



Minnesota State University, Mankato
Cornerstone: A Collection of Scholarly
and Creative Works for Minnesota
State University, Mankato

All Graduate Theses, Dissertations, and Other
Capstone Projects

Graduate Theses, Dissertations, and Other
Capstone Projects

2011

Use of Social Marketing Promotional Strategies to Create Awareness of Worksite Health Promotion Programs: A Survey of Program Coordinators

Anna Catherine Stahl
Minnesota State University, Mankato

Follow this and additional works at: <https://cornerstone.lib.mnsu.edu/etds>



Part of the [Community Health and Preventive Medicine Commons](#), and the [Public Health Education and Promotion Commons](#)

Recommended Citation

Stahl, A. C. (2011). Use of social marketing promotional strategies to create awareness of worksite health promotion programs: A survey of program coordinators. [Master's thesis, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. <https://cornerstone.lib.mnsu.edu/etds/65/>

This Thesis is brought to you for free and open access by the Graduate Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Graduate Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.

Use of Social Marketing Promotional Strategies to Create Awareness of Worksite Health
Promotion Programs: A Survey of Program Coordinators

By

Anna C. Stahl

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Science

In

Health Science: Community Health Education

Minnesota State University, Mankato

Mankato, Minnesota

May 2011

Use of Social Marketing Promotional Strategies to Create Awareness of Worksite Health
Promotion Programs: A Survey of Program Coordinators

Anna C. Stahl

This thesis has been examined and approved by the following members of the thesis committee.

Dr. Dawn Larsen, Advisor

Dr. Autumn Hamilton

Dr. Kenneth Anglin

Abstract

Use of Social Marketing Promotional Strategies to Create Awareness of Worksite Health Promotion Programs: A Survey of Program Coordinators

Stahl, Anna C., *Minnesota State University, Mankato, MN, 2011. 54 p.*

There is growing interest in evidence-based research supporting worksite health promotion to help alleviate rising healthcare costs associated with unhealthy lifestyle choices of employees. Worksite health promotion programs can be designed and promoted to help prevent and reduce the negative effects of an unhealthy workforce. With that, the purpose of this research study was to assess how social marketing promotional strategies were used by worksite health promotion program coordinators in organizations located throughout the upper Midwest region of the United States. A 12-question survey collected basic demographic information on each participant, in addition to the way social marketing promotional strategies were used by each program coordinator within the given organization. The mean age of the program coordinators ($n = 12$, 83% female) was 38 years. Promotional strategies most commonly used included advertising ($n = 9$), personal selling ($n = 6$), publicity ($n = 8$), and sales promotion ($n = 6$). Data reported that only 2 of the 12 respondents using social marketing promotional strategies showed some Social Marketing Theory training. Although most program coordinators used social marketing promotional strategies to create awareness of worksite health promotion programs, there is a greater need for Social Marketing Theory training for program coordinators within the workplace. In order to establish awareness regarding worksite health promotion programs and the underlying issues that create a need for such programs such as, rising health care costs, absenteeism, low employee productivity, and preventable employee illness, additional research in this area is advisable.

Table of Contents

Chapter

I.	Introduction.....	1
	Purpose of the Study.....	2
	Statement of the Problem.....	2
	Significance of the Problem.....	3
	Research Questions.....	3
	Delimitations.....	4
	Limitations.....	4
	Assumptions.....	5
	Definition of Terms.....	5
II.	Literature Review.....	7
	Prevalence of Chronic Disease.....	7
	Chronic Disease and the Worksite Setting.....	8
	Worksite Health Promotion Programs.....	11
	Social Marketing Theory.....	15
	Use of Social Marketing Promotional Strategies.....	18
	Summary.....	20
III.	Methodology.....	21
	Description of Research Design.....	21
	Subject Selection.....	22
	Instrumentation.....	23

Validity and Reliability.....	23
Data Collection.....	24
Data Processing and Analysis.....	24
IV. Results.....	26
Demographic Results.....	27
Questions to be Answered.....	30
V. Discussion, Conclusions, and Recommendations.....	35
Purpose of the Study.....	36
Conclusion.....	37
Discussion.....	39
Recommendations for Practice.....	41
Recommendations for Research.....	42
Appendices	
A. Institutional Review Board (IRB) Approval.....	44
B. Informed Consent to Participate in Research Study.....	45
C. Survey Instrument.....	46
References	49

List of Tables

1. Summary of Basic Demographic Results.....	28
2. Job Title and Industry of Program Coordinators.....	29
3. Use of Social Marketing Promotional Strategies.....	31
4. Frequency Use of Social Marketing Promotional Strategies.....	33

Chapter I

Introduction

In today's hectic, stressful, and time-pressured society, there is an increased risk of chronic disease among employees in many workplace environments. Cardiovascular disease, hypertension, high cholesterol, cancer, and stroke are a few chronic diseases associated with poor employee health. Organizations bear increasing healthcare costs related to worksite issues, such as absenteeism, presenteeism, and lack of morale among employees in the workplace, due to unhealthy lifestyle choices. Lifestyle risk factors are associated with high medical care costs and low productivity. There is increasing interest in evidence-based research supporting worksite health promotion to help alleviate these issues. Worksite health promotion programs can be designed to help prevent and reduce the negative effects of an unhealthy workforce. When designed properly, worksite health promotion programs influence employee knowledge, attitudes, behaviors, and health conditions. In turn, organizations are able to reduce healthcare costs, increase productivity, and maintain a healthy workforce (Goetzel & Ozminkowski, 2008).

Worksite health promotion programs vary in quality and content. Employees such as administrators, human resource directors, marketing executives, or wellness coordinators may be a part of worksite health promotion programs. Within each worksite setting, successful and unsuccessful marketing tactics have been attempted to motivate employees toward healthy behavior change. Investing in healthy worksite environments in order to complement individual based interventions is significant when the positive effects of each can create success factors for organizations (Goetzel & Ozminkowski,

2008). Thus, the use of promotional strategies is an effective tool when administrators are trying to create awareness regarding health and the most current worksite health promotion programs being offered (Anderson & Kaczmarek, 2004).

Purpose of the Study

The purpose of this research was to assess how social marketing promotional strategies were used by worksite health promotion program coordinators. The program coordinators in this study have the ability to use a multitude of strategies to create awareness of worksite health promotion programs. This study examined whether or not social marketing promotional strategies were used by program coordinators to increase employee awareness of worksite health promotion programs. If social marketing promotional strategies were used, the study determined which social marketing promotional strategies were effective and how often program coordinators used the social marketing promotional strategies of choice. If social marketing promotional strategies were not used, program coordinators were asked to convey which strategies were commonly used to create awareness of worksite health promotion programs within the organization. The research study also reviewed the potential relationship between program coordinators' level of social marketing training and the use of social marketing promotional strategies.

Statement of the Problem

According to Goldman, social marketing is the “process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit” (Goldman, 2009, p.105). Within social marketing theory, researchers use the marketing mix or “Four P’s”: Product, Price, Place, and Promotion, to

influence behavior change. These four marketing strategies are closely connected, but each draws attention to diverse features of the market environment. It is clear that social marketing is an effective theory related to health promotion and social change programs (Storey, Saffitz, & Rimon, 2008). However, more information is needed to determine how social marketing is used in the worksite to create awareness of health promotion programs.

Significance of the Problem

Understanding the use of social marketing promotional strategies in worksite health promotion programs enables health educators and program coordinators to help individuals, as well as organizations. Increasing participation in specific needs-assessed employee health promotion programs can help alleviate the risk and consequences of chronic disease among employees. By reducing worksite health care costs associated with absenteeism, presenteeism, lack of morale, and low productivity, social marketing promotional strategies can help the worksite become more effective.

Research Questions

1. Do program coordinators within a worksite setting use Principles of Social Marketing Theory to promote specific employee health promotion programs?
2. If so, which social marketing promotional strategies are used to create awareness of worksite health promotion programs?
3. How often are social marketing promotional strategies used by program coordinators to create awareness of worksite health promotion programs?

