



2010 INTERNATIONAL NONPROFIT & SOCIAL MARKETING CONFERENCE (INSM)

15-16 JULY 2010 | QUEENSLAND UNIVERSITY OF TECHNOLOGY & GRIFFITH UNIVERSITY, BRISBANE



CONFERENCE PROCEEDINGS

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2010 International Nonprofit and Social Marketing Conference

Editors: Rebekah Russell-Bennett and Sharyn Rundle-Thiele

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WELCOME LETTER

Social marketing is a powerful tool for individual and social change which has been used by governments and not for profit organizations for nearly 40 years. Although most often associated with health and road safety, social marketing can be implemented across a wide spectrum of behaviours and is a credible approach to behaviour change endorsed by governments and NFPs worldwide.

The Australian Preventative Health Taskforce, for example, outlines a series of recommendations that are aimed at changing the choices that Australians make through the use of effective social marketing strategies. Australia has a vision to become the healthiest country by 2020. Social marketing and the nonprofit sector are both central to achieving the vision. The Healthy Australia 2020 report places an emphasis on government, community groups and industry working together. The aim of this conference is to encourage, highlight, and promote such collaborative relationships between the social marketing academy and key stakeholder constituencies.



The International Nonprofit and Social Marketing (INSM) 2010 conference jointly hosted by Queensland University of Technology (QUT) and Griffith University was held in Brisbane, Australia on July 15 and. INSM 2010 received over 80 academic paper submissions from 10 countries including Canada, Australia, Vietnam, Hong Kong, US, Georgia, UK, Ireland, India, New Zealand and 25 case study submissions from social marketing practitioners in Australia, New Zealand, Canada, US and Hong Kong. Papers presented at INSM 2010 have been through a rigorous review process. Academic papers were subjected to a triple blind review process and case studies were reviewed by a panel. The proceedings of this conference meet the E1 requirement of the Australian Federal Government for research publications.

INSM 2010 explores specific issues including food, obesity, tobacco, alcohol, environment, travel, health management in addition to debates on social change.

Interest and subsequent participation from industry was strong and has served to meet our conference theme of connections. INSM 2010 established links between industry partners such as Queensland's Department of Health, Bankstown Women's Health Centre, Cancer Council Queensland, Drug and Alcohol Services South Australia, SA Health, and Colmar Brunton Research and University researchers.

Thanks to the Organising Committee:

Conference Chair:	Associate Professor Rebekah Russell-Bennett, QUT
Program and Marketing Industry Liaison:	Dr Susan Dann, Independent Board Member
Nonprofit Sector Liaison:	Dr Wendy Scaife, QUT
Academic Reviews:	Associate Professor Sharyn Rundle-Thiele, Griffith University
Industry Case Studies and Best Paper Awards:	Dr Josephine Previte, The University of Queensland
Events Liaison:	Professor Judy Drennan, QUT
Promotion:	Dr Marie-Louise Fry, Griffith University
Website and Social Media:	Dr Stephen Dann, Australian National University
Event Manager:	Jodie Parker, Iceberg Events

The next INSM Conference will be held in 2012 and the host university will be announced later this year.

Associate Professor Rebekah Russell-Bennett
Conference Chair

E1 REQUIREMENTS



Competitive Papers

This year 57 academic papers were presented at INSM 2010. All of these papers underwent a formal double-blind review process and all papers which have passed the competitive review process were accepted for presentation at INSM 2010.

These papers conform with the academic research conference guidelines as set down by Department of Innovation, Industry, Science and Research (DIISR), and other organisations. For Australian delegates, all such papers which have passed the competitive review process are accepted for presentation at INSM 2010.

Proceedings are Category E, Conference Publications: E1 * Full Written Paper * Refereed. INSM 2010 also complies with the requirements of the Performance-Based Research Fund administered by the Tertiary Education Commission and other organisations. For New Zealand delegates the Proceedings are classed as Quality-Assured Conference Papers (Refereed).

Competitive papers submitted in 2010 totalled 66 manuscripts with 57 papers accepted for presentation. A large number of high quality submissions were received and with a rejection rate of 14%, the calibre of papers presented at the Conference is of a very high standard. These figures show the importance of the review process - not simply in helping us to select the best papers, but also in providing feedback for authors and assisting in the process of paper revision and re-submission.

Paper submission and review process

All of the papers in this conference have been subjected to a double peer blind refereeing process. Papers written by academic members of the INSM 2010 Organising Committee and Track Chairs were also double-blind reviewed using the same refereeing process, with particular precautions taken to protect the anonymity of authors and reviewers. We gratefully acknowledge the reviewers who contributed their time and experience.

The information contained on our website is correct at the time of publishing. Considerable effort was made to include all papers in the conference proceedings. All papers accepted for presentation at the conference are included. Author and paper details have been checked and edited with information provided to us by the authors.

Competitive papers submitted to the INSM 2010 conference were required to adhere to strict style and length requirement. It should be noted that all successful authors were issued with guidelines for the preparation of the final electronic copy. The maximum length of all papers was two (2) pages plus a title page with abstracts and references (inclusive of all figures, tables, etc.). This guideline was imposed throughout.

By submitting their work for presentation at the Conference, authors have assigned to AASM and Griffith University, a non-exclusive, royalty free copyright licence to use their work and publish it in full or in part on the World Wide Web with the INSM Conference papers or for any other purpose in connection with the INSM Conference.

The INSM 2010 Conference Proceedings are publicly available via the INSM 2010 website (www.insmconference.org).

