Social Marketing and Health Promotion Communication: From Traditional Marketing to Web 2.0

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Abstract

**Background:** Web 2.0 has changed the flow of marketing messages. Traditionally television, radio, newspaper, and Web 1.0 marketing efforts resulted in target audiences being passive recipients of information. With Web 2.0, they are now active contributors in the development and receipt of marketing messages.

**Methods:** Drawing on findings from a series of 17 qualitative, in-depth, structured interviews with Web 2.0 experts who were working in social marketing or health promotion, the current study provides an assessment of the landscape of Web 2.0 social marketing and health promotion initiatives. Similarities and differences between using Web 2.0 channels and traditional channels explored during the interviews.

**Results:** Results suggest that practitioners are using a mixture of traditional marketing and new media processes in their Web 2.0 campaigns. Web 2.0 campaigns are being disseminated on multiple Web 2.0 platforms to model healthy behavior, distribute health information, and encourage campaign participation online. Perceived similarities (such as research processes and metrics) and differences (such as financial costs) were also found when comparing Web 2.0 platforms to traditional communication channels.

**Conclusions:** Implications relevant to social marketing practitioners and researchers are presented.

**Keywords:** Social media, Marketing, Social marketing, Health promotion, Interview, Qualitative research.
Introduction

Social marketers and health promoters have long used established communication channels, such as television, radio, and newspapers, to reach target audiences and promote health-related behavior change. However, with the advent of new media platforms or Web 2.0, practitioners who were originally gatekeepers of information are now experimenting with a new way to communicate. Web 2.0 allows target audiences to participate in a multidirectional active process through content creation and social interactions.

There are few published research studies which have evaluated the practice and effectiveness of using Web 2.0 as a tool for health-related social marketing campaigns. Thus, the degree to which Web 2.0 may transform health promotion or social marketing in comparison to traditional marketing is still unknown. Thackeray and Neiger suggested health promoters and social marketers use formative, pretest, and evaluation methods to guide strategic Web 2.0 campaign decision-making. However, it is unknown whether traditional research methods and benchmarks, such as Web 1.0 page visits, unique visitors, reach, and impressions, are relevant for Web 2.0.

This article is intended for practitioners or researchers seeking strategic recommendations as to how they can use Web 2.0 to reach target audiences for their area of health-related behavior change social marketing campaigns. The overall behavioral and communication objectives are as follows: (1) to determine whether Web 2.0 is being used by social marketing and health promotion practitioners as an avenue for promoting health-related behavior change; (2) to identify potential research areas for academics who wish to develop best practices or models outlining ways to use Web 2.0 channels for health-related behavior change; and (3) to provide specific recommendations for ways Web 2.0 channels should be utilized to impact health-related behavior change in the context of traditional marketing practices.

The current study investigates the perspectives of social marketers and health promotion practitioners who have worked with Web 2.0 platforms. Similarities and differences between Web 2.0 and traditional marketing are specifically examined in terms of their use in social marketing and health promotion. Two objectives are defined: (1) How are individuals working in the fields of social marketing or health promotion using Web 2.0 platforms? and (2) What are the similarities and differences between Web 2.0 platforms and traditional marketing communications?

Background

Defining Web 2.0
Web 2.0 is the second generation Web-based Internet which facilitates an online environment allowing for two-way communication through sharing or creating information. Web 2.0 differs from the traditional form of Web sites, or Web 1.0, which consisted of one-way communication through static Web pages.
Content creation and socializing on Web 2.0 is made possible through cost-free Internet platforms. Commonly discussed examples of Web 2.0 platforms include, but are not limited to, the following: blogs (personalized Web sites where users can enter textual entries, upload video and other media such as: blogger.com); wikis (Web sites where information can be entered, edited, and organized by users as a writing space such as Wikipedia); social networking sites (personal Web site profiles within the framework of a larger site where users can share videos, text, images, blogs, and other media forms such as Facebook, Twitter, LinkedIn, or MySpace); social bookmarking services (services which allow users to enter, classify, and share their Internet bookmarks such as del.icio.us, Reddit and Digg); and file sharing sites (sites where different files are available to users on a peer-to-peer network such as Flickr or YouTube).

Usage and Growth of Web 2.0
A rapidly increasing growth of user membership for blogs, wikis, video sharing, and social networking sites illustrates how relevant Web 2.0 has become. Technorati, an online search engine for blogs, estimated that 450 million blog records existed in 2010. As of March 2012, Wikipedia stated it had over 16 million registered users, more than 3 million English articles, and over 26 million English content pages. YouTube reported usage at more than 3 billion views per day with 48 hours of video uploaded each minute and Facebook logged an active membership base of 845 million monthly active users.

Initial studies documenting the demographic and psychographic characteristics of Web 2.0 users pointed toward high usage among youth and young adults. In 2008, for example, adults were significantly less likely to have a profile on a social networking site than were youth; only 35% of American adults 18 years and older had a profile on a social networking site, whereas 65% of American teenagers had a profile. Similarly in 2009, the adoption patterns of Web 2.0 sites demonstrated that the use of these platforms among older adults was rapidly increasing; from January to July 2009, the adoption of Facebook grew by 514% among those aged 55 years and older, compared to only 5% among those aged 18-24. By May 2011, research findings from the Pew Internet and American Life Project illustrated that social networking site usage among American adult Internet users 18 years and older was relatively high with two-thirds (65%) using a social networking site. Nonetheless, Web 2.0 usage trends still point toward usage being highest among younger audiences. For example, the percentage of Web 2.0 American Internet users who used social networking sites in May 2011 was as follows: 83% of 18-29 year olds, 70% of 30-49 year olds, 51% of 50-64 year olds, and 33% of those 65 and older.