4. If social marketing promotional strategies are not used, what form of information dissemination is used by program coordinators to create awareness of worksite health promotion programs?
5. Are program coordinators with some social marketing training more likely to use social marketing promotional strategies?

Delimitations

1. The study was delimited to a small number of program coordinators involved with worksite health promotion programs in the upper Midwest region of the United States.
2. The electronic survey was available to participants for only nine days.
3. The response rates may have been influenced by the limited time frame of the study and the lack of access to a large sample size.

Limitations

1. The participants were not randomly selected and represented only organizations located in the upper Midwest.
2. Results were based on self-reported survey responses regarding the individual worksite health promotion programs and may reflect participant bias.
3. Some organizations or program coordinators may not grant permission to participate in the study.
4. Organization email filters and lack of participant knowledge regarding the research study may have influenced the participant sample size and response rate.
5. Results reflect only information from respondents and may not be generalized to other worksite health promotion programs.

Assumptions

1. All participants clearly understood the survey questions.
2. Each participant understood the overall message and terms of the survey, given that specific definitions were outlined in the survey instructions.
3. The participants answered each survey question honestly and to the best of their ability.
4. The participants' imperfect recall and self-reported data would not impact the integrity of the study because the survey design was based on current or recently completed health promotion programs within the organization.

Definition of Terms

- Absenteeism: the amount of time employees are paid, but are not at work (Levin-Epstein, 2005).
- Worksite health promotion: the combined efforts of employers, employees and society to improve the health and well-being of people at work (World Health Organization, 2009).
- Presenteeism: the lost productivity that occurs when employees come to work but perform below ability due to any kind of illness (Levin-Epstein, 2005).
- Promotional Strategies (among 4P's of marketing): a plan that provides information about the most important features of the product or program, price (cost and benefits the consumer can expect), and the place where the product or program can be obtained, or practiced (Storey, Saffitz, & Rimon, 2008).

- Social Marketing Theory/Social Marketing: the process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit (Goldman, 2009, p. 105).

Chapter II

Introduction

Review of literature related to chronic disease in the workplace, worksite health promotion programs and the strategies used to create awareness of worksite health programs are all important in understanding the need for employees to engage in healthy behaviors. The purpose of the study was to assess how social marketing promotional strategies were used by worksite health promotion program coordinators. This chapter examines the prevalence of chronic disease in the United States, the effect chronic disease has on worksite settings, the purpose of worksite health promotion programs, and the use of social marketing promotional strategies to create awareness of worksite health promotion programs offered.

Prevalence of Chronic Disease

Numerous risk factors and modifiable behaviors contribute to chronic disease. In 2007, 125 million Americans reported having at least one chronic condition. Chronic conditions account for 33% percent of all United States deaths, or about 800,000 deaths per year. Chronic conditions hinder daily activity in one out of every ten Americans, and are responsible for more than 40% of the nation's health care expenditures (Partnership for Prevention, 2007). Common physical chronic diseases include cardiovascular disease, high blood pressure, high cholesterol, type 2 diabetes, stroke, certain types of cancer, sleep apnea, respiratory disease, and asthma. Mental disorders and psychological factors,

such as depression and low self-esteem, also have implications for serious chronic disease (Ickes & Sharma, 2009).

Common modifiable risk factors of chronic disease are unhealthy diet, inactivity, tobacco and heavy alcohol use. The combination of these modifiable risk factors with intermediate risk factors, such as overweight or obesity, high levels of glucose, high levels of blood pressure, and abnormal levels of blood lipids, along with non-modifiable risk factors of age and heredity explain the increasing events of chronic disease (World Health Organization, 2005). Additional risk factors that play a role in chronic disease conditions include infectious agents, environmental factors such as air pollution, behavioral and psychosocial factors, and genetics (World Health Organization, 2005). Although genetic factors do exist, behavioral and environmental influences seem to play the largest role and appear to be the most effective areas for prevention (Ickes & Sharma, 2009; United States Department of Health and Human Services, 2007).

Chronic Disease and the Worksite Setting

Targeting worksites for health promotion has become popular, as adults in the United States spend one third of their waking hours at work. Approximately 131 million individuals are in the United States workforce, and affect an additional 55-65 million people through familial relationships. The target population also includes retired persons. Consequently, the capability of promoting information regarding the prevention of chronic disease through worksites is great (The Wellness Council of America, 2006). In addition to promoting healthy behaviors during the time people spend at work each week, worksites are seen as primary venues for implementation of preventive health

programming due to the supportive infrastructure and encouraging social environment (Ickes & Sharma, 2009).

Risk factors common in worksites, such as the inactivity related to many jobs, the lack of availability of healthy food choices, and lack of space and time related to participation in physical activity, play a large role in the high risk of chronic disease. Large numbers of health-damaging habits and disease conditions are of concern to employers as unhealthy employee lifestyle choices hinder organizational productivity and financial well-being.

Chronic disease risks have been shown to have a direct relationship to high employer expenditures. Additionally, the indirect costs of poor employee health can exceed direct medical costs, which may hinder an organization's ability to perform and compete (Lankford, Kruger, & Bauer, 2009). Chronic conditions typically account for approximately 75% percent of health care costs for employers (Anderson & Niebuhr, 2010). With the increasing prevalence of chronic disease among citizens of the United States, the impact of employee health behaviors can affect productivity, health care costs, absenteeism, presenteeism, and disability within organizations (Anderson & Niebuhr, 2010). In 2007, the United States Department of Health and Human Services estimated that for every 100 employees in an organization, 44 suffer from stress, 38 are overweight, 31 use alcohol excessively, 30 have high cholesterol, 26 have high blood pressure, 25 have cardiovascular disease, 24 do not exercise, 21 smoke, 12 are asthmatic, and six are diabetic (Brewer, Gallo, & Smith, 2010)

The effect of unhealthy employee lifestyle choices on worksites is great. Study findings demonstrate that there is a correlation between the number of health risks and the amount of productivity lost. In a recent study published in *Journal of Occupational and Environmental Medicine*, researchers identified a 3.4% productivity loss for employees with none of the common health risks and a 24% productivity loss for people with all of the assessed health risks, specifically, alcohol, back pain, physical activity, well-being, stress, tobacco use, and weight (Anderson & Niebuhr, 2010). This means employees with the most health risks had about seven times as much lost productivity while at work as those with no health risks. Relating the data to cost, an average employee with none of the health risk factors accounted for \$1,472 per year in lost productivity, whereas, an employee with three health risks accounted for \$5,952 productivity loss per year (Anderson & Niebuhr, 2010).

In addition to healthcare costs, such as provider payments, diagnostic services, and medications, productivity lost in terms of absenteeism, presenteeism, employee morale, employee turnover, disability, worker's compensation, and life insurance can also damage the financial and operational effectiveness of an organization. Absenteeism is the amount of time an employee is paid, but is not at work, such as sick days, short-term disability, or days taken off to care for family members who have a short-term or chronic illness. Related to absenteeism, presenteeism is the lost productivity that occurs when employees come to work but perform below ability and decrease daily on-the-job effectiveness due to illness (Levin-Epstein, 2005). Low employee morale, depression, stress risks and regular job turnover are associated with work impairment, which may be additional expenses an organization must endure. Negative effects on the organizational

culture and the time it takes to recruit, select, and train new employees are a few of the indirect costs related to unhealthy lifestyle choices and chronic risk factors. As employers pay an average of \$10,000 per employee on healthcare and incur lost productivity in other areas, there is a necessity for corporate wellness and worksite health promotion programs (Brewer, Gallo, & Smith, 2010).

