. Several of the same phrases were mentioned, including getting participant feedback, tracking participants' progress, and not seeing the need for research while the campaign is in progress.

LE: Only statistical information was gathered...Halfway through our program, we ask for the team captains to report their team weight...We calculate the percentage of the overall weight lost from their starting team weight...At the halfway point, if the team is also working on the competition for exercise, then they submit their exercise miles.

CM: During the campaign, there's not a lot of research that's being done. There's not a lot. Obviously we're watching the people's mileage...Everyone is basically out there accumulating physical activity minutes, and we're here. This is just one of our programs. We have about three or four programs going on at the same time. Once this program gets off the grounds, there's not a lot of work that has to be done especially research. The research is all done beforehand, trying to see how to target people, getting statistics on health, obesity rates in the United States.

HT: I guess it's not really research. It's more or less constantly being in contact with the participants and making sure they're taken care of, that the program is going the way they want it to go...It's not really research that we conduct during.

RO: During the campaign, no, I would say we didn't conduct any research. Any research we did was on the participants on how they heard about it, the feedback from them, what they would like the program to be or become.

A majority of the uniquely targeted programs conducted summative research in the form of post-surveys, all of which were conducted through e-mail. The percentage of respondents in

this category that conducted surveys or questionnaires as summative research closely resembles the percentage of respondents in the blanket-targeted market who did the same. While two of the surveys were intended for all of the participants, one survey was only intended for the team captains. The format of the team captain survey was more informal than the participant surveys.

As LE, who sent out the team captain survey, explained:

I heard back from about 40 percent of them. I asked them if their teams were still in communication with one another, if they were still working together as a team, if they were still doing a lot of the things they were doing during the program...But nothing really formal...At this point, doing follow-up research hasn't been a priority. I know it probably should be, but there are just so many things going on that I have to do. If I can do a survey by e-mail, and just collect those results, I still have those e-mails. But I haven't really gone through those and processed them other than eyeball them and do an estimate.

HT, who conducted participant post-surveys, said their goal was also to “get a gauge of how many people stick with” their behavior change. HT explained, “We do a post-survey. It asks a lot of the same questions [as the pre-survey]. Will you continue to be physically active on a regular basis concluding this program?” HT's survey served another purpose also, which HT explained:

We ask sort of follow up questions...A lot of it was just asking for specific activities that these people do that might give us sort of another outlet to take as far as if they are into hiking, cycling, outdoor activities [etc.]. We do ask questions about what type of physical activities they do and that sort of gives us an idea of where to go to reach these people.

The focus of RO's survey was more broad than HT's, with RO's survey aimed at answering a number of different questions about the participants.

RO: Afterward, we do a [e-mail] survey of all the participants...We ask them where they heard about the program, what they liked and didn't like, would they participate again. From start to finish about the program. We asked them if they want to put in their demographics also.

Finally, one respondent in the uniquely targeted program category replied that their program did not conduct any summative research, nor did they see “what kind of research really” there is to do. CM explained:

I’m being perfectly honest here...this program is not something that we’re really looking into the background of why people are not healthy, why people are not eating right. We’re just trying to get them off the ground, so basically at the end of the program, we just see which team accumulated the most minutes of physical activity...I don’t know what kind of research really we’d be doing...Afterwards, it’s just the end of the program.

The Use of Theory. None of the four programs categorized as uniquely targeted programs consulted theory as a framework or a guide in their decision-making process. Respondents based decisions more on “experience,” “marketing,” or on “blueprint[s]” from other programs. As RO explained, “It was like, ‘This didn’t work, so let’s try this. This has worked in the past.’ Kind of more tried and true is what we relied on.”

Audience Segmentation. Respondents were asked if they segmented the audience according to demographics or how the audience members would be reached. Just as in the blanket-targeted category, surprisingly, there was a consensus of a lack of audience segmentation. CM seemed to have the most resemblance of audience segments with the additional age divisions such as seniors; however, this does not exemplify true audience segmentation since they were also the divisions within the program itself. CM explained their program’s version of segmentation:

We have a breakdown of age groups in our program. One being underage teens and also a senior division. We try to target both of those separately...We don’t have just one target audience, but we do market specifically to groups...But then...the breakdown of the businesses, we try to go out with the top 100 businesses in the [area]. We do try to go a certain direction as far as the targeting of the corporations and businesses and our sponsors.