ACADEMIC CHAIR

Associate Professor Sharyn Rundle-Thiele

Social Marketing @ Griffith

Griffith Business School

Griffith University

DAY 1 - MORNING PROGRAM

THURSDAY, 15 JULY 2010



2010 INTERNATIONAL NONPROFIT & SOCIAL MARKETING CONFERENCE (INSM)

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8.00am	Registration desk open Queensland University of Technology, Gardens Point Campus, 2 George Street, Brisbane					Queensland University of Technology (QUT) Gardens Point Campus Room: S410
8.45am	Welcome and Overview: Associate Professor Rebekah Russell-Bennett, Queensland University of Technology, Australia and Conference Chair					
8.50am	Opening Address: Professor Peter Coaldrake, Vice Chancellor, Queensland University of Technology and Chair of Universities Australia					
9.00am	International Keynote Presentation: Social Media: Strategic Shift or Tactical Tool? Professor Craig Lefebvre, Department of Prevention and Community Health, The George Washington University, United States of America					
9.40am	International Keynote Presentation: Social Marketing: Its Theoretical Constraints Limit its Applied Effectiveness Professor Walter Wymer, Professor of Marketing, University of Lethbridge, Canada					
10.15am	Discussion and Questions					
10.30am	Gold Sponsor Presentation: Urban Trans ANZ Pty Ltd, Kevin Luten, Urban Trans ANZ Pty Ltd, Australia					
10.40am	Morning Tea					
	Room: S409	Room: S410	Room: S404	Room: S413	Room: S407	
	Environment		Health Management		Working in the Field: Community-focused Programs	
11.00am	Examining the Philanthropic Component of Financial Advising to High Net-Worth Clients Professor Walter Wymer, University of Lethbridge, Canada	Generation Energy Samantha Smith and Dr Minfeng (Gary) Deng, Monash University, Australia	Alcohol Consumption Behaviours and Attitudes in Vietnam: An Exploratory Analysis Dr Lukas Parker, RMIT International University, Vietnam	Challenging the Views of Self Management for Asthma Melinda Williams, Professor Sandra Jones, Kelly Andrews and Judy Mullan, University of Wollongong, Australia	A Social Marketing Approach to Community Cohesion Matthew Wood and Julie Fowler, University of Brighton, United Kingdom	
11.20am	Beneficiary Complaints Handling Procedures of United Kingdom Human Services Charities Professor Roger Bennett and Sharmila Savani, London Metropolitan University, United Kingdom	The Role of Perceived Behavioural Control in Away-From-Home Recycling Kate Neale and Peter Vitarlis, Southern Cross University, Australia	How Adequate are the ABAC Codes? An Assessment by Marketing and Advertising Students Dr Robyn Ouschan, Linda Fielder and Professor Robert Donovan, Curtin University of Technology, Australia	Examining the Gendered Aspects of Consumer Acceptance of an SMS-Assisted Smoking Cessation Program Dr Lynda Andrews, Dr Judy Drennan, Queensland University of Technology, Australia, Dr Vesselina Tossan, France and Dr Silvia Cacho-Elizondo, IPADE Business School, Mexico	Using Smarter Technologies and Methodologies to Help Achieve Sustainable Outcomes for the Larger Community Natalie Owen, Kevin Luten and Dr Richard Satur, Urbantrans-ANZ, Australia	
11.40am	Bequests: Dyadic Views on Marketing Strategies Phyllis McGill, Griffith University, Australia	Consumer Perception and Engagement in Environmentally Sustainable Activities Justine Carroll and Dr Kate Westberg, RMIT University, Australia	Evaluating Drug Driving Advertisements Lance Barrie and Professor Sandra Jones, University of Wollongong, Australia	Breastscreen Queensland: Breaking Down the Barriers Michelle Tornabene, Breastscreen Queensland, Queensland Health, Australia	Community-based Social Marketing to Promote Positive Mental Health: The ACT-BELONG-COMMIT Campaign in Western Australia Professor Robert Donovan, Amberlee Laws, Jennifer Ambridge, Geoffrey Jalleh and Ray James, Curtin University of Technology, Australia	
12.00pm	Discussion and Questions	Active Transport in Deprived Communities: Why the Car is King Sara Bird, University of the West of England, United Kingdom	Discussion and Questions	Social Marketing - A Catalytic Tool to Increase Organ Donation? Maurice Murphy and Ronan O' Sullivan, Cork Institute of Technology, Ireland	Counter-Marketing Tobacco at Bars and Clubs: a Hipster Young Adult Case Study in San Diego, California Jeffrey Jordan, Rescue Social Change Group, United States of America and Dr Pamela Ling, Center for Tobacco Control Research and Education, University of California, United States of America	
12.20pm	Discussion and Questions		Discussion and Questions		Discussion and Questions	
12.30pm	Lunch					