Worksite Health Promotion Programs

Most unhealthy behavioral choices are usually affected by habit, cultural norms, time, or ignorance, and thus, are appropriate targets for worksite wellness programs (The Wellness Council of America, 2006). The intention of worksite health promotion programs is to improve the health of employees, thereby decreasing absenteeism and avoiding costs associated with lost productivity. In order for health educators to make worksite health promotion programs relevant to organizations, the quantification of “improved productivity” associated with healthy lifestyles must be achieved. The concept of worksite health promotion programs is under the umbrella of corporate wellness. Corporate wellness is a “continual process of making lifestyle choices that maintain or improve one’s physical and mental well-being” (Brewer, Gallo, & Smith, 2010). Worksite health promotion programs motivate employees to pursue healthy lifestyles, educate employees about health risk factors, explain that the reduction of risk factors can improve health, and facilitate employee actions to improve personal physical and mental well-being (Brewer, Gallo, & Smith, 2010).

The common financial goals of worksite health promotion programs include reducing medical claims, pharmaceuticals, disability, and workers’ compensation expenses (Brewer, Gallo, & Smith, 2010). Reducing the portion of these expenses by

modifying health-damaging behaviors is a goal upon which both health and business practitioners can agree. According to the United States Department of Health and Human Services, in a 2003 report, worksite health promotion programs can yield a return on investment ranging from \$1.49 to \$4.91 for every dollar spent on the program (Ickes & Sharma, 2009).

The possible benefits of worksite health promotion programs go beyond cost containment. Worksite health promotion programs can improve knowledge, attitudes, behaviors, and health conditions of the employer, employee, and surrounding community (The Wellness Council of America, 2006). Many programs have been able to improve the health of employees. Having healthier employees benefits an organization in many ways, including: reduced absenteeism, higher productivity; reduced injuries; decline in workers' compensation and disability; increase employee morale, loyalty and self-responsibility (Ickes & Sharma, 2009).

As a means of reducing health risk for employees, many worksites have introduced worksite health promotion programs. Over the past 25 years, the scope of worksite health promotion has grown tremendously. In 1984, less than 10% of employers offered health promotion programs to their employees. Ten years later, in 1994, 80% of employers had some sort of health programming in place and by 1999, 90% of organizations with more than fifty employees had health promotion programs (O'Donnell, 2002). Recently, large steps were made in the industry when the inclusion of national, worksite-specific objectives in *Healthy People 2010* was documented (United States Department of Health and Human Services, 2000). Objective 7-5, listed in *Healthy People 2010*, is to increase the proportion of worksites that offer comprehensive

health promotion programs to their employees (from 34% to 75%). The second objective, 7-6 in *Healthy People 2010*, is to increase the proportion of employees who participate in employer-sponsored health promotion activities (from 61% to 75%). *Healthy People 2010* defined comprehensive worksite health promotion programming as containing five elements: health education, supportive social and physical environment, integration in organizational structure, linkage with related programs, and worksite screening (Ickes & Sharma, 2009; Lankford, Kruger, & Bauer, 2009).

There are three levels of health promotion programs; awareness, lifestyle change programs, and supportive environments. The awareness level is strictly intended to increase awareness of a given health issue. Strategies such as newsletters, brochures, health fairs, or educational classes are used to increase the intention to engage in behavior change among the audience. The lifestyle change program level is intended to change a behavior, such as smoking cessation or consistent exercise. Behavior modification, education and practice are all strategies that can be used to change a behavior and consequently maintain the behavior change over the long-term. Finally, the supportive environment health promotion level consists of creating an environment in the workplace that encourages a healthy lifestyle, such as worksite policies and ongoing employee enhancement health promotion programs (O'Donnell, 2002).

Studies suggest that management support is necessary for ensuring that worksite health promotion programs achieve positive outcomes. A 2007 study, conducted by Linnan, Weiner, Graham, and Emmons, found that 75% of managers believed that offering worksite health promotion programs is highly important. Eighty percent believed that worksite health promotion programs improved employee health, 68%

believed they reduced health care costs, and 67% believed worksite health promotion programs increased employee morale. When management believes in the benefits of worksite health promotion programs, the awareness among employees may increase. Social marketing promotional strategies are not only used to create awareness of the health programs being offered in an organization, they are used to create awareness of the issues that lie beneath the programs, such as improving employee health, reducing healthcare costs, raising employee morale, improving employee relations, reducing absenteeism and presenteesim, increasing productivity levels, and improving the company's overall public image (Linnan, Weiner, Graham, & Emmons, 2007).

A primary function of worksite health promotion is to identify and reduce modifiable risks by facilitating behavior changes. Behavior changes and healthy lifestyle choices optimize health and reduce preventable disease and injury (Ramsay & Jones, 1998). Worksite health promotion programs vary in the quality and content. In a 1999 employer survey, the most reported worksite health promotion programs were smoking policy (79%), back injury prevention (53%), workplace violence prevention programs (36%), and blood pressure screenings (29%) (O'Donnell, 2002). The Task Force on Community Preventative Services recommends worksite interventions that combine health education classes with health screenings, counseling, on-site exercise equipment and healthy food choices (Lankford, Kruger, & Bauer, 2009). Such worksite interventions have positive effects on participants' cholesterol, blood pressure, fitness levels, and other chronic disease risk factors.

When an organization has more than one health promotion program being implemented at any given time, it is important to provide employees with clear

information about the services and programs being offered. Creating awareness is an essential part of developing worksite health promotion programs. The program must be visible to be successful and employee involvement is a necessity (Anderson & Kaczmarek, 2004). A variety of promotional strategies within the Social Marketing Theory can be used to target appropriate employees, depending on their assessed needs regarding individual health risks and chronic disease factors.

Social Marketing Theory

Social marketing is the “process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit” (Goldman, 2009, p. 105). Social marketing is considered a community-based theory, which uses principles of psychology with applied research methods to provide a framework for the promotion of behavior change across a variety of settings (Tabanico & Schultz, 2007). According to the National Social Marketing Centre, customer-focused social marketing can help to improve the impact and effectiveness of behavior change interventions. These interventions can be in policy formation, strategy development, or program implementation and delivery (Farr, Wardlaw, & Jones, 2008). Behavior change through programs may be for the purpose of improving health, preventing injuries, protecting the environment, or contributing to the community.

The use of social marketing in relation to worksite health promotion programming is a way to increase employee knowledge in order to bring about positive lifestyle changes (Anderson & Kaczmarek, 2004). Research shows that social marketing is useful and necessary for successful health promotion interventions. To achieve health program objectives, program coordinators must influence the population by using the “marketing

mix” or “four Ps”: product, price, place, and promotion (Farr, Wardlaw, & Jones, 2008). A worksite health promotion program is positioned to appeal to the desires of that target population, in this case, employees. Promoting these lifestyle changes through lectures, programs, printed information, and other activities can create employee awareness of positive practices through worksite health promotion. Promotion refers to the communication and messaging within a social marketing program. Promotional activity is the use of information and appeal to consumer emotion that makes them want to engage in healthy behaviors (Daniel, Bernhardt, & Eroglu, 2009). Promotional strategies take different forms and provide various content to a specified population depending on the program or product information, the price or barriers to the consumer, the dissemination or place to obtain the product, and so on (Storey, Saffitz, & Ramon, 2008).

Different target populations may respond better to one marketing strategy than to another. Marketing and promotional strategies that support appropriate services for behavior change provide challenges to program coordinators within a worksite where employee needs are diverse (Jones, 2001). Social marketing promotional strategies must be chosen to correspond to the targeted population and its distinct information processing styles. The program coordinator must understand how people within the organization gather information and use it to influence individual and family health. Conducting a needs assessment offers insights into the employee’s potential needs, wants, beliefs, problems, concerns, and behaviors. Furthermore, when selecting appropriate worksite health promotion programs and promotional strategies for a population, program coordinators can satisfy the needs by developing clear objectives and goals (Farr, Wardlaw, & Jones, 2008).

