

# Global Health, Medical Anthropology, and Social Marketing: Steps to the Ecology of Collaboration

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## ABSTRACT

*Anthropology and global health have long been a focus of research for both biological and medical anthropologists. Research has looked at physiological adaptations to high altitudes, community responses to water-borne diseases, the integration of traditional and biomedical approaches to health, global responses to HIV/AIDS, and more recently, to the application of cultural approaches to the control of the Ebola epidemic. Academic anthropology has employed theory and methods to extend knowledge, but less often to apply that knowledge. However, anthropologists outside of the academy have tackled global health issues such as family planning and breast-feeding by bringing together applied medical anthropology and social marketing. In 2014, that potent and provocative combination resulted in the University of South Florida in Tampa, Florida being made the home of an innovative center designed to combine academic and applied anthropology with social marketing in order to facilitate social change. This article discusses how inter- and intra-disciplinary research/application has led to the development of Florida's first World Health Organization Collaborating Center (WHO CC), and the first such center to focus on social marketing, social change and non-communicable diseases. This article explains the genesis of the Center and presents readers with a brief overview, basic principles and applications of social marketing by reviewing a case study of a water conservation project. The article concludes with thoughts on the ecology of collaboration among global health, medical anthropology and social marketing practitioners.*

**Key words:** *medical anthropology, social marketing, social change, world health organization*

## Introduction

Anthropology and global health have long been a focus of research for both biological and medical anthropologists. Research has looked at physiological adaptations to high altitudes, community responses to water-borne diseases, the integration of traditional and biomedical approaches to health, global responses to HIV/AIDS, and more recently, to the application of cultural approaches to the control of the Ebola epidemic. Academic anthropology has employed theory and methods to extend knowledge, but less often to apply that knowledge. However, anthropologists outside of the academy have tackled global health issues such as family planning and breast-feeding by bringing together applied medical anthropology and social marketing. In 2014, that potent and provocative combination resulted in the University of South Florida in Tampa, Florida being made the home of an innovative center designed to combine academic and applied anthropology with social marketing in order to facilitate social change.

This article discusses how inter- and intra-disciplinary research/application has led to the development of Florida's first World Health Organization Collaborating Center (WHO CC), and the first such center to focus on social marketing, social change and non-communicable diseases. This article explains the genesis of the Center and presents readers with a brief overview, basic principles and applications of social marketing by reviewing a case study of a water conservation project. The article concludes with thoughts on the ecology of collaboration among global health, medical anthropology and social marketing practitioners. The journal and conference theme of inter/intra disciplinarily in anthropology is well reflect by the authors whose training and experience come from academic anthropology and public health, as well as a professional from a public international organization (WHO and the Pan American Health Organization (PAHO), and an independent consultant with background in public health and commercial marketing.

Social marketing (SM) has multiple definitions but for this article, we follow the International Social Marketing Association<sup>1</sup> as:

»...seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good.«

The key features that distinguish social marketing from other social change approaches are the use of marketing concepts and consumer research for the promotion of social good.

Social Marketing includes many methodologies that overlap with those of social anthropology, but still remain distinctive. We begin with the following questions:

1. What makes social marketing distinct from commercial marketing?
2. How does one know that what they are looking at really is social marketing?
3. Why has social marketing been so successful in the arena of global health?

The main difference between from commercial marketing and social marketing is that commercial marketing is done to make a profit, which is not the primary goal of social marketing. Social marketers try to understand their audience or the people they hope to help by making a set of marketing decisions based on a deep understanding of the people – what they want and value and what they think they need as opposed to what outsiders think they need. By understanding the consumer, their dreams and desires as well as fears and needs, marketers can carefully select behaviors to promote, segment large populations into distinct subgroups or segments and select those that will give them the best opportunity to do the most good. Social marketers, like anthropologists, realize people differ in many important ways that will affect their willingness to change, the benefits they want to gain from changing, and the barriers that make it difficult to change.

Understanding these differences requires research to understand how to make the behavior they are promoting more attractive than the competition, and to develop an integrated marketing plan (Table 1).

Many times the information that is needed is not readily available and as such social marketers design and conduct primary research to understand the key motivators that drive people to change. For this reason, anthropology is a natural fit with social marketing, as it honors people's values and respects the goals they set for their own lives

The final distinguishing feature is the use of research to develop a marketing plan or marketing mix. The marketing mix refers to a systematic, integrated plan that answers questions in Table 1.