DAY 1 - AFTERNOON PROGRAM THURSDAY, 15 JULY 2010



2010 INTERNATIONAL NONPROFIT & SOCIAL MARKETING CONFERENCE (INSM)

15-16 JULY 2010 | QUEENSLAND UNIVERSITY OF TECHNOLOGY & GRIFFITH UNIVERSITY, BRISBANE

	Room: S409	Room: S410	Room: S404	Room: S407
	Nonprofit	Food and Lifestyle	Reaching the Youth Market	Health Management
1.30pm	Valuing Community Participation in Water Management: A Not for Profit Organisation Reflects on its Consulting Relationship with a Local Government <i>Dr Sally MacKinnon, Ethos Consulting and Sarah Gardiner, Griffith University, Australia</i>	Changing Times and Expectations Impact on Childhood Obesity <i>Julie Norton, University of Sunshine Coast, Australia</i>	Developing Sun Protection Messages that Resonate with Adolescents <i>Professor Sandra Jones, Joanne Telenta and Don Iverson, University of Wollongong, Australia</i>	Why Perform Pro-social Behaviours? Understanding the Key Sources of Perceived Value in Preventative Health Services <i>Nadia Zainuddin and Associate Professor Rebekah Russell-Bennett, Queensland University of Technology, Australia</i>
1.50pm	Individuals in a Mass Market Environment: Australian Bequest Donors Seek Better Communication from Charities <i>Dr Wendy Scaife, Queensland University of Technology, Australia</i>	It might make me actually stop and think before I go and order”: Parents’ Views on Quick Service Restaurant Menu Labelling <i>Haidee Ryan, Professor Janet Hoek and Dr Rachael McLean, University of Otago, New Zealand</i>	Teenagers’ Reactions to a Proposed Increase in the Legal Drinking Age <i>Melanie Pescud, Associate Professor Simone Pettigrew, Dr Wade Jarvis and Associate Professor Dave Webb, University of Western Australia, Australia</i>	Safer Sex: Passionate Escapism versus Rational Thought <i>Sara Bird, University of the West of England, United Kingdom</i>
2.10pm	The Australian Donor Market – Demographic Differences Across Charity Types <i>Dr Maria Raciti, Jennifer O’Loughlin Banks and Associate Professor David Gadenne, University of Sunshine Coast, Australia</i>	EatSmart Restaurants: Create Health When People Eat Out <i>Dr Regina Ching, Department of Health, Hong Kong</i>	Peer Group Segmentation to Reach High Risk Youth: A Case Study of African-American Teen Segmentation in Virginia, United States of America <i>Jeffery Jordan, Rescue Change Social Group, United States of America</i>	Responsible Drinking: Constructing Alternated Subject Positions within a Culture Dominated by Intoxication <i>Dr Marie-Louise Fry, Griffith University, Australia</i>
2.30pm	Discussion and Questions	Discussion and Questions	The Response Ability Project: Integrating Communication about Suicide and Mental Illness into Public Relations Curricula <i>Marc Bryant and Jaelea Skehan, Hunter Institute of Mental Health, Australia</i>	Personal Resilience as a Basis for Response to Binge-Drinking Claims <i>Dr Wade Jarvis, Associate Professor Simone Pettigrew, Melanie Pescud and Associate Professor David Webb, University of Western Australia, Australia</i>
2.50pm	Discussion and Questions			
3.00pm	Afternoon Tea			
3.30pm	Plenary Session: Whose Life is it Anyway? <i>MC: Andre La Porte, Freelance Creative Director, Australia</i> Debate and panel discussion on the appropriate limits of social marketing and government interventions into individual lifestyles. <i>The speakers will address the questions:</i> <ul style="list-style-type: none">● How far is too far?● Should we be educating, persuading or legislating for behavioural change?● Nanny state or responsible government? <i>Panellists:</i> <i>Dr Stephen Dann, Australian National University, Australia</i> <i>Professor Robert Donovan, Curtin University of Technology, Australia</i> <i>Professor Janet Hoek, University of Otago, New Zealand</i> <i>Adam Penberthy, Fresh Advertising and Communications, Australia</i>			
5.00-5.15pm	Day 1 Wrap Up Associate Professor Rebekah Russell-Bennett, Queensland University of Technology, Australia			
7.00pm	Pre Dinner Drinks Old Government House Grounds, QUT Gardens Point			
7.30pm	Conference Dinner and Awards Old Government House, QUT Gardens Point			
Queensland University of Technology (QUT) Gardens Point Campus Room: S410				

This is an indicative program; the final program will be available on www.insmconference.org closer to the date. The organisers reserve the right to change topics and speakers without notice.

DAY 2 - MORNING PROGRAM

FRIDAY, 16 JULY 2010



2010 INTERNATIONAL NONPROFIT & SOCIAL MARKETING CONFERENCE (INSM)

15-16 JULY 2010 | QUEENSLAND UNIVERSITY OF TECHNOLOGY & GRIFFITH UNIVERSITY, BRISBANE

8.00am	Registration desk open Queensland University of Technology, Gardens Point Campus, 2 George Street, Brisbane			
8.30am	Optional Information Session for Australian Association of Social Marketing (AASM) Room: S407			
9.00am	Welcome Address Associate Professor Sharyn Rundle-Thiele, Griffith University, Australia	Queensland University of Technology (QUT) Gardens Point Campus Room: S410		
9.10am	International Keynote Presentation: Social Marketing Past, Present, Future Professor Gerard Hastings, Institute for Social Marketing, University of Stirling, United Kingdom			
10.00am	Morning Tea	Room: S409	Room: S404	Room: S407
	Alcohol	Issues in Social Marketing		
10.30am	Binge Drinking: is it Worse Than we Think? Dr Dariusz Siemieniako, Technical University in Bialystok, Poland and Krzysztof Kubacki, Keele University, United Kingdom	Going Upstream: The New 4Ps of Social Marketing and Social Marketing Warfare Professor Robert Donovan, Curtin University of Technology, Australia	Text Messaging as a Behavioural Intervention Tool: Can it Increase Physical Activity? Sarah Forbes, Dr Kirsten Robertson and Professor Rob Lawson, University of Otago, New Zealand	Social Change The Role of Social Marketing in International Development: Lessons from the 'Fantastic Mom' Project in Indonesia Nicholas Goodwin, University of Sydney, Australia
10.50am	How Useful can a Diary be? An Investigation into Alcohol Consumption Krzysztof Kubacki, Keele University, United Kingdom and Dr Dariusz Siemieniako, Technical University in Bialystok, Poland	Social Marketing-Customer Orientation (SMCO): How Customer Orientation Differ for Social Marketing Service Employees Cheryl Leo, Griffith University, Australia	Electronic Games: A Legitimate Diversional Therapy Intervention for Health Care Consumers? Dr Kerri-Ann Kuhn, Queensland University of Technology, Australia and Associate Professor Nigel Pope, Griffith University, Australia	A Campus-Based Community Garden to Enhance Economic, Social and Health Promotion Opportunities for African Immigrants Dr Shawn Somerset, Dr Neil Harris, Katherine Wenham and Dr Fiona Rowe, Griffith University, Australia
11.10am	Understanding the Connections in Young Women Between Alcohol Consumption and Venues Dr Emma Saunders, Empathy Limited, New Zealand	Boy Racers and Bourdieu: Social Capital Theory and its Implications for Social Marketers Ashley Pressley, Katie Collins and Professor Alan Tapscott, University of the West of England, United Kingdom	Hello Sunday Morning: Using Blogs to Change Drinking Norms Chris Raine, Fresh Advertising and Communications, Australia	Blood Donation in a Multicultural Australia - Complexities of Cultural Misunderstanding and Intergenerational Conflict for African Communities Professor Michael Polonsky, Dr André Renzaho, Neil Waters and Dr Zoe McQuillen, Deakin University, Australia
11.30am	Throwing Conventional Government Harm Minimisation Campaign Approaches Out the Window to Successfully Reduce Risky Drinking Behaviour in Young Queensland Females Peter Cunningham, Redsuit Advertising, Australia	Discussion and Questions		
11.50am	Discussion and Questions	Txt 4 Safe Sex Samantha Smith and Madryn Sanderson, Marie Stopes International, Australia		
12.00pm	Lunch	Discussion and Questions		
		Discussion and Questions		