RO explained that she “didn’t know if [they] did scientifically” segment the audience. She did, however, say that they “had a strategy” of “concentrat[ing] on business and that branched out to

other segments like with the church community.” HT explained that the extent that their program segmented the audience dealt more with the approach used to promote the program to different groups.

HT: We used the same tools to reach each group. We put a different spin on it [with corporations] like it’s a corporate wellness initiative...That’s a little bit different than how we approach it with the teachers and others.

The remaining respondent did not segment the audiences in the adult Lighten Up programs in any manner, and the respondent said it was “a budget thing.” As LE explained, “If I had a larger...budget for this program...I may consider that.”

Unlike the majority of respondents in the blanket-targeted programs, only one respondent of the uniquely targeted programs choose to mention the specific demographic that made up the majority of participants.

LE: This was the first year that I really pulled the numbers up and studied the numbers to see who our average participant was, and on average about 75 percent of our participants are female. About 60 percent of those participants are between the ages of 40 and 55.

Four P’s of Marketing. Respondents in this category identified the same components of the first P of marketing, product, as respondents in the blanket-targeted programs. They mentioned three similar benefits of the behavior change, including improving their health, lowering insurance costs, and acquiring incentives throughout participation in the program. These benefits can be divided into two types. First, there were benefits that the organization sees for the participants and their environments.

LE: They really felt like it was a worthwhile thing to do. They had improved their health to a point where they wanted to continue exercising and watching their diet.

LE: Currently \$119 billion a year are spent on health issues related to overweight, obesity and inactivity, and that is a huge, huge part of our economy. That’s only going to get bigger unless we really take care of the problem soon, so the overall goal of ___ is to really provide the incentive and the motivation for people all over the country to take better care of themselves and help reduce those costs.

CM: It helps improve productivity if your employees are healthier. Health care insurance costs go down.

Second, there were individual benefits that the program offers to participants at various points during the campaign.

LE: The teams that report their midway total halfway through the program will get a T-shirt. Everyone on the team will get a t-shirt as a reward for completing the first half of the program... We made it a reward for their success.

CM: Then we have an award presentation for them... This year, I've gotten gift certificates for the participants to sporting good stores and health food stores. We're getting local gyms to donate classes.

HT: We sent out red bands that say __. We sent out coupons from McDonalds for free salads.

Again, only one respondent mentioned the monetary price of participating in the program, explaining that the registration fee was \$15. No other respondents in the uniquely targeted category mentioned the concept of cost to the participants, be it monetary, psychological, or sociological. This is identical to the blanket targeted category respondents.

Regarding place, similar to the blanket-targeted programs respondents, respondents said they used corporations, wellness directors or community groups as interpersonal communication channels more than other interpersonal communication channels available. All of the respondents also used the interpersonal communication channels of mail and e-mail. Three out of four respondents said they used interpersonal or group communication the most often, leaving one respondent who used mass communication the most.

An overwhelming majority of uniquely targeted program respondents said they used television and newspapers. Websites were the next most popular mass communication channel, while radio was the least used mass communication channel employed. The most frequently used

mass media channel was the newspaper with two respondents saying they used the newspapers the most out of all media, leaving radio and websites the remaining two votes.

The final P, promotion, can be divided into two categories again: earned media and paid media. Three respondents said they earned coverage in newspapers, while two respondents said they earned coverage on television. The three respondents credited news releases for this earned print media coverage. Simply stated, LE said, “We sent press releases to local newspapers.” HT explained, “There were a couple of newspapers that picked up a press release or two.” Finally, RO stated, “We did a lot of press releases.”

In regards to paid media space and time, two respondents said they used newspaper advertising, while one respondent each said they used television or radio advertising. All but one respondent said they did not actually pay for this advertising but instead received it as a part of their deals with media sponsors.

CM: That’s a huge help for us since it’s all give by value in kind, called VIK. It’s given to us each year.

RO: Our main funding comes from corporate sponsorship in not only cash sponsorship but value in-kind sponsorship...We were able to establish a sponsorship trade out relationship with five large newspapers in the state...So they were actually doing marketing for us in the areas they reach.