Traditional vs New Communication Channels
Web 2.0 platforms enable a two-way flow of communication, an approach consistent with the social marketing consumer-focused approach. With Web 2.0, users are at the center of the communication process by acting as message senders, creators, and responders. Web 2.0 facilitates viral communication, which enables users to share information at a fast rate. Social marketers and health promoters have traditionally used established communication channels to promote their behavior change efforts, including television, radio, newspapers, and Web 1.0 Internet. Web 2.0 is changing the traditional flow of communication to a “bottom-up creation and horizontal sharing of information.” With Web 2.0 platforms, new opportunities exist for social marketers and health promoters to shift their practice away from the traditional communication flow where messages were relayed through a channel to a receiver, or target audience. Web 2.0 allows health promoters and social marketers to work with target audiences, enabling them to participate directly in a campaign by contributing to the development of campaign messages (a bottom-up process) and sharing these
messages in real time among their friends, family, colleagues, and networks. Web 2.0 platforms have been documented as ideal communication avenues to facilitate the utilization of established social marketing principles, including: behavior change goals and measures, a target market or unique subgroup for a customized marketing strategy, integrated and coordinated messages, timely and explicit benefits to encourage behavior change, and addressing competitive barriers.

Internet users have been documented as engaging in interactions on Web 2.0 for various reasons, such as to seek or create news, entertainment, and even health information. An example of the practice of seeking or creating health information on Web 2.0 channels can be seen with the VERB Yellowball campaign, which aimed to encourage physical activity among youth. The target audience contributed to the campaign message by recording their physical activity rates on a Web site, writing blogs about their experiences, and creating videos about how they were engaging in physical activity using a campaign product, the “Yellowball.” Thackeray and Neiger predicted Web 2.0 will dramatically shift the health promotion and social marketing process into one that is a continuous campaign monitoring system, where target audiences are directly responded to, and messaging or communication strategies are regularly modified.

Methods

Research Design and Purpose
This was a retrospective cross-sectional study using non-probability sampling to assess the attitudes and experiences of social marketing and health promotion experts who had worked with Web 2.0. Interviews were designed to assess how they had used Web 2.0 platforms and to identify perceived similarities and differences between Web 2.0 and traditional marketing communications.

Sample
Recruitment of the main study interview participants was undertaken in 2011 using a systematic snowball approach, based on the results of a literature review from which Web 2.0 experts in the fields of social marketing and health promotion were identified. A call for volunteers was also issued using the social marketing e-mail forum managed by Georgetown University in the United States. Selection criteria used to determine whether a proposed subject was appropriate for the study included an indication that the participant: (1) held a senior-level role in a practice or research function; (2) developed, managed, or evaluated the day-to-day activities of a Web 2.0 campaign; and (3) worked within a content area of health promotion or social marketing.

A sample of 17 health promotion and social marketing experts residing in Australia, Canada, New Zealand, the United Kingdom, and Europe took part in the research. Examples of participant job titles were: Director, Leader, Chief Executive Officer, Marketing Practitioner, Manager, Vice-President, Consultant, and Researcher. The sample included only two individuals working in Web 2.0 research roles. Participants worked in health promotion or social marketing organizations, health and environment units of government, and a university school of public health. Table 1 provides further details on the sample interviewed.

Prior to conducting the interviews a convenience sample of five participants (not involved in the main study) were recruited from the researchers’ personal
networks (a mix of male and females, including two academics and three social marketing practitioners; three of which were Canadian, one was from India, and one from South African) to pretest and refine the data gathering instrument using the verbal probing technique of cognitive interviewing.\textsuperscript{21,22} This study received ethics approval from the University of Wollongong in New South Wales.

**Procedures**

Due to geographical boundaries, one hour interviews were conducted in person, over the phone, or using Skype technology. A package was prepared and emailed to each participant, including a consent form and questionnaire. Prior to starting the interview, informed consent was obtained. Participants were informed that audio recordings would facilitate interview transcription, and were given the opportunity to terminate their interview if they were not comfortable with being recorded.

Participants were read the interview guide in a semi-structured interview format. The guide contained open-ended questions about Web 2.0 practice and research including: reasons for campaign implementation; formative and pretest research strategies used; campaign implementation strategies used; how campaign impact was defined; and how campaign success was measured. Belief statements were also assessed using a 5-point Likert rating scale (where 1 = “Definitely disagree,” 2 = “Disagree,” 3 = “Unsure,” 4 = “Agree,” and 5 = “Definitely agree”). The belief statements gauged participants’ views about the similarities and differences between Web 2.0 and traditional marketing processes (eg, “marketing using Web 2.0 platforms is much less costly than traditional marketing”). Upon completion of the interviews, participants were e-mailed a copy of the study debriefing form.