DAY 2 - AFTERNOON PROGRAM FRIDAY, 16 JULY 2010



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	Tobacco Consumption	Industry and Partnerships	Gender-based Social Marketing	Food Consumption
12.45pm	You Don't Have to Have Them on Display for People to Know That You've Got Them Rhonwyn Vaudrey and Professor Janet Hoek, University of Otago, New Zealand	The Impact of the Global Financial Crisis on Corporate Community Involvement Initiatives Denni Aili and Gianni Zappala, University of New South Wales, Australia	An Investigation of the Key Drivers of Breastfeeding Joy Parkinson, Associate Professor Rebekah Russell-Bennett, Queensland University of Technology, Australia and Dr Josephine Previte, University of Queensland, Australia	Cognitive Dissonance and Individuals' Response Strategies as a Basis for Audience Segmentation to Reduce Factory Farmed Meat Consumption Dr Tanla Von Der Heidt, Southern Cross University, Australia, Dr Iris Bergmann and Dr Cecily Maller, RMIT University, Australia
1.05pm	Evaluation of the Effectiveness of Social Marketing Approach in Smoking Cessation and Promoting Health in Australian University Students Dr Jing Sun and Professor Nicholas Buys, Griffith University, Australia	Case Study in Academic and Industry Collaboration: The Development of an Adolescent Targeted Sun Protection Intervention in NSW Melinda Williams, Professor Sandra Jones, Professor Don Iverson, Associate Professor Peter Caputi and Sofia Potente. University of Wollongong, Australia	Creating Credible and Persuasive Messages to Address Alcohol Use During Pregnancy: Results from Formative Research Kathryn France, Professor Robert Donovan, Professor Nadine Henley, Professor Carol Bower, Professor Elizabeth Elliott, Jan Payne, Heather D'Amato, Professor Anne Bartu, Gary Kirby and Heather Monteiro, Edith Cowan University, Australia	Evaluating a Small Grants Approach to Support Local Nutrition Promotion Activities Linked to Two Social Marketing Campaigns in Queensland Dr Anita Groos and Penny Love, Queensland Health, Australia
1.25pm	Defining and Estimating 'Informed Choice': a Model for Testing the Tobacco Industry's Claims Professor Janet Hoek, Dr George Thomson, Professor Richard Edwards, Associate Professor Nick Wilson, University of Otago and Professor Philip Gendall, Massey University, New Zealand	Ten Years of 'Social Investment': WPP Group 1999-2008 Dr David Waller, University of Technology, Australia	The Heart Truth® Campaign Tom Beall, Ogilvy Public Relations Worldwide, United States of America	Using Projective Technique to Explore Desired Identity and the Sacred Dimension of Healthy Consumption Practices Dr Helene Chertier, Griffith University, Australia
1.45pm	Afternoon Tea			
2.15pm	Plenary Session: The Effect of Price, Venue and Place of Residence on Alcohol Consumption Dr Maria Raci, University of Sunshine Coast, Rebecca O'Hara, Dr Debra Harker, Dr Michael Harker, Dr Bishnu Sharma and Dr Karin Reinhardt, Baden-Württemberg Cooperative State University, Germany and Dr Fiona Davies, Cardiff University, United Kingdom			
2.35pm	Normative Feedback Interventions: What Happens when Perceptions of Heavy Drinking Correctly Reflect Actual Behaviour? Sarah Forbes and Dr Kirsten Robertson, University of Otago, New Zealand			
2.55pm	Cloncurry Waterwise Service: Motivating Behaviour Change through a Service Offering Anthony Coates, Local Government Infrastructure Services and Tricia Davis, Sandbox, Australia			
3.15pm	Forum and Conference Close: Where to From Here? Chair: Dr Susan Dann, Associate Dean, James Cook University Brisbane, Australia Panellists: Professor Sandra Jones, University of Wollongong, Australia Matthew Wood, University of Brighton, United Kingdom Joan Young, Colmar Brunton - Social Research, Australia			
4.00pm	Conference Close: Associate Professor Sharyn Rundle-Thiele, Griffith University, Australia			
4.15pm onwards	Post-Conference Drinks The Ship Inn, Cnr Stanley and Sidon Streets, South Bank Parklands (short walk over the Goodwill Bridge from QUT)			

Queensland University of Technology
(QUT) Gardens Point Campus

Room: S410

2010 International Nonprofit & Social Marketing Conference

Papers are divided into academic and industry papers, and sorted by first author's last name.
A biography for the presenting author is found on the first page of each paper.

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*****ACADEMIC PAPERS*****

Challenging the views of self management for asthma

Kelly L. Andrews¹, Sandra C. Jones, Melinda Williams & Judy Mullan

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¹ Kelly Andrews is a research student in the Centre for Health Initiatives and supported by the Asthma Foundation of NSW. Her thesis title is *The wants and needs of adults with asthma in NSW*. Her interest in asthma research is highlighted by winning the Best Paper Award at the 2006 Australian Asthma Conference and 2009 publication in the Health Promotion Journal of Australia. She also works as a Research Project Manager in The Centre for Health Initiatives and has contributed to social marketing research in the areas of organ donation, breast cancer and food marketing.

