




2018

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Recommended Citation

Bentley, Carsen (2018) "Integrating Oral Health into Social Marketing Campaigns: Program Development and Description for San Francisco Children's Oral Health Strategic Plan," *Pacific Journal of Health*: Vol. 1 : Iss. 1 , Article 2.

Available at: <https://scholarlycommons.pacific.edu/pjh/vol1/iss1/2>

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Abstract

Integrating oral health into an existing San Francisco Department of Public Health (SFDPH) social marketing campaign was a specific goal of the San Francisco Children's Oral Health Strategic Plan 2014-2017 with the purpose to more fully integrate oral health promotion into the City's overall health promotion efforts. In the winter of 2015, utilizing a collaborative approach, oral health was successfully integrated in the Open Truth campaign, promoting decreased consumption of sugar sweetened beverages in order to improve health outcomes, including decreasing tooth decay.

Keywords

oral health, social marketing, sugar sweetened beverages, San Francisco

Introduction

Oral health is essential to overall health, well-being, and quality of life [1]. Good oral health begins with healthy primary teeth, or baby teeth, and has a direct impact on childhood nutrition, self-esteem, concentration, attendance and success in school [1]. The most common chronic childhood disease in the United States is dental caries, or tooth decay, and children with dental caries often become adults with dental caries, with the disease following the individual throughout their life [1].

The *San Francisco Children's Oral Health Strategic Plan 2014-2017* (the Plan) has the goal that "all San Francisco's children are caries-free," and has identified five focus areas to reach this goal by the year 2017: access to care, integration of oral health into overall health, evaluation, coordination, and promotion [1]. The Strategic Plan's Implementation Coordination Committee (ICC) has organized oral health advocates into teams within each of these five focus areas to pursue their respective strategies. The Promotion Team identified the integration of oral health into an existing San Francisco Department of Public Health (SFDPH) social marketing health campaign as a priority, related to the Plan's strategy of increasing awareness and practice of optimal children's oral health behaviors among diverse communities in San Francisco, and the tactic of integrating oral health promotion into overall health promotion [1].

Literature review

Social marketing is the use of commercial marketing strategies to design and implement programs that promote socially beneficial public health outcomes [2]. While commercial marketing promotes consumer products, social marketing promotes ideas and

awareness to change habits and to create an environment that encourages behavioral, social, or policy changes [3].

At its core, social marketing wants to influence a segmented population to accept, reject, modify, abandon, or continue a behavior, and utilizes a systematic planning process that applies marketing principles and techniques to deliver a positive benefit to society with that behavior [4]. Relying on the basic framework of “exchange theory,” this positive benefit that is delivered with the behavior must equal or exceed the perceived costs the segmented population must incur in adopting said behavior [4]. For example, the *Friends Don't Let Friends Drive Drunk* campaign's theoretical basis is the positive benefit of preventing car accident deaths as being worth the cost of risking the relationship with friends. By doing a cost-benefit analysis and rationalizing the self-interested behavior, saving a life is worth embarrassing a friend by taking away his or her car keys.

Social marketing, like commercial marketing, focuses on “Four ‘P’s,” or “market mix,” and allows us to view health services as a commodity from the viewpoint of the consumer. The Centers for Disease Control and Prevention (CDC) resource *Gateway to Health Communication and Social Marketing Practice* [5] describes the “Four ‘P’s” of social marketing as:

- 1) *Product* is the desired behavior you are asking your target audience to change, the support needed to successfully adopt that behavior and ultimately that behavior's benefits.

- 2) *Price* is the financial, emotional and psychological costs and time constraints the target audience bears in order to overcome barriers and successfully adopting the desired behavior.
- 3) *Place* is where the target audience will be exposed to the product, interact and think about the subject, and perform the desired behavior.
- 4) *Promotion* is the messages, materials, channels, and activities that your target audience will be exposed to and interact with.

The CDC [5] also proposes a fifth "P," unique to social marketing; *Policy*, described as the creation or modification of laws and regulations trying to encourage or require the desired behavior change.

Social marketing and its principles are consistently being used in areas of public health, injury prevention, environmental health, community organization, and financial well-being [4]. Memorable examples of social marketing are numerous, and many times are the result of national campaigns created by the *Ad Council* and their public service advertisements (PSA). Two such campaigns include the public health and behavior change message, "*Friends Don't Let Friends Drive Drunk*," and that of Smokey the Bear, "*Only You Can Prevent Forest Fires*." The *Ad Council* is a private, non-profit organization that uses volunteers from the advertising industry to create these messages, and their first social marketing health campaign PSA promoting oral health is the *Partnership for Healthy Mouths, Healthy Lives* PSA and *2min2x* message [6].