Message strategies help tailor the health information to a specific population by using different promotional appeals, such as humor, fear, emotional, or rational appeals. Since employees hold different beliefs about their problems and potential solutions a “one message fits all” approach may be problematic (Jones, 2001). Visual or graphic presentations can be used versus statistical, text-based presentations to promote health information regarding a worksite health promotion program. As the use of technology continues to escalate in today’s society, interactive messages can be presented through electronic media or through live events within an organization or community (Goldman, 2009). The use of individualized or tailored techniques, rather than community-based messaging, is also a way to promote specific health programs concerning particular individuals.

The main methods in social marketing are education and information, and promoting these strategies alone may not create a sufficient amount of awareness to overcome barriers related to the use of a worksite health promotion program (Jones, 2001). Creating awareness and increasing knowledge is important, but program coordinators must also promote programs for positive behavior change. Ultimately, promotional strategies should be directed toward behavioral goals (Jones, 2001). Communicating to employees about the worksite health promotion programs offered to help produce positive lifestyle change is essentially the use of promotional social marketing. The messages should be memorable and they should be repeated in different media to create awareness throughout the worksite (Social Marketing National Excellence Collaborative, 2002).

Use of social marketing promotional strategies. The art of choosing promotional strategies is an extremely important part of a health promotion program. People are bombarded with thousands of messages on a daily basis. The success of one particular program rests on whether or not the target population connects with the specific message that is being portrayed to promote the health behavior and health promotion program. There are four main promotional tools; advertising, personal selling, publicity, and sales promotion (Shimp, 2010). Program coordinators must determine which of these promotional tools will best influence and persuade the target population to participate in the worksite health promotion programs being offered.

The first promotional strategy that could be used to create awareness of worksite health promotion programs is advertising. Advertising is a public mode of communication as a message can be communicated simultaneously to a large number of people. Forms of advertising may include: television, radio, billboards, newspaper ads, newsletters, brochures, direct mail or email, online advertising, or promotional products such as stickers, or hats.

The second promotional strategy is personal selling. This form of promotion uses live interaction and relationships in two-way communication between a “buyer and seller”. Examples of personal selling include salespeople, consultants, demonstrations, and hosting.

The third promotional strategy that could be used in the promotion of worksite health is public relations or publicity. Publicity is free promotion and can be generated through personal stories and testimonials in media such as newsletters, magazines,

newspapers, radio, television newscasts, and public service announcements. Personal, health-related programs and messages promoted using public relations and publicity strategies often attract users more so than nonpersonal communication forms, such as advertising.

The final promotional strategy is sales promotion. Sales promotion is promoting the “exchange” that will take place when the customer (employee) decides to engage in the worksite health promotion program that is being offered. Often, sales promotion is suggested to be all forms of communication not found in advertising or personal selling, which can consist of fairs, events, contests, sampling, coupons, or monetary incentives for participating (Chapman, Lesch, Pappas-Baun, 2007; Shimp, 2010).

Social marketing promotional strategies can be used to integrate worksite health promotion programs into an organization in order to obtain positive employee health status and reduce employer healthcare costs related to chronic disease. It is important to disseminate information regarding health promotion and use social marketing promotional strategies to spread messages of worksite health promotion programs to employees, stakeholders, and potential policymakers. Social marketing promotional strategies are not only used to create awareness of the health programs being offered in an organization, they are used to create awareness of the issues that lie beneath the programs, such as improving employee health, reducing healthcare costs, raising employee morale, improving employee relations, reducing absenteeism and presenteesim, increasing productivity levels, and improving the company’s overall public image (Linnan, Weiner, Graham, & Emmons, 2007). In many cases, social marketing can prepare decision makers to make the necessary changes, while simultaneously creating

demand and maintaining momentum for social action at all levels (Chang, Bultman, Drayton, Knight, Rattay, & Barrett, 2007). Rather than simply delivering messages that tell people to be healthy, new conceptual techniques of social marketing address a specific population's lifestyles and beliefs in order to help them achieve positive behavior change by finding a channel of communication and a form of persuasion that works (Robinson, 2006).

Summary

Health promotion programs may continue to grow in popularity as employers become increasingly aware that at least 50% of the leading causes of death in the United States are lifestyle-related and chronic conditions account for 33% of these deaths. In addition, employer costs for health care continue to rise (Linnan, Weiner, Graham, Emmons, 2007; Partnership for Prevention, 2007). Comprehensive programs that include awareness, lifestyle change programs, and supportive environments are being promoted through social marketing strategies in order to create employee awareness regarding the worksite health promotion programs and the underlying issues that create a need for such programs. Health promotion efforts that address manager beliefs, employee interests and needs, work conditions, and the larger organizational culture are likely to produce positive health changes that can be institutionalized (Linnan, Weiner, Graham, Emmons, 2007).

Chapter III

Introduction

The purpose of this research study was to determine if program coordinators within organizations use social marketing promotional strategies to create employee awareness of worksite health promotion programs. A survey was used to gather program coordinators' marketing behaviors regarding the Social Marketing Theory and worksite health promotion programs.

This chapter summarizes the research design and methodology, along with the rationale for the choice of survey style used. The subject selection and instrumentation chosen to survey the population are explained. The data collection, data processing, and analysis procedures are described.

Description of Research Design

A descriptive research design was used for this study. The research information was obtained through an electronic survey of program coordinators' use of social marketing promotional strategies when publicizing worksite health promotion programs to employees within an organization. Prior to data collection for this study, permission was acquired from the Minnesota State University, Mankato Institutional Review Board (see Appendix A) and from each participant who completed the electronic survey.

The independent variable in this research study was the level of training that program coordinators had in social marketing promotional strategies. The dependent variable was the use of social marketing promotional strategies in worksite health promotion programs. The data collection addressed the following research questions:

1. Do program coordinators within a worksite setting use Social Marketing Theory promotional strategies to promote specific employee health promotion programs offered?
2. If so, which social marketing promotional strategies are used to create awareness of worksite health promotion programs?
3. How often are social marketing promotional strategies used by program coordinators to create awareness of worksite health promotion programs?
4. If social marketing promotional strategies are not used, what form of information dissemination is used by program coordinators to create awareness of worksite health promotion programs?
5. Are program coordinators with some social marketing training more likely to use social marketing promotional strategies?

Subject Selection

The study sample was composed of program coordinators who were employed at large public and private business organizations throughout the upper Midwest region of the United States. To qualify as a program coordinator for the study, each participant met the criterion of an employee within the organization who acts as program coordinator for worksite health promotion.

Participants were recruited by sending participation requests by email or telephone to human resource contacts in order to find worksite health promotion coordinators qualified to take the electronic survey. Each of the 12 participants was given a passive consent form prior to taking the electronic survey verifying there was minimal risk exposure by participating in the study.

Instrumentation

The instrument used in this research study was an electronically written questionnaire survey using structured questions and a summative rating scale, the Likert Rating Scale (see Appendix C). Basic demographic information was asked of each participant such as age, gender, education, and level of social marketing training. The survey asked each program coordinator whether or not he/she used social marketing promotional strategies to promote specific employee health promotion programs that were offered throughout the organization. Participants were asked how often they used each of the four promotional strategies, advertising, personal selling, publicity, and sales promotion. If the participant did not use social marketing promotional strategies, he/she was asked to specify which strategies were used to increase employee awareness regarding worksite health promotion programs.

Validity and Reliability

To ensure content and face validity, the survey instrument was comprehensively and methodically reviewed by both health professionals and business professionals. Reliability is achieved when the instrument produces the same or nearly the same result each time it is used (Cottrell & McKenzie, 2011). A homogeneous subject selection,

clear items and instructions, and a healthy number of questions were asked to retain a high reliability coefficient, as no research instrument has perfect measurement accuracy.

Data Collection

Information on social marketing promotional strategy practices was collected electronically from the organizational email addresses that corresponded to where each program coordinator was employed. The electronic questionnaire was prepared using Zoomerang™. The electronic survey was sent to each participant on February 10, 2011. A round of reminders was sent on February 15, 2011 and the survey closed on February 18, 2011. The survey data examined program coordinators' use of social marketing promotional strategies when attempting to create awareness regarding worksite health promotion programs. A pilot study was not practical in this particular study, but a preliminary review and prepilot test of the survey instrument by health and business professionals was conducted to assess the quality of the data collection techniques.