These respondents also cited the lack of freedom media sponsorships caused. CM explained that her program’s public service announcements air according to the sponsor’s wishes. She said, “However long that runs is dependent upon the news station...It’s dependent upon when they can run it.” LE, who used television advertising only one year, further symbolizes the limits that media sponsors can put on organizations. LE explained:

In our first year, we did a public service announcement...as a part of our sponsorship package. But we had a limited number of public service announcements available to us through our sponsorship, and I needed to save those to publicize [another program within the organization]. I haven’t used them since our first year.

Just as LE made the decision to no longer use any of the public service announcements allotted for his organization on promoting the Lighten Up program, respondents rationalized which mass communication channels to include in their marketing mix. Respondents mentioned cost, ability to reach the masses, and sponsorships as reasons for choosing media to use.

LE: If you look at the list, pretty much all of it is free.

CM: Basically, because [newspaper is] a really good way to reach as many people as possible with a really small ad. However many people subscribe to the __, all the people are going to see that ad. It's just reaching the biggest group of people possible. Also, another thing is it's easy for us because of all of our sponsors...It's easy financially for us as well, and it does reach those specific groups of people.

RO: It wasn't very scientific. It was based on the relationships that we had established with newspapers in __.

Respondents also cited additional reasons to those mentioned by respondents in the blanket-targeted program category. These reasons include if a news station already promoted health or if a medium had the ability to thoroughly explain the program and remain tangible for the audience.

HT: A lot of news stations in __ are promoting some sort of health and fitness program that they're doing as a station...I thought we could use them as a medium to get word out about our program...Radio is something that everybody listens to in their car, in their office maybe. It was just another way to reach the population that we wanted to target.

RO: What we're trying to do, I felt initially, was difficult to explain in a 30-second spot or a television ad, so the newspapers could explain it and it was more concrete. Like you're signing up for something, what is it, and explain what the program was. So I feel like it's been a good fit. People could look at it, and call us...We had to introduce this thing, so by them being able to hold on to it, I think it was a good medium for us.

To restate, more respondents said they utilized interpersonal and group communication than mass communication. They also used this communication through similar channels and in similar methods as those in the blanket-targeted category, that being corporations and community groups.

LE: I have established relationships with probably 20-25 healthcare professionals from around the state that I'm in contact with maybe two or three times a year via phone calls...just taking a few minutes in a conversation with them to describe the program, what they can do to get involved, what they can do to help the program.

LE: I have flown to various employers to talk to people about it. I find that it's not really as successful as I'd hope it had been.

CM: It was mostly me talking with the head of the some group, usually one-on-one.

HT: I initially met with the coordinators of these groups, and then I spoke at either a function or meeting that they were having to promote the program in order to get the word out.

RO: We engage in kind of...a speakers' bureau. We try to go to the organizations. We're more one-on-one with people, visiting with them about our program...And the neat thing about it is that people are starting to call us about it...We've [spoke to] Rotary Clubs, Kiwanis, Optimists, human resource managers, just a number of different organizations...I'd say that our best selling tools are interpersonal and group.

Respondents in this category seemed to depend on past participants to spread the word.

CM: That is probably a big deal of what we do, especially teams that signed up last year. If we're trying to get them signed up again this year, that would be me calling the team captain...Then they would try to gather their own team. I work a lot of times with just one other person and try to channel the communication that way.

HT: Interpersonal communication would come in with our participants from last year recruiting and talking about the program in a positive way to encourage people to participate this year.

Finally, respondents used direct mail and blast e-mails to promote the programs. For LE, RO, and HT, databases of e-mail addresses of specific groups within the state and past participants helped them send out mass e-mails to potential participants.

Diffusion of Innovations

Opinion Leadership. Respondents identified opinion leaders that they depended on to diffuse the program, including those in the healthcare industry.

LE: The largest industry, I guess, participating this year is the healthcare industry, which really makes me extremely pleased that we've been able to reach hospitals and healthcare people because they're the ones who can help us move this into the future. If they're

successfully, and they have been so far this year with the program, we know that they're going to move it forward to their clients and all the people they serve in various communities around the state.

LE also, without labeling them as opinion leaders, referred to certain people in the state who were promoting the program on their own as "helpers." LE explained,

So it's really catching on in certain places where there are people that we've been able to identify as sort of helpers, people who really get the idea and get the program and want to help us promote it.