The fifty most important issues where social marketing campaigns have created an impact nationwide are enumerated in Lee and Kotler [4]. They address everyday health and well-being, and include: heavy drinking, fetal alcohol syndrome, obesity, teen

pregnancy, HIV/AIDS, fruit and vegetable intake, high cholesterol, breastfeeding, breast cancer, prostate cancer, colon cancer, birth defects, immunizations, skin cancer, oral health, diabetes, hypertension, eating disorders, drinking and driving, seatbelt use, helmet use, child safety seats, suicide, domestic violence, gun storage, school violence, fires, falls, household poisons, waste reduction, wildlife habitat protection, forest destruction, fertilizer and pesticide storage, water conservation, air pollution, composting, wildfires, litter, watershed protection, organ donation, blood donation, voting, literacy, identity theft, animal adoption, establishing bank accounts, bankruptcy and fraud [4].

Oral health advocates were formally introduced to the concept and technique of social marketing as a result of the 2000 *Oral Health in America, Report of the Surgeon General* and the subsequent 2002 paper by Edmunds and Fulwood titled, *Strategic Communications in Oral Health: Influencing Public and Professional Opinions and Actions* [7]. It describes five key oral health messages:

- 1) Oral health is part of general health
- 2) Oral health status relates directly to income, race, and culture
- 3) Lifestyle is a key determinant of oral health status
- 4) Oral health problems are preventable
- 5) Access to oral health care is a major problem

The CDC, in their social marketing resource [5], outlines the essential steps for effective social marketing to include:

- Reviewing the background information, environmental assessment and community scan to define the public health problem.
- Setting communication objectives and defining goals.

- Understanding whom to reach by analyzing and segmenting the target audiences, including understanding on a personal level the needs and wants of the target audience and their motivations, values, and lifestyles.
- Developing and pretesting appropriate messages.
- Identifying and selecting the appropriate pretested messages and products.
- Selecting communication channels based on communication objectives and access. For instance, a recent survey by the Pew Institute [8] shows that 64% of Americans own a smartphone, 62% of them have used it to seek health information in the past year, and individuals with lower incomes tend to be more “smartphone-dependent” than higher income individuals. Other channels, either purchased or donated, would be traditional print media, billboards, posters, radio and television.
- Developing a promotion plan to deliver the messages and products.
- Implementing communication strategies.
- Conducting process evaluation with longitudinal data for assessing program delivery and program utilization trends [9] including:
 - 1) Activity name
 - 2) Date of activity (range)
 - 3) How activity was delivered (TV, poster, etc.)
 - 4) Reach of activity (number of people)
 - 5) Objective of activity (promotion, behavior change, etc.)
 - 6) Participant characteristics (age, gender, ethnicity)
- Conducting outcome and impact evaluation.

Social marketing is not without criticism. One such shortfall of social marketing include the perception that it relies too heavily on “advertising” activities to achieve its goals rather than providing the products or tools needed to accomplish them. Social marketing also fails to address underlying environmental and social causes of health disparities and can focus too heavily on individual behaviors. Social marketing has also been perceived as “manipulative,” “disrespectful” and accused of engendering a “colonial” approach of segmenting and discriminating within a population [2].

Methods

Team approach:

The Promotion team was structured by the ICC to include community organizers, public and private oral health advocates, members of the two dental schools in San Francisco, and the San Francisco Unified School District (SFUSD). Monthly meetings set quarterly benchmarks and sequenced action steps to include:

- Research existing campaigns within SFDPH.
- Present and review campaigns with Promotion team members.
- Identify and prioritize existing health campaign and potential key messages/behaviors to promote.
- Identify campaign leaders within SFDPH.
- Meet with campaign leaders to determine how/what to integrate into nutrition or health social marketing campaign.
- Identify one message/behavior that can be integrated into an existing campaign.
- Develop integrated oral health message.

- Launch/re-launch nutrition or health campaign with incorporated oral health message.
- Develop ongoing collaboration with campaign leadership to incorporate oral health messages into future campaigns.

The main performance measure for the Promotion team was oral health being incorporated into at least one nutrition or health social marketing campaign of the SFDPH by year-end.

Policy approach:

The ICC filed a motion for adoption of the *San Francisco Children’s Oral Health Strategic Plan* to the City and County of San Francisco Health Commission with an emphasis to “integrate oral health messaging into existing SFDPH health promotion efforts.”