Data Processing and Analysis

The data collected were in nominal form. Descriptive statistics were used to summarize the data. Program coordinator social marketing promotional strategy survey data from February 2011 were collected and separated into two groups:

- Program coordinators who did use social marketing promotional strategies to create awareness of worksite employee health promotion programs within the organization.
- Program coordinators who did not use social marketing promotional strategies to create awareness of worksite employee health promotion programs within the organization.

Basic demographic information of each participant such as age, gender, level of education, and training, was collected. Data were placed in the following categories: frequency of advertising as a social marketing promotional strategy, frequency of personal selling as a social marketing promotional strategy, frequency of publicity as a social marketing promotional strategy, frequency of sales promotion as a social marketing promotional strategy, and all other forms of social marketing strategies that were used by program coordinators. The frequencies of each social marketing promotional strategy were categorized using a 7-point Likert Rating Scale.

Chapter IV

Introduction

The purpose of this research was to assess how social marketing promotional strategies were used by worksite health promotion program coordinators. The program coordinators in this study have the ability to use a multitude of strategies to create awareness of worksite health promotion programs within their organization. This study examined whether or not social marketing promotional strategies were used by program coordinators to increase employee awareness of worksite health promotion programs. If social marketing promotional strategies were used, the study determined which social marketing promotional strategies were effective and how often program coordinators used the social marketing promotional strategies of choice. If social marketing promotional strategies were not used, program coordinators were asked to convey which strategies were commonly used to create awareness of worksite health promotion programs within the organization. The research study also investigated the potential relationship between program coordinators' level of social marketing training and the use of social marketing promotional strategies.

The instrument used in this study was an electronically written questionnaire prepared using Zoomerang™. Information on social marketing promotional strategy practices was collected electronically from the organizational email addresses that corresponded to where each program coordinator was employed. A total of 139 invites were electronically distributed to program coordinators employed at organizations located in the upper Midwest region of the United States. A response of 12 completed

surveys was analyzed. Of the 139 surveys distributed, the adjusted response rate was 9.9% ($n = 12$). The information obtained from each participant included: age, gender, level of education, social marketing training, and the use of social marketing promotional strategies within the respective organization (see Appendix C).

Demographic Results

Seventeen percent of the program coordinators surveyed were male ($n = 2$) and 83% were female ($n = 10$). The mean age of the program coordinators surveyed was 38 years, with a range of 24-61 years. The level of education most commonly attained by the program coordinators surveyed was a Bachelor's degree, with 67% of the population ($n = 8$). Seventeen percent ($n = 2$) had a Master's level degree, and 8% ($n = 1$) of the sample had a Doctorate level degree. One respondent stated completion of a certificate program in Allied Health. Seventeen percent of the program coordinators ($n = 2$) reported having some training on the principles of social marketing. In turn, 83% of the program coordinators have not had any training regarding social marketing. The basic demographic information reported by the program coordinators is detailed in Table 4.1.

Table 4.1

Summary of Basic Demographic Results

Variable	Frequency (<i>n</i>)	Percent (%)	<i>M</i>	<i>SD</i>
Gender				
Male	2	16.7%		
Female	10	83.3%		
Age			37.92	12.18
24	1	8.3%		
28	1	8.3%		
29	1	8.3%		
30	1	8.3%		
32	1	8.3%		
33	2	16.7%		
36	1	8.3%		
40	1	8.3%		
51	1	8.3%		
58	1	8.3%		
61	1	8.3%		
Education				
Bachelors	8	66.7%		
Masters	2	16.7%		
Doctorate	1	8.3%		
Other	1	8.3%		
SM Training				
Yes	2	16.7%		
No	10	83.3%		

Note. *M* = mean; *SD* = standard deviation; SM= social marketing.

Each program coordinator responded to qualitative questions regarding their current job title and industry. Seventy-five percent of the program coordinators ($n = 9$) worked in an industry related to health. Nearly all program coordinators reported job titles that fit into human resource and health and wellness education categories. Individual responses for job title and industry are listed in Table 4.2.

Table 4.2

Job Title and Industry of Program Coordinators

Variable	Frequency (n)	Percent (%)
Job Title		
Sales Manager	1	8.3%
Bariatric Nurse Coordinator	1	8.3%
Medical Office Manager	1	8.3%
Prevention & Health Promotion Coordinator	1	8.3%
Manager, Onsite Health Promotion	1	8.3%
Vice President of HR	1	8.3%
Benefits & Wellness Manager	1	8.3%
Asst. Director of Health and Wellness Education	1	8.3%
Asst. Director of Membership & Team Wellness	1	8.3%
Healthy Lifestyle Director	1	8.3%
Assistant Director	1	8.3%
Fitness Program Manager	1	8.3%
Industry		
Education	1	8.3%
Health and Wellness	4	33.3%
Healthcare	2	16.7%
Health Insurance	1	8.3%
Manufacturing	1	8.3%
Telecommunications	1	8.3%
University Wellness/Fitness	2	16.7%

Questions to be Answered

The research for this study was guided by the following questions: (a) Do program coordinators within a worksite setting use Social Marketing Theory promotional strategies to promote specific employee health promotion programs offered? (b) If so, which social marketing promotional strategies are used to create awareness of worksite health promotion programs? (c) How often are social marketing promotional strategies used by program coordinators to create awareness of worksite health promotion programs? (d) If social marketing promotional strategies are not used, what form of information dissemination is used by program coordinators to create awareness of worksite health promotion programs? (e) Are program coordinators with some social marketing training more likely to use social marketing promotional strategies?

In regards to the first two research questions, results conveying whether or not the program coordinators used social marketing promotional strategies and which strategies were used by program coordinators to promote employee health promotion programs are outlined in Table 4.3. Program coordinators were able to select any and all methods that applied to their use of promotional strategies.

Within respective worksite settings, 75% of program coordinators ($n = 9$) used advertising as a social marketing promotional strategy. Twenty-five percent of program coordinators ($n = 3$) did not use advertising when promoting employee health promotion programs. An equal distribution of 50% was reported when program coordinators were asked about their use of personal selling as a social marketing promotional strategy. That is, one-half of the program coordinators used personal selling as a social marketing promotional strategy and one-half did not. When asked whether the program coordinators

used publicity as a social marketing promotional strategy to promote employee health promotion programs, 67% ($n = 8$) responded “yes” and 33% ($n = 4$) answered “no”. Fifty percent of program coordinators used sales promotion as a social marketing promotional strategy. Eleven of the program coordinators used one or more of the four promotional strategies; one respondent reported not using any of the basic four promotional strategies regarding social marketing and worksite health promotion programs.

Table 4.3

Use of Social Marketing Promotional Strategies

Variable	Frequency (n)	Percent (%)
Advertising		
Yes	9	75.0%
No	3	25.0%
Personal Selling		
Yes	6	50.0%
No	6	50.0%
Publicity		
Yes	8	66.7%
No	4	33.3%
Sales Promotion		
Yes	6	50.0%
No	6	50.0%
None of the above		
Yes	1	8.3%
No	11	91.7%

The third research question related to how often program coordinators used each of the social marketing promotional strategies. A 7-point Likert scale was used to report

the frequency in which program coordinators used advertising, personal selling, publicity, and/or sales promotion. The scale read as “never”, “neutral”, “always”, with points of variation in between. Frequency tables were used to tally how often program coordinators used each of the four social marketing promotional strategies. The results are displayed in Table 4.4. The total number of program coordinators dropped from $n = 12$ to $n = 11$ at this question. For statistical analysis, a missing variable was added to account for the participant drop-out.