Adopter Segments. According to Rogers (2003), "Change agents sometimes mistake innovators for opinion leaders" (p. 388). In the uniquely targeted program respondents' case, the past participants, therefore, are not opinion leaders like wellness initiative coordinators of corporations are for those in the blanket-targeted programs. However, they do belong in the innovator adopter segment because they adopted the program and behavior first. Rogers (2003) warns that if these programs, because of "scarce resources," concentrate "communication efforts on innovators, rather than on opinion leaders, awareness-knowledge of the innovations may be increased," but few will go beyond this phase into the decision or implementation phase (p. 388).

Innovation Characteristics. Respondents in this category cited the exact relative advantages of this program and behavior as those in the blanket-targeted category. The length of new version of the program is a relative advantage over the former version. The easily adoptable structure is a relative advantage of other corporate wellness programs. Finally, the competitive atmosphere of the program is a relative advantage of other programs designed to promote health.

CM: Last year, it was 12 weeks. This year, it's eight weeks. We just based it on what would be the biggest success for our audience.

HT: A lot of companies are going to [corporate wellness initiatives], and this is a program that is already established, set up. There's nothing on their end administratively that they have to do because it's all taken care of through us.

CM: We try to use it as a fun thing. It's not a serious program. It's more fun. It's groups...It's teams working together.

HT: It has helped to implement a weekly contest...that not only rewards the top finishers...but rewards people for going that extra mile or doing something different.

Some in this category also made "major change[s]" to their programs because of the complexity of the conversions of accumulated miles and the online registration process. As CM explained,

Last year, we had people converting to miles, and this year, we're doing it in minutes. That was kind of a big concern with converting to miles. People were confused, and it was hard...Last year, we tried to start our [having] our participants signing up online, but we realized some people do not like putting their credit card in online. So we thought it'd make less work for us, but really it made it a little bit more work because people were calling all the time and couldn't register online. So this year, we went back to just the generic paper registration.

Evaluating Effectiveness

Again, a majority of respondents replied that they measure effectiveness based on the numbers at the end of each year's competition.

LE: The ultimate goal was to lose as much weight as we possibly can and to log as many miles of exercise as we possibly can. Those are the numbers that I'm most concerned with. I know the media is most interested in those types of numbers, and the participants also relate most to those raw numbers.

CM: Basically our main goal is to improve on our numbers each year. So two years ago, I think we had about ___ participants, and then last year, we had ___.

Moreover, half of the respondents in this category depended on e-mail surveys to observe the effectiveness, which to them meant maintained behavior change. HT uses her post-survey to ask participants if they will continue with their new behaviors. Similarly, RO uses a survey and continued participation to evaluate the effectiveness of the campaign, explaining, "we've evaluated a couple of ways - through the survey and then also people returning to the program."

Additional Comments by Respondents

Although the programs were separated into two groups for the sake of this study, several of the respondents of both groups pointed out the “camaraderie” or friendship that exists between the programs. Some of the strategies and tactics may differ between the programs, but there is a consensus that the programs, though they promote competition within the programs themselves, do not see a competition existing between each state’s programs. This is made apparent through the constant “sharing” of information that occurs between the programs.

PV: We all share numbers, and we all share statistics.

ML: We have spent a lot of time with them on the phone, e-mails, paperwork they have sent back and forth to us...trying to gain as much information from them as possible to make our program successful.

LE: All the members of the National Congress of State Games, we’re all very good friends. We all share information on a regular basis. When one state games has a successful program, they really help and provide blueprints for everyone to follow the same pattern if they want.

RO: We’re not in competition with each other. We work together to better each other’s chance, like the sharing of ideas on what worked for you, contacts, those kinds of things. ___ is a good friend of ours. Much of what ___ shared with us, we tried or we made it work in our state.

Summary of Findings

The majority of respondents expressed their dependence upon Lighten Up Iowa’s blueprint or model for guidance in the decision-making process. Through these team-based competitions, both blanket and uniquely targeted programs focused on individual behavior change as the ultimate goal for the program. In order to translate this goal to the public, this study examined the target audiences, communications channels, and rationales for decisions revolving around these two concepts.