**Data Analysis**

The research was hypothesis-generating; thus, interview data were analyzed in an exploratory manner using a hand coding process.\textsuperscript{23} Categories were identified in an exploratory manner and sorted into subdomains based on the interview guide (such as Web 2.0 cost, Web 2.0 reach) or on emerging themes. Emerging themes were determined when categories, which were not in the interview guide, were mentioned, unaided, by several interview participants (such as Web 2.0 behavior modeling).

For each Likert scale rating, averages were compiled. When individuals responded to the Likert rating with a range (eg, 2-3), the midpoint was taken to denote their response (eg, 2.5). Descriptors were

<table>
<thead>
<tr>
<th>Gender</th>
<th>Position</th>
<th>Organization</th>
<th>Role</th>
<th>Country of Residence</th>
<th>Interview Method</th>
</tr>
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<tbody>
<tr>
<td>Females (n = 10)</td>
<td>Directors (n = 5)</td>
<td>Health Promotion or Social Marketing Organizations (n = 8)</td>
<td>Practitioners (n = 15)</td>
<td>United States (n = 5)</td>
<td>Skype (n = 8)</td>
</tr>
<tr>
<td>Males (n = 7)</td>
<td>Managers (n = 3)</td>
<td>Health and Environment Units of Government (n = 8)</td>
<td>Researcher (n = 1)</td>
<td>Canada (n = 4)</td>
<td>Telephone (n = 7)</td>
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<td></td>
<td>Leaders (n = 2)</td>
<td></td>
<td>Researcher/Practitioner (n = 1)</td>
<td>New Zealand (n = 3)</td>
<td>In-Person (n = 2)</td>
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<td></td>
<td>Chief Executive Officers (n = 2)</td>
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<td>United Kingdom (n = 2)</td>
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<td></td>
<td>Professors/Researchers (n = 2)</td>
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<td>Australia (n = 2)</td>
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<td>Europe (n = 1)</td>
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<td></td>
<td>Vice-President (n = 1)</td>
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<td>Marketing Practitioner (n = 1)</td>
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**Table 1. Interview Sample.**
Results

Figure 1 depicts a Web 2.0 campaign process that follows five distinct stages: campaign inception (and reasons for choosing Web 2.0); formative and pretest research strategies; campaign implementation; and campaign measurement (including measuring and defining success). The process and data results from the interviews are explained below using these five stages as a reporting framework.

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<tbody>
<tr>
<td>Web 2.0 viewed as:</td>
<td>Target audience psychographic &amp; demographic research:</td>
<td>Strategies:</td>
<td>Traditional methods and metrics:</td>
<td>Behavior change impacts:</td>
</tr>
<tr>
<td>- Popular</td>
<td>- Google Insights or Google Trends</td>
<td>- Healthy behavior modeling techniques</td>
<td>- Pre-post awareness or attitude change surveys</td>
<td>- Clicking from a Web 2.0 platform to a Web site</td>
</tr>
<tr>
<td>- High exposure</td>
<td>Media analysis:</td>
<td>- Health-related information dissemination</td>
<td>- Behavior change/ intention surveys</td>
<td>- Sending an e-mail after being exposed to Web 2.0</td>
</tr>
<tr>
<td>- Participatory</td>
<td>- Review existing Web 2.0 campaign efforts</td>
<td>- Content creation and target audience participation</td>
<td>- Program participation</td>
<td>- Purchasing products</td>
</tr>
<tr>
<td>- Easier to use than Web 1.0</td>
<td>Concept testing:</td>
<td>- Multiple Web 2.0 platforms</td>
<td>- Web site metrics (views, visits, bounce rate, and downloads)</td>
<td>- Downloading health information</td>
</tr>
<tr>
<td></td>
<td>- Face-to-face focus groups</td>
<td></td>
<td>New media methods and metrics:</td>
<td>- Signing up for a program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Social media analytics (Web 2.0 engagement, length of time staying on a Web site when coming from Web 2.0 site, etc.)</td>
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Campaign Inception: How Campaigns Were Formulated

Participants discussed the factors that influenced their decision to use Web 2.0 platforms to promote their campaign initiatives (see Figure 1). One reason for considering Web 2.0 platforms at campaign inception was their popularity. Many participants were worried they would fall behind best practice if they did not market their causes on Web 2.0 channels. A few even expressed that having a Web 2.0 presence for their campaign efforts was so important that it took precedence over considerations of whether the campaign target audiences were using the platform.

"Facebook for me, while most of my clients have some sort of online presence there, is the shiny jacket in the corner. I think the most... rapidly growing population on Facebook right now is women over 65. And, I tend to say to my clients, “Is that really who you want to go after?” But, in reality, everybody seems to be on Facebook. And I think... all social media are really broadcast communications. So, you know, you’ve got to put a presence out there. (Male, United States, Practitioner, Multi-Disciplinary Subject Matter)"

Many described Web 2.0 platforms as high-exposure vehicles for getting out a campaign message; they believed Web 2.0 allowed them to easily reach target audiences and communicate quickly. The participatory nature of Web 2.0, which enables target audiences to receive information and collaborate with peers through content creation, sharing, and posting, was seen as an important opportunity. Web 2.0 platforms were also perceived as easier to work with than traditional Internet platforms or existing corporate Web sites.