Table 4.4

Frequency Use of Social Marketing Promotional Strategies (n = 11)

Variable	Frequency (<i>n</i>)	Percentage (%)
Advertising		
Never	2	16.7%
Almost Never	1	8.3%
Mostly Never	1	8.3%
Neutral	2	16.7%
Sometimes	2	16.7%
Almost Always	2	16.7%
Always	1	8.3%
Personal Selling		
Never	2	16.7%
Almost Never	1	8.3%
Mostly Never	1	8.3%
Neutral	2	16.7%
Sometimes	3	25.0%
Almost Always	0	.
Always	2	16.7%
Publicity		
Never	1	8.3%
Almost Never	0	.
Mostly Never	1	8.3%
Neutral	4	33.3%
Sometimes	2	16.7%
Almost Always	1	8.3%
Always	2	16.7%
Sales Promotion		
Never	1	8.3%
Almost Never	1	8.3%
Mostly Never	2	16.7%
Neutral	2	16.7%
Sometimes	1	8.3%
Almost Always	1	8.3%
Always	3	25.0%

The fourth research question regarding potential alternate forms of information dissemination was inconclusive, due to an insufficient amount of data. One program coordinator reported using “none of the above” to promote employee worksite health promotion programs, but did not give additional feedback stating what form of promotion may be used.

To answer the fifth research question, a chi-square analysis was conducted using SPSS to analyze a potential correlation between program coordinators’ level social marketing training and the use of social marketing promotional strategies. Unfortunately, there was not enough data due to the low number of program coordinator survey participants. Frequency data was used to show how social marketing training may affect the program coordinators’ use of social marketing promotional strategies. As stated in the demographic results, a small number of the program coordinators ($n = 2$) reported having some training on the principles of social marketing. However, 83% of the program coordinators did not have social marketing training, but still used one or more social marketing promotional strategies to promote worksite health promotion programs.

Chapter V

Introduction

There is growing interest in evidence-based research supporting worksite health promotion to help alleviate rising healthcare costs associated with unhealthy lifestyle choices of employees. Worksite health promotion programs can be designed and promoted to help prevent and reduce the negative effects of an unhealthy workforce. In turn, organizations are able to reduce healthcare costs, increase productivity, and maintain a healthy workforce (Goetzel & Ozminkowski, 2008).

Within each worksite setting, successful and unsuccessful marketing tactics have been attempted to motivate employees toward healthy behavior change. Thus, the use of promotional strategies is an effective tool when administrators are trying to create awareness regarding health and the most current worksite health promotion programs (Anderson & Kaczmarek, 2004). There are four main promotional tools; advertising, personal selling, publicity, and sales promotion (Shimp, 2010). Social marketing promotional strategies can be used to integrate worksite health promotion programs into an organization in order to obtain positive employee health status and reduce employer healthcare costs related to chronic disease.

According to Goldman, social marketing is the “process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit

rather than commercial profit” (Goldman, 2009, p.105). Within the Social Marketing Theory, researchers use the marketing mix or “Four P’s”: Product, Price, Place, and Promotion, to influence behavior change. These four marketing strategies are closely connected, but each draws attention to diverse features of the market environment. It is clear that social marketing is an effective theory related to health promotion and social change programs (Storey, Saffitz, & Rimon, 2008). However, more information is needed to determine how social marketing is used in the worksite to create awareness of health promotion programs.

Purpose of the Study

The purpose of this research was to assess how social marketing promotional strategies were used by worksite health promotion program coordinators. The program coordinators in this study have the ability to use a multitude of strategies to create awareness of worksite health promotion programs. This study examined whether or not social marketing promotional strategies were used by program coordinators to increase employee awareness of worksite health promotion programs. If social marketing promotional strategies were used, the study determined which social marketing promotional strategies were effective and how often program coordinators used the social marketing promotional strategies of choice. If social marketing promotional strategies were not used, program coordinators were asked to convey which strategies were commonly used to create awareness of worksite health promotion programs within the organization. The research study also reviewed the potential relationship between program coordinators’ level of social marketing training and the use of social marketing promotional strategies.

Conclusion

The findings of the demographic information obtained from the survey indicated that the program coordinators were predominately female with an age range of 24-61 years (mean = 38 years). Ten of the program coordinators worked in the health and wellness education industry. The level of education was high among the program coordinators as eleven of the twelve respondents earned a Bachelor's degree or higher. However, with a high level of educated program coordinators, the level of social marketing training was relatively low. Only two of the twelve program coordinators received Social Marketing Theory training.

The study found that all but one program coordinator surveyed (91.7%) used one or more of the promotional strategies. Most commonly used strategies such as advertising, personal selling, publicity, and sales promotion were defined and listed as options to questions in the survey. Use of social marketing promotional strategies by program coordinators varied along a 7-point Likert scale from "never" to "always". Because data were collected from only eleven program coordinators at this point in the survey, it was difficult to achieve a conclusive measure on the frequency use of social marketing promotional strategies. Percentages of how often program coordinators used social marketing promotional strategies were moderately distributed along the Likert scale. One program coordinator stated he/she did not use any of the social marketing promotional strategies listed, but failed to answer which promotional strategies were used to promote employee worksite health promotion programs within the organization.

A major limitation to this study was the small sample size, with an adjusted response rate of 9.9%. Due to the minimal number of responses for this research study, a

correlation was not applicable. As a result, frequency data were used to demonstrate that 83% of the program coordinators did not have social marketing training. However, given the low percentage of trained program coordinators, it is notable that 91.7% ($n = 11$) used one or more of the social marketing promotional strategies on a regular basis.

In interpreting the survey results, many factors must be considered. The responses regarding program coordinators' use of social marketing promotional strategies were based on self-reported data. The responses may have reflected some bias and lack of understanding regarding the definitions of social marketing promotional strategies. Participants were not randomly selected and represented only organizations located in the upper Midwest region of the United States. Program coordinators were recruited by sending electronic participation requests to human resource contacts in order to find worksite health promotion coordinators qualified to take the electronic survey. A total of 25 to 50 participants was the intended sample size, but the population was much more difficult to reach than expected. Organization email filters, inadequate phone or email contact, and the lack of participant knowledge regarding the research study may have influenced the participant sample size and response rate. Finally, results reflect only information from respondents ($n = 12$) and may not be generalized to other program coordinators or worksite health promotion programs.

It was concluded from the small amount of data collected that program coordinators within organizations offering worksite health promotion programs use social marketing promotional strategies to promote employee health programs when necessary. However, the findings also illustrated that more training on the principles of social marketing would be indispensable to program coordinators in the field. The program

coordinators who used social marketing promotional strategies stated use of one or more of the following strategies: advertising, personal selling, publicity, and sales promotion. There was a range of results regarding how often these social marketing promotional strategies were used, and a larger sample size may be more sufficient in determining the frequency of each promotional strategy.

Discussion

As much of the literature states, social marketing is useful and necessary for successful health promotion interventions. To achieve health promotion program objectives, program coordinators must influence the population by using promotion (Farr, Wardlaw, & Jones, 2008). Promoting lifestyle changes through lectures, programs, printed information, and other activities can create employee awareness of positive practices through worksite health promotion. Program coordinators must determine which of the promotional tools (that is, advertising, personal selling, publicity, sales promotion) will best influence and persuade the target population to participate in the worksite health promotion programs being offered. The results from the surveyed program coordinators in this research study illustrated this point, indicating their use of one or more promotional strategies on a regular basis to create awareness of their organizations' worksite health promotion program(s).

Social marketing promotional strategies are not only used to create awareness of the health programs being offered in an organization, they are used to create awareness of the issues that lie beneath the programs, such as improving employee health, reducing healthcare costs, raising employee morale, improving employee relations, reducing absenteeism and presenteesim, increasing productivity levels, and improving the

company's overall public image (Linnan, Weiner, Graham, & Emmons, 2007). Rather than simply delivering messages that tell people to be healthy, new conceptual techniques of social marketing address a specific population's lifestyles and beliefs in order to help them achieve positive behavior change by finding a channel of communication and a form of persuasion that works (Robinson, 2006). The study findings indicated that program coordinators frequently use some form of social marketing to promote worksite health promotion programs. By using social marketing promotional strategies, program coordinators can also highlight important topics associated with worksite health such as, employee health risk factors and increasing organizational healthcare costs.