For the most part, neither blanket-targeted or uniquely targeted programs conducted formative research other than to informally observe and gather basic facts on obesity. Most programs in both categories said the research they did during the programs served more as a check-in or tracking purpose on individuals participating in the programs. A majority of programs in both categories conducted summative research through surveys; however, most of the surveys for the blanket-targeted programs inquired into participants' opinion on the program, while most of the surveys for the uniquely targeted programs sought to discover if the participants will continue their new behaviors.

The majority of programs in both categories did not consult any theories to make decisions about strategies and tactics. Programs in both categories relied more on "trial and error" or what other states did in their programs.

Although it might have been expected, based on Svenkerud and Singhal's (1999) study, that more programs in the uniquely targeted programs category would segment their audiences, there was still a consensus of a lack of audience segmentation in this category, just as there was in the blanket-targeted program category. Three respondents, however, in the uniquely targeted category did at least have some resemblance of segmentation, although it was not done "scientifically." Generally speaking, some respondents in both categories had an understanding of who made up the majority of their programs' participants, with the majority of participants being female and middle age.

The study revealed information on the 4 P's of the marketing mix of the Lighten Up programs. Respondents from both categories identified the similar products or benefits in the marketing mix. The study also found that more respondents in both categories used interpersonal communication and group communication more than mass communication as a distribution place

for their message. Therefore, the majority of programs used interpersonal communication as the primary channel for communication and supplemented this with mass communication, which Kotler and Roberto (1989) said was possible. Also, both groups used interpersonal communication to interact with wellness coordinators of corporations, community groups, or past participants more than any other individuals. Television, radio, and newspapers were the most used mass media channels in both categories. Out of these three, newspapers were used the most by both blanket-targeted programs and uniquely targeted programs. In terms of the final P, promotion, both groups earned the most media coverage in newspapers. The blanket-targeted programs placed more paid for content on television and radio, while uniquely targeted programs placed more paid for content in newspapers. Both types of programs were also highly dependent on the media sponsorships that gave them this advertising space and time. The cost of certain media and their ability to reach mass amounts of people drove the majority of respondents' media decisions. Respondents used wellness directors of corporations, community leaders, and past participants to diffuse their messages through interpersonal communication channels.

The study also found that both groups saw wellness directors and community leaders as opinion leaders for the state and on past participants as innovators, early adopters and even at times opinion leaders of the program. Therefore, the programs depended on these two types of individuals to diffuse the program further throughout the state. Both categories addressed certain characteristics about the program that were seen as selling points to potential participants or areas of the program that the directors needed to improve upon.

Finally, this study discovered that effectiveness was evaluated mainly by the numbers or results upon the completion of the program or by the behavior change claimed by the participants. More program directors in the uniquely targeted category, however, discovered this

information through participant surveys, unlike the majority of blanket-targeted programs that did not use participant surveys to evaluate the effectiveness of the campaign.

CHAPTER 5 DISCUSSION AND CONCLUSION

Overview

This study sought to discover who the target audiences of the Lighten Up programs around the United States were and how the programs attempted to reach them in attempts to persuade participation. In order to guide this discovery, concepts from the social marketing framework and the diffusion of innovations theory were consulted because of their focus on the audience and ways to reach the audience.

To execute this study, in-depth interviews were conducted of executive directors of several Lighten Up programs in the United States and individuals in other high-ranking positions, such as marketing coordinator and director of communications. These qualitative interviews were conducted over other research methods because of the exploratory nature of the study. After using inductive data analysis, the programs represented in the interviews were divided into two categories following a study by Svenkerud and Singhal (1998) on HIV/AIDS programs. These two categories include blanket-targeted programs and uniquely targeted programs. Within each of these categories, concepts of social marketing and diffusion of innovations were discussed. Included under social marketing metatheme were discussions of behavior change, the use of research, the use of theory, audience segmentation, and the four P's of the marketing mix. The diffusion of innovations metatheme included the subthemes of opinion leadership, adopter segments, innovation characteristics, and the innovation-decision process. Finally, each category concluded with a section on evaluating effectiveness. Upon examination, however, the strategies and tactics of the programs of the two categories closely resembled one another. The remaining portions of this chapter contain key findings, implications, limitations, and future research ideas.