Introduction

Over two million Australians have asthma (AIHW 2008); resulting in poorer quality of life, worse psychological health and poorer social functioning than those without asthma (Adams et al 2004). Self-management principles and practices have been hallmarked as successful approaches to chronic disease management. Self-management (the product) refers to patients taking responsibility for their health care whilst working in partnership with their health professional (Lorig and Holman 2003). There is a substantial body of evidence to suggest that these strategies improve outcomes for individuals (fewer acute exacerbations), reduce the impact on health service delivery (fewer encounters), and are beneficial for the broader community (improved productivity) (Sawyer 2002). Despite this, the application of asthma self-management strategies is low (AIHW 2008), highlighting at least one opportunity for social marketing to better market the components of self management by better communicating their positive health benefits (exchange theory).

In order to review the elements necessary to elicit voluntary behaviour change, this research aimed to obtain information concerning the experiences and opinions about self-management in adults with asthma. There has been little research conducted from the perspective of the patient; self-management strategies have been largely researched from a medical model. Social Marketing has demonstrated effective population health behaviour change (Evans and McCormack, 2008); for example, increased awareness of breast health *and* presentation rates to mammography screening in Australia (AIHW, 2000) .

Method

Focus Groups were chosen as a method to engage with adults (aged 18+ diagnosed with asthma) to gather qualitative data about asthma self management through encouraging discussion and interaction between group members. Focus group questions were informed by the key points identified in a review of current asthma management literature. Behaviour change theory (Health Belief Model) was integrated in a consumer-focused social marketing approach to enquiry. That is, the 4P's, the concept of consumer orientation and the notion of exchange grounded the investigation into future behaviour change; the adoption of self management strategies (see Sutton 1996, Kotler et al 2002)

A total of 23 participants (10 males and 13 females in five focus groups) consented to participate in the study. A convenience sample of participants was recruited via email from the "Asthma Assist" database of the Asthma Foundation NSW. Interested respondents were then contacted by the first author and given full details of the study; and provided with Participant Information Sheets and Consent Forms. Focus groups were recorded and later transcribed for thematic analysis.

Results and Discussion

Collectively, participants were ambiguous in their responses about their wants and needs and unable to articulate a concise answer; ultimately, they did not know what would improve their self management practices. As individuals, participants spoke of an intensely personal experience of asthma and thus, their knowledge, skills and health beliefs regarding asthma was fluid; learned and adjusted over a long period of time.

One size does not fit all

Focus groups highlighted the varied experiences of the target group; and that this group can be further defined or segmented. The 'product' of asthma self management was not well understood by all participants. The profiles of two major groups emerged revealing that the perceived need for self management differed depending on individual's perception of severity. One group can best be described as 'compliant' – they self educate, are aware of their triggers, visit their GP/specialists, and strongly advocate for their own cause. They also feel that they are the most knowledgeable about their own asthma and thus best-equipped to take control of their disease. The other group can be described as 'complacent' at best. They may be in denial about their condition or they may accept that they have asthma but are prepared not to do anything about it until it poses a life-threatening situation. They accept they are susceptible (they admit they have asthma), but are not motivated to act to prevent an attack or manage symptoms on a daily basis. They are themselves, reactive patients.

The 'price' of asthma self management was seen as substantial by some in terms of the high costs of medications and other resources (e.g: nebulisers) as well as the time and 'hassle' associated with the daily avoidance of triggers and in obtaining non-prescribed medication. Some participants talked about the public perception and stigma of being a person with asthma. This negatively affected participants' perceptions either directly (e.g., not taking medication) or subtly (e.g., perpetuating an attitude of cynicism and despair) and further highlights an additional, external group (the general public) whose knowledge and perception of asthma could be enhanced using a social marketing approach.

There is a clear need to improve the 'promotion' of self management with messages that are sympathetic to consumer's own medical and social experiences. Determining what will stimulate voluntary behavior change in both groups will come from a clear understanding of their knowledge, attitudes and experiences of their disease. Understanding their motivation for taking action and perception of the benefits of self management has potential to inform the nature of future communication, tailored education and ongoing self management strategies that see the consumer feeling empowered rather than conscripted to a medical management point of view.

Finally, the appropriate 'place' for the dissemination of information regarding self management needs further investigation with many participants not having access to asthma education services. Participants of this study pointed to GP surgeries, pharmacies and the internet as key access points for information and interestingly, many had a keen interest in being informed about current research.

Conclusions and Public Policy Implications

The individual nature of the asthmatic and their disease stood out as a fundamental starting point for future asthma management strategies. Audience segmentation and the concept of exchange are important social marketing principles which warrant additional and detailed investigation; as does a fuller understanding of the four Ps from a consumer perspective. Implications for public policy review are radical; guiding principles, communication protocols and the delivery of asthma self management education is undoubtedly in need of consumer focused evaluation.

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**Examining the gendered aspects of consumer acceptance of
an SMS-assisted smoking cessation program**

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Introduction

Many countries are moving towards the delivery of e-health services that maximise the developments in information and communication technologies (ICTs). Nonetheless, there has been debate regarding how new technology for therapeutic ends should be deployed and how they can become sources of support and empathy rather than just informational (Graham et al, 2009). This study contributes to the literature by addressing these important issues in relation to mobile phones and smoking cessation. Previous studies reporting controlled random trials using short message services (SMS) assisted smoking cessation interventions (e.g. Bramley *et al.*, 2005; Obermayer *et al.*, 2004; Rodgers *et al.*, 2005; Whittaker *et al.*, 2008) lack theoretical modelling to provide more statistically generalisable measures for future researchers. In the area of health behaviour and education, researchers suggest that interventions informed by theory may be more effective in changing behaviour (Glanz, Rimer and Viswanath, 2008). Suitable theory must be selected for its relevance in the context of the study and its accountability for the role of the technology in the delivery of the e-health program.