“We’ve got video that we hope will go viral about getting student-aged people to sign up to their dentist. We’re going to approach bloggers to post the video on their Web sites. (Female, United Kingdom, Practitioner, Multi-Disciplinary Subject Matter)"

Formative and Pretest Research

Formative and pretest research was used by participants to guide their decision-making and strategic planning for Web 2.0 marketing strategies (Figure 1). The research techniques described by participants for Web 2.0 campaigns were a mix of traditional techniques, such as face-to-face focus group testing, and new media research techniques.

“The types of Web 2.0 formative research areas mentioned by participants included target audience psychographic and demographic research, and media analysis of existing campaign efforts. For example, audience psychographic and demographic research included the use of new Web tools, such as Google Insights or Google Trends, to determine which Web 2.0 platforms target audiences frequented most often. Media analysis research on new media platforms included, for example, a review of how sun protection was being positioned to youth on Web 2.0 platforms, or compiling campaign examples of how the Web 2.0 platform Facebook was being used to encourage smokers to quit smoking.

The type of pretest research described by participants was most often campaign concept testing. For example, traditional focus group methods were used to pretest Web 2.0 marketing materials. One example described was a campaign geared toward youth 11 to 24 years of age (which encouraged them to make a short YouTube film about quitting smoking). Prior to launching the campaign, the Web 2.0 strategy was tested in a focus group setting.”
We did things in terms of the strategic planning stuff. ... We definitely used focus groups for pretesting messaging before we started doing campaigns, but they tend to happen face-to-face still. (Female, United Kingdom, Practitioner, Multi-Disciplinary Subject Matter)

Campaign Implementation

Behavior modeling. Web 2.0 campaigns were described by participants as using behavior modeling techniques to encourage healthy behavior change (Figure 1). For example, one Web 2.0 campaign, which highlighted musicians on MySpace, modeled how celebrities had quit smoking. Another campaign used instructional videos, distributed via YouTube, of individuals with asthma who modeled how to correctly use their inhaler to control and manage their asthma.

People aren't using their puffers correctly, so they're not getting the full benefit of their medication. We’ve done a full series of videos that demonstrate the correct technique, and we’ve uploaded those to YouTube and embedded them to our Web site as well. ... Obviously face-to-face is best, but this is the next best thing where they can watch a demonstration by a health professional as to how they should be using their particular inhaler. (Female, Australia, Practitioner, Asthma)

Health information dissemination. Health-related information dissemination on Web 2.0 channels was another strategy discussed for Web 2.0 campaigns (Figure 1). Health information dissemination tactics described by participants included reaching influential bloggers to blog about health-related campaigns or putting out health information on Web 2.0 platforms, such as Facebook or Wikipedia.

Looking at the information we wanted to get out and sort of a standard type media release, but trying to tailor that information so that it goes to different audiences. You know, by loading it onto blogs and working with the people who do blog themselves. (Female, Australia, Practitioner, Cancer Prevention)

Wiki’s ... I’m very familiar with them and we do use them. We contribute to them ... We use them to try to influence the definition of condom, for example. (Male, Europe, Practitioner, Safe Sexual Practices)

Participant content creation. A few participants described their campaign usage of content creation and direct target audience participation in Web 2.0 platforms (see Figure 1). In these campaigns, target audiences were often encouraged to create health-related content and post it on Web 2.0 platforms related to the campaign.

I’ve been working on a campaign ... that’s all about turning to young people to make a short film about stopping smoking and spread it amongst their peers, their friends, through social networking sites. They upload the film ... so that you can share it directly on Facebook and Twitter ... That way they get votes on the films and then the best film wins. (Female, Australia, Practitioner, Multi-Disciplinary Subject Matter)

Single or multiple Web 2.0 platform usage. When participants were asked whether they used single or multiple Web 2.0 platforms for their social marketing or health promotion communication efforts, the majority said they used multiple platforms. The types of platforms used included blogs, wikis, social networking sites, and file sharing sites. However, participants were unsure of the benefits of using multiple versus single Web 2.0 platforms for their efforts. For example, a few participants mentioned that their campaign target audiences frequented various Web 2.0 sites, and felt this was a good reason to use multiple versus single
platforms. When asked whether “it is best to use a variety of Web 2.0 platforms rather than focus on one or two for marketing efforts,” participants were unsure of the benefits.

The benefits again are that you can reach different audiences, different people watch different videos on different sites. There are a lot, millions and millions of people on YouTube, but you know there are lots of others, hundreds of thousands of people on second-tier sites and also more niche sites. So if you think about reaching different people in different places, it’s a good strategy to consider setting up multiple channels. (Female, United States, Practitioner, Multi-Disciplinary Subject Matter)

I think with my experience is that, you know, we’ve put 80-90% of our eggs in a couple of baskets. (Male, Europe, Practitioner, Safe Sexual Practices)

Campaign Measurement: How Success Was Measured

The majority of participants used a mix of traditional and new media research methods and associated metrics to determine whether their Web 2.0 campaign was a success (see Figure 1). Traditional research methods used to measure Web 2.0 campaign success included: pre-post awareness or attitude change surveys, behavior change/intention surveys, program participation, and analysis of Web site metrics (views, visits, bounce rate, and downloads). New methods for measuring Web 2.0 campaign success primarily included analysis of Facebook or Twitter analytics (such as Web 2.0 participant engagement or length of time staying on a Web site when coming from Web 2.0 sites).