Key Findings and Implications

The groundbreaking and successful Lighten Up programs do not label themselves as social marketing programs; however, they do face several of the challenges of social influence programs that social marketing researcher Alan Andreasen defined. Through this study's findings, it can be concluded that the Lighten Up programs examined in this study can be distinguished as "organization-centered" rather than audience-centered. Andreasen (2006) said this "all too often" occurrence takes place when those operating the programs "*really* believe in the social change they are seeking" (p. 94) and believe that in general everyone should make this change. The manifestations of an organization-centered program include: 1) a tendency to depend mainly on communication approaches 2) having a simplistic view of the target audience 3) a tendency to downplay research and 4) ignoring competition (Andreasen, 2006). A discussion of this study's findings on the strategies and tactics of the Lighten Up programs shows how, for the most part, the programs could be considered organization-centered rather than audience-centered.

Although the programs were divided into two categories based on respondents' answers, programs in both categories generally implemented similar strategies and tactics in their Lighten Up programs. There was overall agreement found between programs in both categories that the focus of the Lighten Up programs is to convince the public, using commercial marketing techniques, to voluntarily change its behavior by eating healthier and exercising more in hopes of improving themselves and society. This illustrates how the Lighten Up programs could be classified as social marketing programs under the matured and more precise definition of social marketing (Andreasen, 2006).

Similar to Andreasen's belief that organization-centered programs downplay research, the majority of the programs' formative research consisted of informal, basic observations of the current obesity situation in their states. Not included in this type of research were focus groups and other research methods that, according to Balch and Sutton (1997), could answer the questions such as who should the target be, what are they like, what is the most effective channel to reach the target, and what image should be sent across the channels. If programs are not establishing strategies and tactics based on solid information about those they are trying to reach, then they may not actually be influencing the behavior change of those they want or those they could potentially. Most of the blanket-targeted programs and uniquely targeted programs did not conduct formal process research other than tracking participants' weight loss or accumulated miles or minutes thus far or to get general feedback from participants. This is what Balch and Sutton (1997) warned against. According to them, research in this stage of the program should determine who received the messages and how. It can be argued, however, that the current participants are the ones that successfully received the program's message. How the participants received this message is still vital to the success of future programs. Finally, the majority of programs in both categories conducted summative research through e-mail surveys or questionnaires of participants or team captains. The aspects of this research matched what Balch and Sutton qualified as important parts of summative research, including what worked and did not work. If programs were to apply this same attention to formative research, they may find more things that did work than what did not work. Therefore, recommendations to research ideas that should be considered are:

- Focus groups of random residents of the state before tactics and materials are decided upon and again after materials are produced to test their effectiveness of their messages

- Surveys of random residents to get their opinions on fitness and weight loss, on what motivates them the most, on how best they would be reached, on their lifestyles, and on what hinders their weight loss efforts.
- Surveys of participants and random residents while the program is running to find who received the message and how.

While Alcalay and Bell (2000) found that 30 percent of social marketing programs consulted any theories while designing their programs, this study only found one respondent whose response resembled parts of the Health Belief model. The remaining respondents said they did not consult any theory, choosing rather to base decisions on “trial and error” or models of other states’ programs. The nonprofit organizations operating these programs may be misusing valuable and limited funds through this trial and error strategy or through following the methods of other states that also did not consult any theory. Lefebvre (2001) said that the foundation of marketing is theory, so even if the Lighten Up programs do not consider themselves as social marketing programs, they do depend on marketing to promote their programs and therefore should consult theories to guide their decision.

This research and theory should then naturally guide the programs to developing audience segments. In the majority of programs in both categories, a lack of true audience segmentation was found, illustrating the second way that organization-centered mindset affects the attempt to change behavior (Andreasen, 2006). While it may be expected that there would not be audience segments within the blanket-targeted programs that targeted “everyone,” it was not expected that there would not be in the uniquely targeted programs. This is incongruent with Svenkerud and Singhal’s (1998) finding that uniquely targeted programs segment their audiences sometimes as far as what type of business they are targeting and also developing separate

materials for different segments. By ignoring the diversity within the target audience, the programs are creating a “simplistic” and “monolithic” view of the target audiences (Andreasen, 2006, p. 95). Andreasen (2006) also found that this view can be interpreted as an us-them relationship with the program being us and the audience being them. This sometimes causes the programs to see the audience as “the enemy” or “the people standing in the way of success” (p. 95). Proper research could help programs avoid this by understanding “where this audience member is ‘coming from’” (Andreasen, 2006, p. 96) in order to meet their needs (Rimer & Glanz, 2005).