Search Strategy:

A number of scholarly articles, books, journals, and government official websites were used as sources for a literature review of social marketing and oral health in order to present to the Promotion team members. These resources include the existing social marketing health campaigns within San Francisco that can integrate or emphasize an oral health component, as well as overall health campaigns, which promote key messages or behaviors. Keywords and search terms used in a PubMed search included: social marketing; oral health; (social marketing[Title/Abstract]) AND oral health[Title/Abstract]; search terms used in a Google Scholar search included: social marketing AND oral health; and with suggestions from Promotion team member’s

interactions with current health campaigns in their respective professional experiences within the community.

Results

After hearing the ICC's presentation on the *San Francisco Children's Oral Health Strategic Plan* and motion for adoption at their February 17, 2015 meeting, the City and County of San Francisco Health Commission passed Resolution Number 15-4 (Fig. 1) supporting the *Strategic Plan* and committing to "integrate oral health messaging into existing SFDPH health promotion efforts." Three social marketing health campaigns within SFDPH were identified as able to integrate an oral health message. The first, *Water in Schools*, promotes the consumption of fluoridated tap water and discourages the use of single-use plastic water bottles. As part of this campaign, a reusable water bottle was distributed to every SFUSD student. The *Shape up SF* and the *Rethink Your Drink* strategies encourage an active lifestyle and alternatives to cavity causing foods and beverages.

Working with the SFDPH and the Child Health and Disability Prevention (CHDP) Program, the Promotion team initiated the previously described action steps, and as a result, oral health was brought to the attention of the city's campaign creators. Oral health was identified as an often-overlooked health disparity and immediately integrated into the *Open Truth* campaign (Fig. 2 and 3) as a part of their larger *Shape up SF* program. The *Open Truth* campaign's objectives were to educate and inspire action by: 1) exposing the sugar sweetened beverage (SSB) industry's marketing strategy of targeting their messages and products to youth and communities of color, 2) presenting evidence-based research demonstrating the direct link between the consumption of SSB and

adverse health outcomes (including poor oral health and tooth decay) especially for the targeted populations, and 3) to compel these populations to become self-aware of this deceptive and strategic marketing strategy [10]. Because Coca-Cola is the most recognizable and largest producer of SSB, the *Open Truth* campaign utilizes the technique of parodying the tagline, font and esthetics of the 2009 Coca-Cola *Open Happiness* commercial. It highlights the negative health effects for the audience and reminds them that the SSB industry does not have the public's health in mind. *Open Truth* utilized donated space in San Francisco Municipal Transportation Agency (SFMTA or Muni) coaches and in Bay Area Rapid Transit (BART) trains beginning in January 2015, and were funded by the larger *Shape Up SF* program and Kaiser Permanente [11].

The conceptual framework [12] of the *Open Truth* campaign is illustrated in table 1:

“Table 1”

It should be clear that even though the *Open Truth* campaign utilizes social marketing strategies, it is not a social marketing campaign for oral health or a campaign to improve oral health behavior. Instead, oral health was added as a factor within an existing campaign. The overarching goal of *Open Truth* is to decrease the consumption of SSB, which is understood to have the indirect benefit of decreased incidence of tooth decay and improved oral health.

Discussion

In the context of the existing base of knowledge on the topic of social marketing and oral health promotion, the Promotion team utilized a variant of the approach

described in the literature and the CDC. On the surface, our accomplishment of integrating oral health into an existing social marketing health campaign may be judged as having strayed from the recommended essential steps of social marketing and the fundamental “4 ‘P’s” archetype. However, it should be clear that the *Open Truth* campaign is neither a social marketing campaign for oral health nor a campaign to improve oral health behavior. Instead, oral health was added as a factor in the application of this campaign. Hopefully, the indirect result of the ICC Promotion Team’s effort will be a decreased incidence of tooth decay and improved oral health.

Comparing our approach to the current theoretical foundation and exchange theory described in the literature, *Open Truth* offers the benefit of improved health outcomes in exchange for the target audience taking the time to gain self-awareness of the tactics that SSB manufacturers employ. The ideal result is that the audience abstains from drinking SSB. The subsequent improved health outcomes include improved oral health, decreased incidence of tooth decay, and lower incidence of diabetes, obesity, heart disease, cancer, sexual dysfunction, and premature death.