Interestingly, a few participants combined their use of traditional and new research processes to measure success. In one Web 2.0 campaign, for example, traditional face-to-face behavioral surveys were conducted to determine whether behavior change had been achieved. In addition, benchmarks from cost-free, new media tools, such as Google Analytics and Facebook statistics, offered further insights into campaign reach.

Google Analytics and your Facebook stats ... the number of people who use the site, the number of people who clicked the links we put out, etc ... We also have a school-based survey. (Female, New Zealand, Researcher, Smoking Cessation)

Campaign Measurement: How Success and Impact Were Defined

When asked how Web 2.0 campaign success was defined, participants provided a range of responses including: change in awareness or attitudes, change in behavioral intentions, and change in behaviors (see Figure 1). Several participants stated their Web 2.0 campaign efforts were successful in achieving impact.

The main types of impacts described were related to immediate actions taken. Impacts included clicking through from a Web 2.0 platform to a Web site, sending an e-mail after being exposed to a Web 2.0 message, purchasing products promoted by the Web 2.0 health promotion or social marketing campaign, downloading Web 2.0 health information, or signing up for a health-related program marketed on the Web 2.0 platforms. In addition, policy support actions were also discussed. For example, one campaign used YouTube videos to encourage the target audience to support a ban on junk food advertising. Although a relatively small number of individuals viewed the videos, a significant proportion of those who did took action by sending an e-mail to the health minister advocating for change. According to the interview respondent, the campaign successfully achieved the behavior change objective.

We had this humorous video done on YouTube and at the end of it we wanted...
Belief Statements: How Web 2.0 Differed from Traditional Channels
Participants were asked to respond to belief statements about whether and how Web 2.0 campaigns differed from traditional communication techniques. Participant ratings and comments are depicted in Table 2 and discussed below.

Cost of Web 2.0 versus traditional marketing. Participants agreed (an average of 4.0 on a 5-point scale; see Table 2) that “marketing using Web 2.0 platforms is much less costly than traditional marketing.” In the interviews, participants mentioned that it’s often easier to engage with their target audience in a professional looking manner on free Web 2.0 platforms, in comparison to using costly traditional platforms (such as television), most notably because their ads, materials, and efforts look less sophisticated than the higher budget communications put out by commercial industries. On the other hand, despite Web 2.0 channels being low cost and/or free to use, participants felt the time and energy required for them to manage the Web 2.0 platforms was an unplanned costly aspect. For example, blogs, file sharing sites (such as YouTube), and wikis were described as being difficult and time consuming to learn to use, while social networking sites were described as being time consuming to manage.

Different risks of Web 2.0 compared to traditional marketing. Participants agreed (an average of 3.5 on a 5-point scale; Table 2) that “marketing using Web 2.0 platforms has much risk associated with it compared to traditional marketing.” Risks encountered on Web 2.0 platforms included privacy issues (for the general public) and negative comments (related to the organizations

Table 2. Traditional Platforms vs Web 2.0 Platforms: Belief Statements.

<table>
<thead>
<tr>
<th>Belief Statement</th>
<th>Rating</th>
<th>Reason for Rating</th>
</tr>
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<tbody>
<tr>
<td>Marketing using Web 2.0 platforms is much less costly than traditional marketing</td>
<td>4.0</td>
<td>- Easier to be professional looking on free Web 2.0 platforms</td>
</tr>
<tr>
<td>Marketing using Web 2.0 platforms has much risk associated with it compared to traditional marketing</td>
<td>3.5</td>
<td>- Organizational reputation risks</td>
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<tr>
<td></td>
<td></td>
<td>- Health risk (sedentary behaviors)</td>
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<tr>
<td></td>
<td></td>
<td>- Privacy issues</td>
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<tr>
<td></td>
<td></td>
<td>- Negative comments</td>
</tr>
<tr>
<td>Marketing using Web 2.0 platforms will eventually replace traditional marketing</td>
<td>2.6</td>
<td>- Web 2.0 is trendy</td>
</tr>
<tr>
<td>The best campaigns use a mixture of traditional marketing and Web 2.0 marketing</td>
<td>4.3</td>
<td>- Web 2.0 can co-exist with traditional</td>
</tr>
<tr>
<td>Marketing using Web 2.0 platforms has much more reach than traditional marketing</td>
<td>2.8</td>
<td>- Fast</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Easy campaign message distribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Target audience may “tune-out” (a vast number of Web 2.0 messages already exist)</td>
</tr>
</tbody>
</table>

*Where 1 = "Definitely Disagree, 2 = "Disagree, 3 ="Unsure, 4 = "Agree," and 5 = "Definitely Agree."
health-related behavior change campaign). Participants were also unsure about the overall risk to the general population in using Web 2.0 platforms. Some identified concerns about negative health behaviors (namely sedentary behaviors) that Web 2.0 platform usage can encourage.