This study also found that programs in both categories made similar decisions about the four P’s of the marketing mix. Place and promotion, the two that correspond to the research questions, were similar between the two categories. In regards to place, the majority of the programs overall used interpersonal and group communication channels more than mass communication channels, meaning mass media supplemented the priority interpersonal and group communication. This corresponds to Rothman’s findings that personal-selling approaches were cost half the cost of mass communication and therefore were used twice as much (1983). For nonprofit organizations, such as those managing the Lighten Up programs, a lack on funding causes many to use interpersonal communication more than mass communication. Burke (2004) and Rogers (1995) found that interpersonal channels are most effective in the persuasion stages, while mass communication channels are more effective in the knowledge stages. Therefore, those programs that use interpersonal communication possibly might be persuading people more than those that use mass communication more. Robertson (1967) and Kotler and Roberto (1989) found that interpersonal communication should be used whenever possible in programs such as these. For the most part, this was the case for programs in both categories. Interpersonal

communication was directed the most toward corporate wellness initiative directors, community leaders and past participants for programs in both categories. In regards to the mass communication channels, television, radio, and newspapers were the most cited mass media channels used by both categories. More specifically, newspapers were the most frequently used medium used by respondents in both categories.

Largely, however, the decision to use the mass communication channels used did not stem from an understanding of the target audiences' preferences. Instead, decisions were made based on the programs ability to afford media or their desire to reach the most people possible. This corresponds to Svenkerud and Singhal's finding that blanket targeted programs "utilized targeting strategies that were designed to reach a relatively undifferentiated audience, signifying 'width'" (1998, p. 203). Although, in this case, it reflects blanket targeted programs and uniquely targeted programs.

The most popular mass media communications promotion choices were also close in nature between the two categories. Programs in both groups earned the most media coverage in newspapers, while blanket-targeted programs had more paid for content on television and radio and uniquely targeted had more newspaper paid for content. Because this study did not examine the messages of this communication, there is difficulty in determining if "there is a tendency to rely almost exclusively on communication approaches." Andreasen (2006) found this to be one of the implications for an organization-centered mind-set. He said that this tendency stipulates that if a program "communicate[s] the right information in the right way, the target audience will do the right thing" (p. 95). A handful of respondents, however, did say that their communications remained consistent from year to year aside from possibly growing larger. Therefore, this study

cannot determine if the Lighten Up programs possess Andreasen's first implication for an organization-centered mindset.

This study found three rationales for using the media channels chosen. Surprisingly, media sponsorships often times provided the programs in both categories with free or cheaper distribution of their messages. This blessing at times limited the programs from having a say about the placement of the content, and therefore, may have hindered the programs from reaching potential audience members. Second, the cost of the media determined place and promotion decisions. For many, decisions ultimately "came down to finances...a lot of the time." Again, the nonprofit status of organizations operating the programs forces many to function under tight budgetary constraints. Finally, how effective a medium was at reaching the masses determined the media chosen by some respondents in both categories. Kotler and Roberto (1989) found that mass communication was the most effective method to reach a mass of target adopters. To reiterate, though, the use of mass communication is not sufficient in social marketing. Hence, the majority of the Lighten Up programs studied were correct in using mass communication and interpersonal communication to mutually reinforce one another (Kotler & Roberto, 1989). Not included on this list of rationales, however, are theory and research.

Included in the previous chapter was also a discussion on how respondents used interpersonal communication as part of the marketing mix, more specifically, the promotion part. Most of the interpersonal communication was between the respondents and three groups of individuals, including corporate wellness initiative directors, community groups, and past participants. The programs used these individuals to promote program to other individuals within corporations, communities, and social networks. In order to communication with past

participants, respondents used electronically-mediated communication such as e-mail and direct mail.