Notably, past studies have also failed to account for any gender differences despite the fact that gendered differences exist in health reports. For example, the ANHS surveys between 2000 and 2005 showed there was a significantly lower chance of finding males who had never smoked, suggesting a surge in men starting to smoke. Moreover, females were much more likely to have started smoking and then successfully quit. It is further suggested that anti-smoking campaigns may have different effects for males and females. The 2005 Australian National Health Survey (ANHS) suggests there is a lack of success in persuading certain groups to avoid taking up smoking and that this is more pronounced in the data for males compared to females in the sample (De Meyrick, 2009). Our study addresses these two limitations and evaluates gendered beliefs and intentions towards the possibility of using an SMS-assisted smoking cessation program in three countries: France, Mexico and Australia

Method

Owing to the combination of the technology and an e-health program, the Technology Acceptance Model (TAM) by Davis, Bagozzi, and Warshaw (1989) is used. TAM has two central constructs that predict or explain intentions to accept the use of a technology, *perceived ease of use*, and *perceived usefulness*. The model can be extended to examine the influence of *subjective norms* and other variables relevant to the research context. Data was gathered through online surveys hosted in France, Mexico and Australia to evaluate smokers' perceptions, beliefs and intentions towards the possibility of using an SMS assisted smoking cessation program. The French and Mexican surveys were translated by native speakers from the English version. Each survey was only available for completion in its designated country. Perceived ease of use, perceived usefulness, subjective norms and intentions to use were all measured by 3 item scales. Additionally, gender, perceived addiction to nicotine, intentions to quit, and mobile phone use are reported.

Factor analyses using MLM identified the underlying structures for the four variables being measured in each country. The factors loaded relatively cleanly on their constructs, with acceptable Cronbach Alpha scores for the variables in each country. Composite scores were created for the variables in the model to be tested in each country. The sample characteristics for each country are summarised in Appendix 1.

Results

Each country's dataset was split using gender (1 = female, 2 = male). The analysis involved examining the basic variables in TAM (Intentions *f* perceived usefulness, perceived ease of use and subjective norms) for men and women in France, Mexico and Australia. Findings show that women's intentions to use an SMS-assisted smoking cessation program are only influenced by perceived usefulness (β .678, $p < .00$), and that perceived ease of use and subjective norms are not influential factors in the 69% explained variance. However, for French men, both perceived usefulness (β .681, $p < .00$) and subjective norms (β .206, $p < .05$) influence their intentions, and explain 57% of the variance. For Mexico, factors that influence women's intention to accept this e-health program are perceived usefulness (β .662, $p < .00$) and subjective norms (β .201, $p < .01$), as well as perceived ease of use (β .141, $p < .05$) which explain 78% of the variance. In contrast Mexican men's intentions to use the program are explained by perceived usefulness (β .697, $p < .00$) and subjective norms (β .233, $p < .00$) with 76% of the variance explained. Perceived ease of use is not significant for Mexican men. In Australia, both women and men's intentions to use the program are influenced by perceived usefulness (women β .746, $p < .00$; men β .640, $p < .00$) and subjective norms (women β .155, $p < .00$; men β .230, $p < .00$) with 76% and 64% of the variance explained respectively. These findings show that there are some differences between males and females in terms of the factors identified that influence their intentions towards using an SMS-assisted smoking cessation program. These findings are summarised in Appendix 2.

Implications for Practice

Perceived usefulness of the smoking cessation program is the major influencing factor for both genders in all three countries. E-health practitioners and marketers must, therefore, design their services in ways that clearly demonstrate the usefulness, not only of the program, but of the technology that facilitates it. This may be important where multiple technologies are used – such as part of the program is accessed via the mobile phone and other parts through the Internet, and supported in controlled trials of combined technologies in smoking cessation programs (e.g. Riley et al., 2008; Obermayer, et al., 2004). In the Mexico data, results show that perceived ease of use had a small, but significant influence on women's intentions while it was not significant for men. E-health practitioners in that country should be conscious of ensuring that their technologically delivered programs are simple to use, particularly when positioning them for women. In their descriptive evaluation of SMS-assisted smoking cessation programs Obermayer et al. (2004) and Whittaker *et al.* (2008) identify some of the technical challenges encountered suggesting that perceived ease of use should not be overlooked.

Social influence was identified as being important for men and women in Mexico and Australia and for men in France. For practitioners in these countries, being able to engage important referents in assisting the user could improve outcomes in e-health intervention programs that is also supported in research on quitting smoking (e.g. Ramsey and Hoffman, 2004; van den Putte, Yzer, and Brunsting, 2005). Yet social influence is not important to French women who indicated they would not be influenced by their significant others when considering using this type of e-health program. Collectively, these findings have implications for practitioners in terms of ensuring that they gain insights into whether or not using important referents is likely to be beneficial for intervention outcomes.

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Appendix 1:
Summary of sample characteristics for 3 countries.

Characteristics	France*	Mexico*	Australia
	n = 119	n = 423	n = 450
Males	48%	72%	48%
Females	40%	25%	52%
Age clusters	70% in 18-25yrs range	Sightly higher representation in 31-40 years range	Spread quite evenly over age groups 18 – over 55 years
Addicted to nicotine	67%	61%	88%
Intention to quit in 6-12 months	36%	52%	71%
Everyday use of mobile phones for voice calls	74%	73%	45%
Send SMS	89%	88%	91%

- Some missing data

Appendix 2:
Summary of Findings

Factors	France*	Mexico*	Australia
	n = 119	n = 423	n = 450
<i>Perceived usefulness</i>			
Males	Sig	Sig	Sig
Females	Sig	Sig	Sig
<i>Perceived ease of use</i>			
Males	Non Sig	Non Sig	Non Sig
Females	Sig	Non Sig	Non Sig
<i>Subjective Norms</i>			
Males	Sig	Sig	Sig
Females	Non Sig	Sig	Sig

The Impact of the Global Financial Crisis on Corporate Community Involvement Initiatives

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Introduction

The recent global financial crisis (GFC) had a devastating effect on businesses globally. Sony, for example, cut 8,000 jobs and shut approximately 10 percent of its manufacturing capacity in response to unexpected and rapid changes in the global economic environment and the mining giant Rio Tinto announced plans to cut 14,000 jobs. A recent report by the London Benchmarking Group shows the amount of cash giving through corporate community involvement (CCI) in Australia is decreasing (Bromby, 2009). In 2007, about 70 percent of CCI effort in Australia was in the form of cash, falling to 62 per cent in 2008 and to 53 per cent in 2009. The GFC also affected non-profit organisations. The Smith Family, for example, one of the largest non-profit organisations in Australia, had to supplement a drop in donation income by selling non-woven fabrics (Hutton, 2008). Those non-profit organisations reliant on revenue from business partnerships and sponsorships were particularly affected by the GFC. This study examines the impact of the recent GFC on CCI initiatives.