I think I’m right on that fence where I’m seeing everybody jumping up and down and doing cartwheels, saying this has been the new frontier. They are forgetting about those traditional things that are still working, TV ... Maybe I’m a little bit on the fence thinking - do we need people to be more locked into their computers when we are already sedentary enough? (Female, Australia, Practitioner, Cancer Prevention)

**Evolution of Web 2.0 replacing traditional marketing.** Participants were unsure (an average of 2.6 on a 5-point scale; Table 2) whether “marketing using Web 2.0 platforms will eventually replace traditional marketing.” While participants noted the increasing trend for Web 2.0 channels to be used by marketers in their campaigns, they were not sure if Web 2.0 would actually replace traditional forms of communication (such as television). Instead, participants felt that both Web 2.0 and traditional channels could co-exist in a campaign. This sentiment was also evident in the level of agreement (an average of 4.3 on a 5-point scale; Table 2) that “the best campaigns use a mixture of traditional marketing and Web 2.0 marketing.”

Marketing on the Web 2.0 is permanent, and whatever content you’re creating is permanent. Over the long term, it could have more reach, but maybe not in the short term. (Male, Canada, Practitioner, Multi-Disciplinary Subject Matter)

**Web 2.0 versus traditional marketing reach.** Participants were unsure (an average of 2.8 on a 5-point scale; Table 2) whether “marketing using Web 2.0 platforms has much more reach than traditional marketing.” Participants felt Web 2.0 marketing was fast and easy for their campaign message distribution, but were also worried that their target audience wasn’t directly tuning into the messages in the same way that they might do on traditional channels.

The best campaigns or good campaigns will use a mixture. (Female, United Kingdom, Multi-Disciplinary Subject Matter)

There’s a movement online – 30% incrementally a year away from traditional media. People would be operating on the basis of the herd mentality. We need to be here because everyone else is. I don’t necessarily agree with that premise. (Male, United Kingdom, Practitioner, Renewables & the Environment)

I think eventually there will be times where you’ll use one or the other. (Female, United Kingdom, Practitioner, Multi-Disciplinary Subject Matter)

**Summary of similarities & differences.** A summary of similarities and differences between Web 2.0 and traditional marketing is presented in Table 3. In general, relative ease, time, cost, reach, and efficiency were perceived as advantages of campaigns promoted on Web 2.0 channels in comparison to those marketed on traditional platforms. Audience engagement and participation posed new opportunities as well as risks. While most campaign formative and summative research practices and measures were similar to traditional methods, Web 2.0 offered the use of new platform tools and analytics that are not available with traditional research methods.
Table 3. Similarities and Differences Between Web 2.0 and Traditional Marketing.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Web 2.0 Similarities with Traditional Marketing</th>
<th>Web 2.0 Differences with Traditional Marketing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platform</td>
<td>- None cited.</td>
<td>- Easier to use than Web sites.</td>
</tr>
<tr>
<td></td>
<td>- Easier to engage with target audience in a professional looking manner.</td>
<td>- Easier to engage with target audience in a professional looking manner.</td>
</tr>
<tr>
<td></td>
<td>- Cheaper.</td>
<td>- Cheaper.</td>
</tr>
<tr>
<td></td>
<td>- Time consuming to learn to use.</td>
<td>- Time consuming to learn to use.</td>
</tr>
<tr>
<td></td>
<td>- Increased risk (privacy).</td>
<td>- Increased risk (privacy).</td>
</tr>
<tr>
<td></td>
<td>- Faster way to disseminate message.</td>
<td>- Faster way to disseminate message.</td>
</tr>
<tr>
<td>Formative &amp; Pretest Research</td>
<td>- Media analysis research.</td>
<td>- Use of new Web platforms tools: Google Insights or Google Trends.</td>
</tr>
<tr>
<td>Measuring Success &amp; Impact</td>
<td>- Pre-post awareness or attitude change surveys</td>
<td>- Analysis of Facebook or Twitter analytics.</td>
</tr>
<tr>
<td></td>
<td>- Behavior change/intention surveys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Program participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Analysis of Web site metrics.</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

Summary of Key Findings
The key findings that emerged from the qualitative in-depth interviews provided answers to the following research questions: (1) How are individuals working in the fields of social marketing or health promotion using Web 2.0 platforms? and (2) What are the similarities and differences between Web 2.0 platforms and traditional marketing communications? The overall aim of the current research paper was not to convince readers about the strengths of using Web 2.0 platforms over traditional ones, but rather to answer the above-mentioned research questions.

Participants chose Web 2.0 channels for several reasons, most notably for their popularity, high exposure, and ease of use. Web 2.0 Internet platforms were described as easier to use than Web 1.0 Internet platforms. Participants used multiple Web 2.0 platforms—a combination of blogs, wikis, social networking sites, and file sharing sites—for their campaign efforts. On these platforms, social marketing and health promotion campaigns were used to model behavior (using examples of healthy behavior), to distribute health information (placing health information messages on high frequency Web 2.0 platforms such as Facebook), and to encourage campaign participation online (eg, by running campaign contests to encourage target audience participation).

Participants also identified a number of strengths and weaknesses in implementing a Web 2.0 campaign compared to traditional marketing campaigns. Strengths included the viral nature of Web 2.0, ease of using Web 2.0 in comparison to traditional Web sites, professional look, and affordability. Weaknesses described by participants included the time and effort it takes to maintain Web 2.0 platforms, privacy risks for the general population, and the relative organizational risk (eg, negative comments about the organization and its health-related behavior change campaign efforts).