According to the National Social Marketing Centre, customer-focused social marketing can help to improve the impact and effectiveness of behavior change interventions (Farr, Wardlaw, & Jones, 2008). Program coordinators of organizations promoting worksite health promotion programs should be thoroughly informed and trained on the principles of social marketing in order to enhance the outcome of health risk assessments or health promotion programs offered. Social marketing promotional strategies must be chosen to correspond with the targeted population and its distinct information processing styles. Furthermore, when selecting appropriate worksite health promotion programs and promotional strategies for a population, program coordinators can satisfy the needs by developing clear objectives and goals (Farr, Wardlaw, & Jones, 2008). This particular study showed that ten of the program coordinators surveyed used social marketing promotional strategies without obtaining any formal Social Marketing Theory training. With that analysis, it could be assumed that with an increased number of program coordinators being trained on the Social Marketing Theory, the number of

program coordinators properly using social marketing promotional strategies would increase. This would create more awareness of worksite health promotion programs and the underlying issues of chronic disease and increased organizational health care costs.

Recommendations for Practice

Several recommendations for the health education profession can be drawn from this study. However, the limited scope of this research study makes it difficult to offer strong evidence-based recommendations. The research study shows that there is a need for additional Social Marketing Theory training among program coordinators in the worksite health promotion arena. It is important for program coordinators to use social marketing promotional strategies when creating awareness of worksite health promotion programs in an organization.

The results of this particular study illustrate that the majority of program coordinators do use promotional strategies. However, to increase the frequency in which program coordinators use social marketing promotional strategies, additional health behavior theory and comprehensive worksite health education training may be beneficial. Social Marketing Theory training should be discussed in a professional setting for current worksite health program coordinators in organizations across the United States. Additionally, Social Marketing Theory must be taught to students of health education during traditional post-secondary and continuing educational training. Such preparation would provide program coordinators with up to date information, innovative health marketing strategies, and techniques on how to maximize employee health in order to reduce employer's direct and indirect health care costs. Social marketing strategies must seek to positively promote worksite health promotion programs throughout an

organization. The stronger the level of awareness regarding worksite health promotion programs for the employee and employer, the greater the chance of positive change.

Recommendations for Research

Recommendations for practice must be noted with study limitations such as small sample size, low response rates, and non-randomized sample. The study should be replicated with a larger sample size in order to draw reliable inferences and conclusions about the use of social marketing promotional strategies among organizations in the United States. The survey instrument was simple and precise; however it could have been improved by using a 5-point Likert scale for the frequency of promotional strategies. Additional qualitative questions would have been significant in improving the study when asking program coordinators which social marketing promotional strategies are used. Also, an open-ended question asking program coordinators about the type of programs offered at each organization may have improved the research. Asking additional questions of the participants could have helped formulate and analyze a relationship between the social marketing strategies used, the frequency in which they were used and the necessary training regarding the Social Marketing Theory.

This study provides potential for future research measuring the use of social marketing promotional strategies to create awareness of worksite health promotion programs. Based on the findings of this research study, a recommendation for future studies would be to use a larger sample size and incorporate program coordinators from a larger region of the United States or from the entire country rather than the small geographical area of the upper Midwest. The ability to incorporate program coordinators from diverse industries would also be beneficial. Methodologically, the way in which

program coordinators are sought out to take the survey could be adjusted for future attempts at replicating this study. Face-to-face or telephone interviewing, with both qualitative and quantitative questions could strengthen the data collection and study results. It would be worthwhile for future studies to explore the relationship between employee awareness of health promotion programs and program coordinators' effectiveness regarding the use of social marketing to promote health promotion programs.

As employer costs for health care continue to rise, comprehensive programs that include awareness, lifestyle change programs, and supportive environments should be promoted through social marketing strategies. In order to establish awareness regarding the worksite health promotion programs and the underlying issues that create a need for such programs, additional research in this area is advisable.

Appendix A

Institutional Review Board (IRB) Approval



Dr. Dawn Larsen
Department of Health Science
213 Highland Center North
Minnesota State University, Mankato
Mankato, MN 56001

Anna Stahl
906 W 44th St - #3
Minneapolis, MN 55409

February 8, 2011

Dear Dawn & Anna:

Re: IRB Proposal, Log #3727 entitled "*Use of Social Marketing Promotional Strategies to Create Awareness of Worksite Health Promotion Programs: A Survey of Program Coordinators*"

Your IRB Proposal has been approved as of February 8, 2011. On behalf of the Institutional Review Board I wish you success with your study. Remember that you must seek approval for any changes in your study, its design, funding source, consent process, or any part of the study that may affect participants in the study. Should any of the participants in your study suffer a research-related injury or other harmful outcome, you are required to report them to the IRB as soon as possible.

The approval of your study is for one calendar year from the approval date. When you complete your data collection, or should you discontinue your study, you must notify the IRB. Please include your log number with any correspondence with the IRB.

This approval is considered final when the full IRB approves the monthly decisions and active log. The IRB reserves the right to review each study as part of its continuing review process. Continuing reviews are usually scheduled. However, under some conditions the IRB may choose not to announce a continuing review.

Sincerely,

A handwritten signature in cursive script that reads "Patricia M. Hargrove".

Patricia M. Hargrove, Ph.D.
IRB Coordinator
CC: File

Appendix B

Informed Consent to Participate in Research Study

You have been requested to participate in thesis research regarding program coordinators' use of social marketing promotional strategies of worksite health promotion programs. The research will be supervised by Dr. Dawn Larsen of Minnesota State University, Mankato.

The following survey will take less than 5 minutes to complete. Participation is voluntary and responses will be kept confidential. However, whenever one works with data collection through email there is a slight risk of compromising privacy, confidentiality, and/or anonymity. Despite this possibility, the risks to your physical, emotional, social, professional, or financial well-being are considered to be 'less than minimal'.

You have the option to forego any questions that you choose. Submission of the completed survey will be interpreted as your informed consent to participate.

If you have any questions about the research, please contact Dr. Larsen via email at dawn.larsen@mnsu.edu. If you have questions about the treatment of human subjects, contact Dr. Terry Flaherty, IRB Administrator, at grad@mnsu.edu. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato Information and Technology Services Help Desk (507-389-6654) and ask to speak to the Information Security Manager.

Appendix C

Survey Instrument

Introduction: Thank you for taking the time to complete this 12-question survey regarding the use of social marketing media within your organization.

The following definitions were used to develop this survey:

Social Marketing: the process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit (Goldman, 2009).

Advertising: non-personal communication transmitted through mass media

Examples: organization intranet, TV, radio, billboards, newspaper ads, newsletters, stickers, hats, brochures

Personal Selling: two-way communication between buyer and seller (coordinator and employee)

Examples: salespeople, consultants, demonstrations, hosts

Publicity: promotion generated through personal stories and testimonials through media

Examples: newsletters, TV, radio shows, newscasts, public service announcements, newspaper/magazine stories

Sales Promotion: all forms of communication not found in advertising or personal selling

Examples: coupons, health fairs, contests, discounts, sampling, rebates

- 1) What is your current job title? _____
- 2) In which industry do you work? _____
- 3) Your gender:
 - a. Male
 - b. Female
- 4) Your age: _____ years

- 5) What is the highest level of education you have completed? Select one.
- High school/G.E.D
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Doctoral degree
 - other (please specify: _____)
- 6) Have you been trained on the Principles of Social Marketing Theory?
- Yes
 - No
- 7) As a program coordinator within your current worksite setting, which of the following social marketing strategies, if any, do you use to promote employee health promotion programs within the organization? Select all that apply.
- Advertising
 - Personal Selling
 - Publicity
 - Sales Promotion
 - None of the above
- 8) How often, if ever, do you use advertising as a social marketing promotional strategy to create awareness of employee worksite health promotion programs? Select one.
- Always
 -
 -
 - Sometimes
 -
 -
 - Never
- 9) How often, if ever, do you use personal selling as a social marketing promotional strategy to create awareness of employee worksite health promotion programs? Select one.
- Always
 -
 -
 - Sometimes
 -
 -
 - Never

10) How often, if ever, do you use publicity as a social marketing promotional strategy to create awareness of employee worksite health promotion programs?