Literature Review

CCI can be identified as the provision of goods, services, time and internal resources to non-profit organisations and community projects (Burke *et al.*, 1986; Hess, Rogovsky, and Dunfee, 2002; Matten and Crane, 2005; Waddock and Boyle, 2002; Wymer and Samu, 2003; Varadarajan and Menon, 1988; Zappalà, 2004). There are three types and stages of relationships in CCI (Austin, 2000): (1) 'Philanthropic Stage', this is largely consists of annual donations of money or goods made in response to the request of NFP; (2) 'Transactional Stage', this is where each organisation's core competencies begin to be deployed and the partnership is more important to each other's mission and strategy; (3) 'Integrative Stage', this is where core competencies are not simply deployed but combined to create unique and high value combination. In an economic downturn, previous research shows that companies are going to be looking for every means possible to differentiate themselves from competitors; and to make themselves more attractive to customers and talented employees. Companies that already have a meaningful commitment to CCI are maintaining those commitments (e.g. Sargeant and Wymer, 2007; Rangan and Djordjija, 2009; Wallace, 2009). One hypothesis is that the GFC's impact will be less where CR is highly integrated and the GFC will have a greater impact where CR is less integrated.

Method

In order to describe and understand the impact of the GFC on CCI in-depth interviews were carried out over a period of eight months with CSR managers and CEOs of companies and their Corporate Foundations and their non-profit partners. The companies were from a variety of industries (e.g. materials, financials, telecommunication services, and energy) and the majority are listed on the Australian Stock Exchange (two companies are a subsidiary of a holding company listed in the U.K. Stock Exchange). A total of 27 interviews were conducted from 13 companies and 11 non-profits. The analysis was complemented by reviewing the CSR reports published by the companies as well as internal surveys and guidelines from the organisations.

Results and discussion

The findings show a mixed picture of the impact of the GFC on CCI. Many organisations are still more focused on short-term incentives and actions that risk their entire reputation. For companies, it appears that some industries suffered more than others. The financial and construction industries claimed to have been impacted the most, while energy and telecommunications industry appear less affected. On the non-profit side, some found it easier to maintain revenue, while smaller and less known organisations found the GFC had an adverse affect on their ability to raise revenue. In addition, emergency relief and social welfare organisations found it easier to attract donations than organisations supporting arts and culture. Several other patterns are identified:

More ‘in-kind’ and less ‘cash donations’

Companies have reduced their profit forecast and laid off 10-15 percent of their staff (Shergold, 2009). Therefore, it is understandable for them to reduce their cash donation and increase their in-kind donation of goods and services rather than cash. A study in the US shows that two-third of public charities receiving donations saw decreases in 2008 (Giving USA, 2009). Nevertheless, a recent study in Australia shows that in-kind giving has risen from 14 per cent to 33 per cent in three years (Bromby, 2009). As one manager explains:

“So rather than actually providing cash we’re providing resources and we’re happy to provide computers and people for periods of time. It’s a great development programme for our own people because they really enjoy it and they get out of their comfort zone and they actually get to work in a totally different type of business and see how something is run from a different view point, and they get other skills coming from it” (*Company 5, Financials, Manager Regulatory Affairs and Policy*).

More ‘integrative’, less ‘philanthropic’

Companies tend to maintain an initiative that they have developed over time. An integrative approach reflects a more stable, long term commitment to CCI which is more likely to have a meaningful impact on the community (Austin, 2000; Pearce and Doh, 2005). Companies are declining new partnerships and reducing various unnecessary philanthropic initiatives. This will create a challenge for small and medium size non-profits who are searching for new corporate partners. As one company explains:

“We have made a conscious decision that we won’t be doing any new funding but we haven’t walked away from that commitment and we are still continuing to match it. So our financial commitment is going to still be considerable, but it probably won’t be at the same level as say the previous years” (*Company 3, Financial, Head of the Foundations*).

More rigorous evaluation

As companies become more selective in their CCI, they require more rigorous evaluation and reporting criteria in order to produce greater benefits for all parties involved (i.e. business and communities). Companies are increasing their efficiency and effectiveness in meeting the needs of the community. This often poses challenges for non-profits who are strapped for resources and unable to fulfil the rigorous evaluation criteria.

“I think it is going to be more, I think it’s maturing, particularly for the GFC it will mature even further. So become more disciplined and more rigour applied to things like evaluation and being more strategic about not just what is the real benefit for the company but where can we make the greatest difference in the community” (*NFP partner with Company 6, CEO*).

Conclusions and managerial implications

This study offers an insight into the impact of the recent GFC on CCI. We suggest that there is need to find a better fit between companies and non-profits and create innovative funding solutions. Small and medium non-profits can collaborate to offer better fit with companies which will produce stronger ‘integrative initiatives’. It shows that ‘integrative initiatives’ better withstand a crisis than ‘philanthropic initiatives’. Relationships, particularly long-term ones that are built on a realistic understanding of the strengths of both sides have a greater

opportunity of being successful and sustainable. Finally, companies need to develop a simple and standardised reporting requirement that will not place an undue burden on non-profits.