Participants also reported similarities between traditional marketing platforms and Web
2.0 platforms when describing research and measurement. The main areas of similarity were related to the research metrics and processes used. Interestingly, when social marketers and health promoters discussed the formative, pretest, and evaluation research processes and metrics used in their Web 2.0 campaigns, best practices for traditional campaigns were often cited. For example, formative (media analysis research), traditional pretesting (campaign concept focus testing) and evaluation (pre-post awareness or attitude change surveys, and behavior change intention surveys) methodologies were often described. Traditional metrics, such as program participation and analysis of Web site views (page visits, bounce rate, as well as downloads), were also mentioned. Thus, from this study, it would appear that traditional research methods and benchmarks, such as Web 1.0 page visits, unique visitors, reach, and impressions, are relevant for Web 2.0.

Despite some research processes and techniques being similar for Web 2.0 and traditional campaigns, there were also notable differences. For example, new Web 2.0 tools were used in some of the campaigns described, such as Google Insights and Google Trends, when conducting campaign formative research. Web 2.0-specific metrics were also described for campaign evaluations, such as Facebook/Twitter Analytics, Web 2.0 participant engagement, and length of time staying on a Web site when coming from Web 2.0 sites.

Two research gaps have been identified in the Web 2.0 literature. First, relatively few published research studies have evaluated the practice and effectiveness of using Web 2.0 as a tool for social marketing campaigns. Second, the degree to which Web 2.0 may transform health promotion or social marketing practice as compared to traditional marketing remains unknown. The findings presented in this study addressed several of these gaps.

It appears that practitioners are attempting to evaluate Web 2.0 campaigns, even if they are using traditional research methods to do so. This finding presents an opportunity to address the first research gap. Practitioners working in these fields should thus be encouraged to publish their evaluation findings to further the Web 2.0 campaign evaluation knowledge base. Next, at least from the interviews conducted in this study, it would appear that the use of Web 2.0 platforms has not led to any transformative changes in health promotion or social marketing practice to date (the second gap in the literature). However, it takes time for innovative approaches to be conceived, tested, replicated, and adopted. Therefore, it remains to be seen whether and how Web 2.0 will transform health promotion or social marketing practice in the future.

**Implications for Practice**

**Web 2.0 campaign inception.** Social marketing and health promotion practitioners may have historically avoided the use of the Internet for campaign efforts, but the ease of use that Web 2.0 offers may be changing their comfort levels; this was evidenced by the number of participants who mentioned that Web 2.0 channels were chosen because they were easier to use than Web 1.0 channels. This finding suggests that practitioners need not have Internet or technical experience to consider using Web 2.0 platforms for their social marketing or health promotion campaigns. Thus, Web 2.0 offers great promise to practitioners who may not be as comfortable with Internet technologies or who may have little training in the field of Internet communications.

**Web 2.0 campaign implementation.** Respondents mentioned numerous advantages to using Web 2.0, including the consumer orientation, engagement, and co-creation abilities these platforms offer. However, the disadvantages and risks associated with having less control over the ultimate message, and potentially the outcome, may need to be addressed or managed by campaign implementers. Despite the privacy fears practitioners expressed, implementation of health promoting Web 2.0 campaigns should be encouraged as social networking sites are being documented as places
where anti-health content may exist.26

Should social marketers or health promoters decide to use Web 2.0, it may be beneficial to engage their staff in a training process to familiarize them with these platforms (thereby reducing the Web 2.0 disadvantage identified in the interviews, such as time spent learning and managing the Web 2.0 platform). It is also important to undertake action planning for dealing with privacy issues or negative feedback on these sites (thereby addressing privacy and negative feedback fears). Web 2.0 appears to offer significant potential at the campaign implementation stage, but staff training and resources need to be considered before organizations utilize these platforms.

**Web 2.0 research and measurement.** Finding that practitioners were using a mixture of traditional and Web 2.0 research processes and metrics for measuring campaign success suggests that, for individuals working in the fields of health promotion and social marketing who may be new to Web 2.0, traditional processes can be adapted to measure campaign impacts and outcomes. Practitioners may want to consider how traditional marketing research processes can be applied in Web 2.0 campaign strategic planning (eg, with the use of focus group testing) or for Web 2.0 campaign evaluations (eg, with the use of pre-post awareness or behavior change and/or intention surveys). Web 2.0 also offers new opportunities to access cost-free platforms (such as Google Insights), where valuable demographic and psychographic information about Internet users and target audiences can be used for pre-campaign formative research.

**Implications for Research**

**Web 2.0 campaign inception.** Although several considerations influenced participant decisions to use Web 2.0 platforms (such as its viral nature), there was uncertainty as to whether Web 2.0 would replace traditional marketing. Monitoring the use, and potential replacement, of traditional marketing platforms is an area for future research. A theoretical model needs to be outlined describing how Web 2.0 channels can be used alongside traditional marketing channels.

**Web 2.0 campaign implementation.** Campaign implementation consistencies found in this study, namely healthy behavior modeling, disseminating health-related information, engaging target audiences in creating content, and disseminating messages on multiple Web 2.0 channels, offer some new strategies particularly in the area of co-creation that are less readily available on Web 1.0 platforms. It may be beneficial for researchers to study the merits of the various strategies identified and to compare how behavior change is influenced by the use of one or more of these campaign implementation strategies.