The *Open Truth* campaign’s use of the “4 ‘P’s” can be described in the following way: first, the Product is equivalent with the desired behavior change. In this case, decreased consumption of SSB and a call for activism, or to “take action” to make others aware of the soda industry’s tactic of marketing to communities of color. Next, the Price is the financial, emotional and psychological costs and time constraints, or missing out on the pleasurable and sweet taste of SSB, the convenience of the inexpensive treat, and the awkwardness of breaking away from the status quo and by speaking truth to the powerful SSB industry. Thirdly, the Place is on public transit in San Francisco, the Internet and

social media (Twitter, Facebook). Lastly, the Promotion is the message of *Open Truth* and the resources the campaign created on their website www.openthtruthnow.org including prewritten tweets for you to copy, as well as ways to communicate with leaders and educate yourself on policy. All of *Open Truth's* "P's" do not influence oral health behavior directly. Instead they would affect oral health outcomes indirectly by working further upstream in the oral health disease process.

Because our main performance measure was for oral health to be incorporated into at least one nutrition or health social marketing campaign of the SFDPH by year-end, our strategy and sequencing differed significantly from the CDC's recommendations [5] but had the benefit of early results. By identifying a social marketing campaign that was almost ready to be launched, we were able to incorporate the oral health message and thus accomplish our goal quickly and inexpensively instead of developing a stand-alone oral health campaign from scratch. As Lee & Kotler [4] put it, although "most agree that having a formal, detailed plan for a social marketing effort "would be nice," that practice doesn't appear to be the norm." Ours is another such case.

The Promotion team's strategy of piggybacking on the existing *Open Truth* campaign allowed us to overcome our limited time and resources; however this also led to limitations in our approach. For example, neither the Promotion Team nor the Evaluation Team of the ICC have a formal plan for evaluation. We have, however, discussed the tracking of longitudinal data for assessing program delivery and program utilization trends including the range of dates the *Open Truth* posters appeared on Muni coaches and BART trains, which routes the posters appeared on and the neighborhoods served, how many riders would have been exposed to those posters by taking those routes

(reach of activity in number of people), what were the characteristics of those riders (age, gender, ethnicity), and the objective of the *Open Truth* campaign. These are all trends Lefebvre described [9].

Further limitations with utilizing the *Open Truth* campaign with an added oral health factor is its inability to reach those that might have poor oral health but also might not drink SSB, or to connect with those that might not feel comfortable with social media or activism. Since SSB are not the cause of their problems, this campaign will not offer any solutions to the etiology of their oral health status or offer concrete solutions to accessing oral health care. By piggybacking our message onto an existing social marketing approach, we were unable to implement many of the existing social marketing frameworks, thereby limiting the analysis of outcomes. More research and development is to follow our first year of implementing the *San Francisco Children's Oral Health Strategic Plan*.

Conclusion

The use of social marketing to achieve improved oral health within a community can be a helpful strategy to promote socially beneficial behavior change, and is one of the many strategies the *San Francisco Children's Oral Health Strategic Plan*, in collaboration with the SFDPH, relied upon in order to integrate oral health promotion into overall health promotion. In addition to continued proven oral health prevention strategies, such as fluoride, sealants and access to dental care, efforts to increase the use of social marketing promoting oral health should be considered in order to influence a population to positively affect their oral health.

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Table 1: Conceptual framework for *Open Truth* campaign

<p>Social marketing initiatives</p> <ul style="list-style-type: none"> - Open Truth campaign - Messages for communities of color, including Hispanics and African Americans - Health promotion value of decreased consumption of SSB to improve health outcomes
↓
<p>Exposure to campaign message</p> <ul style="list-style-type: none"> - Audience awareness - Message receptivity
↓
<p>Knowledge, attitudes, and beliefs</p> <ul style="list-style-type: none"> - Awareness that the soda industry is targeting communities of color with their products - Belief in health promotion value of decreased consumption of SSB to improve health outcomes - Attitude that SSB are the cause of adverse health outcomes including poor oral health - Intention to decrease consumption of SSB - Intention to “take action” with provided tools to do so
↓
<p>Behavior</p> <ul style="list-style-type: none"> - Decreased consumption of SSB - Activism, or “take action” to make others aware of the soda industry’s tactic of marketing to communities of color