In sum, social marketing differs from commercial and other social change approaches by its reliance on a passionate commitment to understand consumers and honor their preferences, dreams, fears, and values. The insights gained from research is used to: select behavioral targets, segment and select priority population, understand competition, and develop integrated marketing mix.

**TABLE 1**  
MARKETING MIX

Behavioral target	What behavior should we promote?
Priority population	Which segments should we give the greatest priority in planning?
Product	What should we offer them – benefits and goods to enhance adoption?
Position	How should we distinguish our product from the competition?
Price	How can we lower costs and other key barriers?
Placement	Where do we offer the product – distribution channels, partners and support services?
Promotion	How should we persuade people to use the product – spokespersons, information channels, promotional activities?

### Application of Social Marketing – Water Conservation Project 2

In 2007 Australia had the worst droughts on record with predicted dam levels reaching 6%. The promised new water supply infrastructure was not due until 2008 and urgent action was needed to keep combined dam levels above 10%. At the time, Queensland was one of the fastest growing areas in Australia and in the region, with 80% of water consumed by business and agriculture and in south-east Queensland 70% of water consumed by residents. In Queensland, multiple interventions focusing on the water supply had been explored, but there was a need for more. Some of the interventions included retrofitting taps, installation of rainwater tanks, fixing leaks and plumbing services worth \$150 for just \$20. These interventions resulted in household reductions of 30,000 litres and cumulatively added up to 2.1 billion litres of water saved by around 208,000 households between 2005–2007.

Primary research was conducted to further explore this issue. Through the research, it was revealed that the primary target audience should be residents of Queensland and the target behaviour should be total amount of time residents took to shower. To achieve the campaign target of reducing water consumption from 180 litres to 140 litres per household by the end of 2007, each resident would need to reduce their shower time from seven minutes to four minutes. In this scenario, the product was the reduction of shower time and to help the residents keep track of time a handy hourglass timer with a suction was given. Resident could easily place it in the shower and use it to help save time during their shower. Along with the product, and distribution of it to 1.1 million households, a campaign also encouraged radio DJs to play four-minute “shower songs!” To offset the tangible and intangible costs, the program continued to support structural changes, such as retrofitting low-flow toilets and shower heads, in-



Fig. 1. PAHO and USF Collaboration.

stallation of low-flow water metres, water tanks for outdoor garden use, rebates for 508,000 water saving devices including rainwater tanks, home service audits and the introduction of new building codes of practice.

The campaign was a resounding success as water consumption dropped to an average of 129 litres, below the 140 litres target per household, and saved over 20 billion litres of water. Although the drought broke in April 2008, average water consumption stayed at 129 litres per household and a 2011 survey found that most people were still taking 4 minute showers! In addition to shower time, 95% of residents said that they were consciously saving water in their homes and taking shorter showers, 75% installed water saving devices, 86% believe water scarcity is here to stay and long-term changes have to be made and 76% had made water saving changes within their home up from 65% before the campaign.

### World Health Organization (WHO) – Pan-American Health Organization (PAHO)

Pan-American Health Organization (PAHO) was founded in 1902 and is the oldest international public health agency and the regional office for the Americas of the World Health Organization (WHO). PAHO and the University of South Florida (USF) have collaborated together on a number of projects related to social marketing since 2007. Health Promotion and Non-Communicable Disease Prevention Coordinators from Brazil, Chile, Colombia, Mexico attended the USF Introduction to Social Marketing class from 2007–2010, attended the Advanced social marketing course in 2010 and attended the Social Marketing Training Academy and Conference since 2009. Collaboration on these courses led to the development of

an online virtual campus, where social marketing is taught to public health professionals in the Americas by USF. Called CARMEN, the Virtual Campus of Public Health has been valuable in informing the region about social marketing and its applications to their work.

Along with these organized social marketing courses, USF has offered additional training to the regional countries, through onsite trainings. Trainings have been conducted in Panama, Mexico, Chile, Guatemala and again through the PAHO virtual campus. Started in 2006, these trainings have been conducted on an annual basis. With the advance in technology the focus has shifted to the use of technology, such as the virtual campus, which allows users to self-pace and complete the materials in the comforts of their own home.