Select one.

- a. Always
- b.
- c.
- d. Sometimes
- e.
- f.
- g. Never

11) How often, if ever, do you use sales promotion as a social marketing promotional strategy to create awareness of employee worksite health promotion programs?

Select one.

- a. Always
- b.
- c.
- d. Sometimes
- e.
- f.
- g. Never

12) If you do not use social marketing promotional strategies, which strategies are used to create awareness of employee worksite health promotion programs within your organization?

- a. _____

References

- Anderson, D., & Niebuhr, S. (2010). Get your workforce in top shape. *Benefits & Compensation Digest*, 47(2), 28-31. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=8&hid=109&sid=a8c106b7-5307-4ec9-bf48-7fa1dd576204%40sessionmgr112>
- Anderson, R., & Kaczmarek, B. (2004). The importance of promoting health in the workplace. *Internet Journal of Academic Physician Assistants*, 4, 31-36. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/detail?vid=26&hid=110&sid=7276e4cd-d284-4d9f-853a-31ef2f0134e9%40sessionmgr104&bdata=JnNpdGU9ZWVhc3QtbGl2ZQ%3d%3d#db=aph&AN=15314321>
- Brewer, P. C., Gallo, A., & Smith, M. R. (2010) Getting fit with corporate wellness programs. *Strategic Finance*, 91(11), 27-33. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=4&hid=109&sid=a8c106b7-5307-4ec9-bf48-7fa1dd576204%40sessionmgr112>
- Chapman, L. S., Lesch, N., & Pappas-Baun, M. (2007). The role of health and wellness coaching in worksite health promotion. *American Journal of Health Promotion*, 21, 1-10. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=20&hid=110&sid=7276e4cd-d284-4d9f-853a-31ef2f0134e9%40sessionmgr104>
- Chang, D. I., Bultman, L., Drayton, V. L., Knight, E. K., Rattay, K. T., & Barrett, M. (2007). Beyond medical care: How health systems can address children's needs

- through health promotion strategies. *Health Affairs*, 26, 466-473. doi: 10.1377/hlthaff.26.2.466.
- Cottrell, R. R., & McKenzie, J. F. (2011). *Health promotion education and research methods: Using the five-chapter thesis/dissertation model*. Sudbury, MA: Jones and Bartlett Publishers.
- Daniel, K. L., Bernhardt, J. M., & Eroglu, D. (2009). Social marketing and health communication: From people to places. *American Journal of Public Health*, 99, 2120-2122. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/detail?vid=8&hid=113&sid=376ca2-b25e-480d-af15-79410e9e5fe6%40sessionmgr112&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#d=b=aph&AN=47515503>
- Farr, M., Wardlaw, J., & Jones, C. (2008). Tackling health inequalities using geodemographics: A social marketing approach. *International Journal of Market Research*, 50, 449-467.
- Goetzel, R. Z., & Ozminkowski, R. J. (2008). The health and cost of benefits of worksite health-promotion programs. *Annual Review of Public Health*, 29, 303-323. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18173386>
- Goldman, K. D. (2009). Social marketing concepts. In R. J. Bensley, & J. Brookins-Fisher, (Eds.). *Community health education methods: A practical guide* (3rd ed., pp. 103-128). Sudbury, MA: Jones and Bartlett Publishers.
- Ickes, M., & Sharma, M. (2009). Worksite health promotion: A practical strategy for obesity prevention. *American Journal of Health Studies*, 24, 343-352. Retrieved from

- <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=7&hid=110&sid=7276e4cd-d284-4d9f-853a-31ef2f0134e9%40sessionmgr104>
- Jones, D. B. (2001). Marketing psychological services: Using client problem and solution perceptions to design help offering promotional appeals. *Psychology & Marketing*, 18, 261-279. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=4&hid=119&sid=10e034fc-3619-4bd7-ba5c-2756a50cee7b%40sessionmgr115>
- Lankford, T., Kruger, J., & Bauer, D. (2009). State legislation to improve employee wellness. *American Journal of Health Promotion*, 23, 283-289. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=17&hid=110&sid=7276e4cd-d284-4d9f-853a-31ef2f0134e9%40sessionmgr104>
- Levin-Epstein, J. (2005). Presenteeism and paid sick days. *Center for Law and Social Policy*. Retrieved from <http://www.clasp.org/admin/site/publications/files/0212.pdf>
- Linnan, L., Weiner, B., Graham, A., & Emmons, K. (2007). Manager beliefs regarding Worksite health promotion: Findings from the working healthy project 2. *American Journal of Health Promotion*, 21, 521-528. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=11&hid=113&sid=7c8207aa-8e99-4be2-9141-2c4234651bb9%40sessionmgr104>
- McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2009). *Planning, implementing, & evaluating health promotion programs: A primer*. San Francisco, CA: Pearson Education, Inc.
- O'Donnell, M. P. (2002). *Health promotion in the workplace* (3rd ed.). Albany, NY: Delmar Thomson Learning.

- Partnership for Prevention. (2007). *Why invest? Recommendations for improving your prevention investment*. Retrieved from www.prevent.org/downloadStart.aspx?id=43
- Ramsay, J., & Jones, J. (1998). Using behavior staging to evaluate the economic effect of worksite health promotion. *American Journal of Health Studies*, 14, 72. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/detail?vid=9&hid=113&sid=dde4687a-f7ae-4c93-b511-bd5637ef15ec%40sessionmgr111&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#d b=aph&AN=910094>
- Robinson, F. (2006). Targeting preventable ill health. *Practice Nurse*, 32(10), 10-12. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/detail?vid=4&hid=113&sid=7c8207aa-8e99-4be2-9141-2c4234651bb9%40sessionmgr104&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#d b=aph&AN=23625084>
- Shimp, T. (2010). *Advertising, promotion, and other aspects of integrated marketing communication* (8th ed.). Mason, OH: South-Western Cengage Learning.
- Social Marketing National Excellence Collaborative (2002). *Social marketing: A resource guide*. Retrieved from http://www.turningpointprogram.org/Pages/pdfs/social_market/social_marketing_101.pdf
- Storey, J. D., Saffitz, G. B., & Rimon, J. G. (2008). Social marketing. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.). (2008). *Health behavior and health education:*

- Theory, research, and practice* (4th ed., pp. 435-464). San Francisco, CA: Jossey-Bass.
- Tabanico, J., & Schultz, W. P. (2007). "People" aspect of recycling programs: Community-based social marketing. *Biocycle*, 48, 41-44. Retrieved from <http://web.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?vid=4&hid=113&sid=376cada2-b25e-480d-af15-79410e9e5fe6%40sessionmgr112>
- The Wellness Council of America. (2006). Planning wellness: Getting off to a good start. *Absolute Advantage: The Workplace Wellness Magazine*, 5, 1-88.
- United States Department of Health and Human Services. (2000). *Healthy People 2010*, 2nd ed. Washington, DC: United States Government Printing Office. Retrieved from www.healthypeople.gov
- United States Department of Health and Human Services. (2007). *Overweight and obesity*. Washington DC: United States Government Printing Office. Retrieved from <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm>
- World Health Organization. (2005). *Chronic diseases and their common risk factors* [Fact sheet]. Retrieved from http://www.who.int/chp/chronic_disease_report/media/Factsheet1.pdf
- World Health Organization. (2009). *Occupational health: Workplace health promotion*. Retrieved from http://www.who.int/occupational_health/topics/workplace/en/index.html