Fig. 1

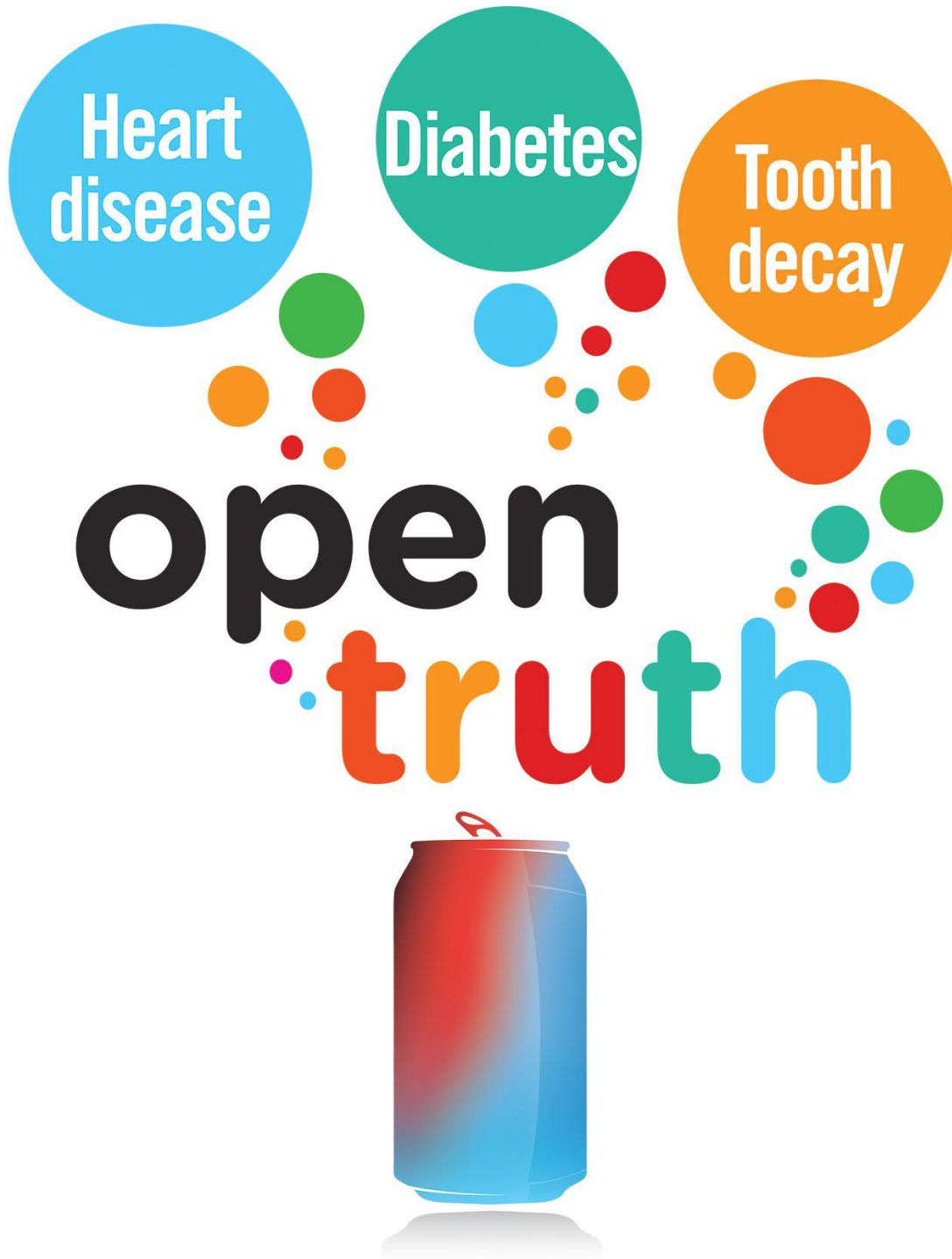
Text of City and County of San Francisco Health Commission Resolution 15-4

Link:

<https://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2015/feb%2017/Resolution%20for%20HC%20on%20SF%20Children's%20Oral%20Health%20Strategic%20Plan%20%202-17-15.pdf>

Fig. 2 and Fig. 3

Open Truth campaign posters



OPEN TRUTH *SUGARY DRINKS ARE MAKING US SICK*
TAKE ACTION AT
OPEN TRUTH NOW.ORG

The Open Truth Campaign is brought to you by Shape Up SF, TheBiggerPicture.org, the SF Department of Public Health, Alameda County Public Health Department, and Sonoma County Department of Public Health.

Follow us @OpenTruthNow

Big Soda says open happiness.

What's happy about diabetes?



OPEN TRUTH

SUGARY DRINKS ARE MAKING US SICK

TAKE ACTION AT

OPEN TRUTH NOW.ORG

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