Building on its history of partnership, the PAHO office asked to designate USF as a WHO collaborating Center. Appointed by the WHO Director General, the WHO collaborating centers support global programs in health and advance research by assisting, coordinating and promoting activities of leading organizations. In addition to offering training and technical assistance, the center facilitates knowledge exchange and build the capacity of leading health organizations' ability to apply social marketing to resolve social and biomedical problems. The center addresses the increased rate of non-communicable diseases globally by capitalizing on the strengths of social marketing coupled with other social science and social change strategies.

### Critical New Asset: Incorporation of Applied Medical Anthropology

Part of what sets the new USF Center apart from other social marketing initiatives is the critical role that applied medical anthropology plays in the development and execution of projects. Applied medical anthropology has long been employed by WHO and the United States Agency for International Development (USAID) in their health and development projects. Non-governmental and third sector organizations such as John Snow, Management Sciences for Health (MSH), Water and Sanitation for Health (WASH), CARE International, Save the Children, just to name a few organizations, have employed medical anthropologists since the 1960.

Anthropologists like Bert and Gretel Peltó, Susan Neville Scrimshaw, and Mary Elmendorf were working to improve child health and nutrition, create new methodologies to translate anthropological field research methods into rapid assessments, and understand water and sanitation practices. They were brought into these agencies to improve the ability of the agencies to create acceptable and sustainable projects by better understanding the local cultures in which they were working. In addition to understanding local beliefs and practices so necessary to the successful development and execution of behavior change projects, anthropological research provides a vital link between current behaviors and their historical, economic,

and political bases. That larger frame of history, politics and economic on a national and global scale has too frequently been omitted from social marketing research. The central involvement of medical anthropology in the USF WHO Collaborating Center provides a unique component to enhance the sustainability of results.

In addition, the USF WHO CC has partners drawn from such diverse fields such as engineering and business, and with the Center's focus on non-communicable diseases in the Caribbean and Latin America, it is expected to draw in other areas of expertise such as aging, health communication, media studies, as the Center moves to reduce life style practices that are implicated in the development of non-communicable diseases.

## REFERENCES

1. iSMA, Social Marketing Definition, International Social Marketing Association, accessed 01.31.2015. Available from: URL: <http://www.isocialmarketing.org/social-marketing-definition#.VMqvji5BeM8> — 2.

## Conclusion

The Center is still evolving and is at a liminal stage of its development as it builds on the established record of success in social marketing while expanding its scope in new areas. As we begin our first projects as a Center, we are conscious of the opportunity to bring new players and their expertise to the table, while simultaneously building on the extant history of successful social marketing and medical anthropology experiences. But the Center is more than just combining these two intellectual and methodological threads; it is the synergy created from their combination that opens the door to new paradigms, applications, and endeavors.

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## GLOBALNO ZDRAVLJE, MEDICINSKA ANTROPOLOGIJA I DRUŠTVENI MARKETING: KORACI PREMA EKOLOGIJI SURADNJE

### SAŽETAK

Antropologija i globalno zdravlje odavno focus su istraživanja bioloških i medicinskih antropologa. Istraživanja su se bavila fiziološkim visinskim prilagodbama, reakcijama zajednice na bolesti koje se prenose vodom, integracijom tradicijskih i biomedicinskih pristupa zdravlju, globalnih odgovora na HIV/AIDS te u novije vrijeme do primjene kulturnih pristupa kontroli epidemije ebole. Akademski antropologija koristi teorije i metode kako bi proširila znanje, ali rjeđe primjenjuje to znanje. Međutim, antropolozi izvan akademske zajednice rješavaju globalne zdravstvene probleme kao što su planiranje obitelji i dojenje okupljanjem primijenjene medicinske antropologije i društveni marketing. U 2014. godini, ta moćna i provokativna kombinacija rezultirala je u Sveučilištu u Južnoj Floridi u Tampa, Floridi, gdje je nastao inovativni centar dizajniran za kombiniranje akademske i primijenjene antropologije s društvenim marketingom kako bi se olakšale društvene promjene. Ovaj članak govori o tome kako su inter i intra-disciplinarni razvoj i primjena doveli do razvoja prvog Centar za suradnju Svjetske zdravstvene organizacije (WHO CC) na Floridi, a prvi takav centar koji se usredotočuje na društveni marketing, društvene promjene i nezarazne bolesti. Ovaj članak objašnjava nastanak Centra i predstavlja čitateljima kratki pregled, temeljna načela i primjene društvenog marketinga pregledom studija slučaja projekata očuvanja vode. U članku se zaključuje s mislima o ekologiji suradnje između globalnog zdravlja, medicinske antropologije i društvenih marketinških praksi.