This led to a discussion on the diffusion of the program or behavior change throughout the state, which found wellness directors and community groups' leaders were opinion leaders and past participants were innovators or early adopters. For several programs, past participants also served as opinion leaders for those in their interpersonal networks. Rogers (2003) cautions programs from depending on these innovators because while they may increase the awareness, they may not persuade people to join the program. Lighten Up programs are unique, however, in that they are team-based. The structure of this program may mean that these innovators or past participants should serve as opinion leaders attempting to persuade individuals to join.

Two innovation characteristics, relative advantage and complexity, were discussed by programs in both categories. The same three relative advantages were mentioned, including the length of the program, the adoptable structure, and the competitive atmosphere of Lighten Up. Some programs found similar complexities of the program including reporting accumulated activity miles or minutes and completing online registration.

Finally, to address the final research question, respondents in both categories measured effectiveness based on how many individuals participated, how much weight they lost, how many miles or minutes of activity they accumulated throughout the duration of the program, and a behavior change found in these participants. A larger percentage of respondents in the uniquely targeted programs learned this information through participant surveys conducted through e-mail than did in the blanket-targeted programs.

Because the messages of the Lighten Up programs were not analyzed in this study, the researcher cannot say whether the programs do or do not tend to ignore competition, which is Andreasen's (2006) fourth implication for a program having an organization-centered mindset.

After discussing the finding and implications of these findings, it can be said that the Lighten Up programs have two of the four implications of organization-centered programs discussed by Andreasen (2006). Future studies into the messages used by Lighten Up programs could determine if the programs' mindsets result in the remaining two implications.

Limitations

This research was intended to be exploratory in nature because of the newness of the program being studied. Therefore, the researcher determined that qualitative research was most suitable for this study. The downfall of this type of research is its inability to generalize results to other populations or Lighten Up programs. Consequently, if this study were duplicated, different results may be found.

Another limitation of this study is not all current Lighten Up programs were included in this study. Those that were not included, for reasons discussed earlier, may have added to the body of information collected and analyzed in this study. With less than half of the United States operating this program, it is important to include all existing programs within this type of study.

Because of the far-reaching scope of respondents, the researcher was forced to rely on telephone interviews as opposed to face-to-face interviews. While these telephone interviews allowed the researcher to study distant states' programs, it may not have allowed the researcher and respondent to establish as rich a connection as possible with one another.

The final limitation of this study relates to the young age of the Lighten Up program when this study was conducted. Though they have seen successes already, the programs studied

were at different stages of developments, with some starting four years ago and others starting more recently. Therefore, some programs have had a chance to work on issues that arise, while others have yet to.

Possible Future Research

First, the qualitative nature of this study leads the researcher to wonder if the Lighten Up programs could be researched quantitatively to allow for generalization across all Lighten Up programs. This study also did not necessarily seek to understand the messages that these programs used to reach the public. Research on their promotional materials would be enlightening especially looking at how materials of more developed programs compare to those of less developed programs.

Second, this study focused on those who operated the program. A future research study could use the participants themselves to discover how the programs are reaching them and how the program diffused throughout their states.

According to Troy Vincent, executive director of Lighten Up America, the purpose of the recent Lighten Up Summit was to introduce the new model for Lighten Up America to other Lighten Up programs, which will be implemented in 2007. This new model, which is based on the Lighten Up Iowa model, will be taken to the national scale and also serve as a umbrella program for those states that do not have the program. Future research, therefore, could examine the Lighten Up programs after the implementation of this new model.

Conclusion

The Lighten Up programs included in this exploratory study provided valuable information pertaining to the concepts of social marketing and diffusion of innovations, including the target audiences and channels of communication used to promote their annual

programs. While audiences generally included “everyone” and thus were not segmented, programs did attempt to reach this audience using interpersonal communication, more than using mass communications. Respondents also supplied information on the programs’ focus on behavior change, the research conducted, the theory consulted, the four P’s of their marketing mixes, and certain characteristics of the program.

With the high prevalence of obesity in the United States, it is important that programs like Lighten Up exist to help Americans fight the battle of the bulge, and more importantly win the war. By winning this war, one battle at a time, millions of people will save their own lives, while also improving society’s welfare. These battles cannot be won though without the proper tools. It is hoped that this research will provide some of these tools to these valuable programs and others like it. Lighten Up America Executive Director Troy Vincent sees an even brighter future for these programs in the next year as the new Lighten Up America model is revealed and promoted.

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