**Web 2.0 research and measurement.** Although target audience psychographic and demographic research tools (such as Google Trends) were described by the research participants as ideal ways to conduct formative and pretest research, the development of best-in-class processes and metrics for formative, pretest, and outcome evaluations of Web 2.0 campaigns may be an important new area for research. For example, participants described the new media metric of Web 2.0 engagement when measuring campaign success (see Figure 1). It would be beneficial for researchers to examine Web 2.0 engagement as a metric and identify best practice examples of what constitutes good versus poor engagement. Neiger et al.26 described the metric of Web 2.0 engagement as one that can range from low to medium to high depending on the degree to which an Internet participant engages with content (such a “liking” social media posts), is involved in creating and sharing content, or participates offline following content exposure (such as seeking out the service being promoted on a Web 2.0 channel, for example cancer screening tests). Researchers could assess different levels of Web 2.0 engagement to determine what types of
engagement or levels of participation practitioners should aim for when evaluating their campaigns (ie, which engagement levels or types yield the greatest impacts or outcomes for health-related awareness and direct measures of behavior change).

Another area of research that warrants further examination is how traditional measurement methods and tools might be enhanced through use of a Web 2.0 research or test environment. An opportunity may exist for traditional measurement practices to be used on Web 2.0 platforms with target audiences directly engaging in the content using a co-creative process. For example, researchers could look into developing best practices for conducting focus groups within online Web 2.0 channels, and the possible strengths (or weaknesses) of disseminating pre-post and follow-up campaign surveys on Web 2.0 sites. Thackeray and Neiger suggested it is unknown whether Web 1.0 traditional research metrics (ie, page visits, unique visitors, reach, and impressions) are relevant or effective for Web 2.0 campaign measurement.4 This area requires further examination. While the current study found that Web 1.0 measures and benchmarks are being used for Web 2.0 campaigns, differences in how effective these measures are in comparison to new media measures remains unanswered. Regardless of whether Web 2.0 or Web 1.0 is being used, it is important to include an international sample whenever possible in order to study internet trends, and determine whether the findings are globally generalizable.

A third area of research consideration, would be to compare the feasibility of observing and recording behavior change, and the relative success of a Web 2.0 campaign in comparison to a traditional marketing campaign. This study suggested that the participants found it difficult to measure and draw conclusions about behavior change as a result of their health promotion or social marketing campaigns; this was true in general, and on Web 2.0 in particular. The behavior changes described were immediate; they included clicking through from a Web 2.0 platform to a Web site, liking a page, and sending an e-mail after being exposed to a Web 2.0 message. However, indicators like these should not be considered conclusive evidence that Web 2.0 campaigns are successful in achieving health behavior change. More innovative and methodologically rigorous studies and longer-term behavior change evidence is needed, and should include comparative studies of the relative success of alternative channels and platforms.

**Strengths and Limitations**

Qualitative interviews were conducted with an international sample. Participants resided in Australia, Canada, Europe, New Zealand, the United Kingdom, and the United States. Participants held director, chief executive officer, or managerial positions, and had, on average, four years of experience with Web 2.0 platforms. In using an international sample of participants with relevant Web 2.0 experience, a key strength of this study is the rich data that emerged, displaying the breadth and depth of Web 2.0 practitioner experiences in more than one country.

There are also several limitations. First, this was a small sample of experts who may not reflect the full range of social marketing and communications professionals who have used Web 2.0. Second, due to geographical boundaries, only two of the interviews were completed in-person, with the remainder being completed using Skype or the telephone. A risk in using Skype and telephone interviews is that nonverbal cues during the interview process may not have been as observable in comparison to in-person. As the participants were recruited using systematic snowball sampling, and were either self-identified or volunteers who had used Web 2.0, a biased sample of only those interested in and experienced with the subject matter very likely resulted. Also, all of those interviewed held senior positions within their organizations and were considered Web 2.0 experts.
Interviews including social marketing and health communications experts who have not worked with Web 2.0 very likely would have yielded a different set of results. For example, there may be an entirely different set of beliefs expressed by non-users of Web 2.0. It may be helpful for future research to examine the Web 2.0 opinions of individuals in varying positions within their organization and with differing levels of Web 2.0 expertise. Further, given the nature of qualitative research, these findings cannot be considered conclusive.

Conclusions
The results of this study suggest that social marketers and health promoters are experimenting with many different platforms and research processes to plan, implement, and evaluate Web 2.0 campaigns. In some cases, they were utilizing traditional marketing research practices such as Web 1.0 Web site metrics to measure campaign outcomes (views, visits, bounce rate, and downloads). Both similarities and differences were found between the research processes used for Web 2.0 and traditional marketing platforms. Participants made no overall case as to whether Web 2.0 marketing would eventually replace traditional marketing for health promotion or social marketing campaigns. Rather, using a mix of methods and strategies was suggested.

The findings suggest that Web 2.0 is increasing the likelihood for social marketing and health promotion practitioners to use the Internet as an avenue for health-related behavior change campaigns. As well, new areas of research exist for academics who wish to develop best practices and models outlining how to use Web 2.0 in conjunction with traditional marketing. Two key areas were identified that remain to be explored: understanding how to successfully integrate traditional and new media channels using evidence-based, best practices, and how implementation through these new Web 2.0 venues will ultimately change or transform social marketing and health communication practice.

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