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The Australian Donor Market – Demographic Differences Across Charity Types

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Background

The purpose of this research was to determine the demographic differences in donor profiles across six categories of charities in Australia. With over 700,000 charities in Australia, optimal fundraising is not only critical for the survival of these organisations but, more importantly, the welfare of their beneficiaries. Our study is particularly germane as navigating an already difficult marketing environment of intense competition (Bendapudi et al., 1996); high costs of fundraising and administration; problems of solicitation overload (Hibbert, 1995; Shelley and Polonsky, 2002), and the current global economic climate has made the task of fundraising even more arduous. There is an ongoing paucity of research about donors and as such, the primary research question for our paper was: ‘Are demographics a significant predictor in differentiating between donors to six categories of charities in Australia?’ Specifically we hypothesise that age, gender and income significantly differentiate between donors who give to these six charity types and the amount they donate. This collective review provides a more holistic perspective and delivers more useful and meaningful findings for academics and practitioners. It builds upon previous studies, addressing gaps in the literature by specifically addressing the Australian context, using improved categorisation of charity types and using actual donation amounts from a broad sample to produce robust findings.

Socio demographic characteristics of donors’ impact on the donation decision process (Kottasz, 2004; Sargeant, 1999). Evidence from the extant literature tells us that age affects giving (Bekkers and Wiepking, 2007; Riecker and Yavas, 2008; Schlegelmilch et al., 1988), with older donors most likely to give (Giving Australia 2005; Halfpenny, 1999; Rajan, Pink and Dow, 2009). While the literature is not comprehensive in terms of what type of charity is supported by different age groups, Sargeant’s UK study (1999) found that older donors are more likely to support social services, children’s charities and health organisations. In terms of gender, women were found to be more generous than men who were less likely to give (Kottasz, 2004; Schlegelmilch et al., 1997). Although less frequent givers, when men did donate, gifts could be of greater dollar value (Giving Australia 2005; Schlegelmilch, 1997). Women typically donated more to ‘caring’ charities such as animals and children. Conversely, men gave to charities reflecting more egoistic values such as those based in the arts or offering social rewards (Kottasz, 2004; Srnka, 2003). Income too influenced donations with the wealthy in society giving the most (Bekkers and Wiepking, 2007; Giving Australia 2005; James and Sharpe, 2007; Srnka, 2003). Wealthier donors tended to support charities focussed on long term social change and the environment (Bennett, 2003; James, 2007; Kottasz, 2004). Donors at the lower income spectrum gave to those charities that helped those in obvious need, such as welfare (Bennett, 2003). Overall the literature establishes that there are nuances associated with age, gender and income of donors and their giving behaviour and charity preference.

Method

Using quasi-snowballing sampling techniques, a total of 32 interviews were procured in the first stage of this study. The subsequent Australia wide survey (n=400) was administered online. An initial sample of 3100 resulted in 677 meeting the screening criteria of being regular donors. Of those 677 eligible respondents, 410 completed the questionnaire and a further ten were removed from analysis in the data screening stage. Established scales were adapted following the first stage of the study (e.g. Sargeant, Ford and West, 2006; Sargeant and Lee, 2002; Mathur, 1996). Respondents indicated their level of agreement/disagreement

on a seven point bipolar semantic differential scale, with the following statement for each of the six categories of charity 'I most regularly donate to X charity (Health; animal and environmental; welfare; disability; international aid; children's charities). Amount donated, age, gender and income were assessed using categorical scales. A self-reported donation dollar figure was also provided to facilitate statistical analysis.

Results and Discussion

Firstly, the results for age were examined, finding a negative relationship to donation amount across charity types (e.g. Health charities $r=-0.166$, $p<.01$), differing from that found in the Giving Australia (2005) study. Highest annual donation amounts were reported for the 25-34 age group ($M=\$286.60$) down to the lowest amongst the 55-64yr age group ($M=\$143.62$). Age was not found to be a significant predictor of charity supported. Donations to health charities appeared less prominent with those over 64 years while disability charities appeared least popular with the younger donor. Secondly, gender was assessed. There proved to be a significant effect for gender on both dollar amount donated and type of charity supported. Gender was significant across all charity types for amount donated (e.g. Children's charities $r=-0.159$, $p<.01$) thereby supporting the results of the Giving Australia study – results indicating that males were giving greater dollar amounts across charity categories. T-tests on donation amount also indicated that males ($M=\$271.97$, $SD=427.23$) had potential to give higher value donations than females ($M=\$159.08$, $SD=\$206.71$). Furthermore, MANOVA results indicated males were more likely than females to support welfare charities ($f=2.54$, $p<.05$). When subject to multiple regression results were also significant, indicating a higher level of support for health charities among female donors. Finally the effect of income on donations was analysed. On cross tabulation and chi squared tests, highest income earners, those earning \$120k a year and over, represented a distinctive subgroup in terms of donation amount ($M=\$457.52$) compared to the lower income earners ($M<\$260.00$). Lowest donation amounts were received from those earning \$40K and under ($M=\127.87) and \$41-\$80K earners ($M=\$228.60$). When subject to multiple regression, income was positively associated with donation amount across all charity categories (e.g. health charities $r=0.15$, $p<.01$). Interestingly, analysis of variance proved significant for income effects with regard to support for international aid charities ($f=5.31$, $p<.01$), post hoc analysis revealing that those in the \$80-\$120K income bracket were most likely to support international aid.

Conclusion and Implications

The results of the research illustrate the importance of demographics for the Australian donor market both in terms of who is giving and what charities they are supporting, providing some evidence of country specific donor profiles. Age effects were not significant for charity supported; results for age and donation amount differed from a number of international studies finding a positive relationship with age (Bekkers and Wiepking, 2007). The findings for gender and income were particularly salient, supporting other Australia-specific studies (Giving Australia, 2005). While giving is driven by a wide range of factors beyond the demographic, the findings provide evidence of the continuing effect of demographic characteristics on donation behaviour with implications for the applications of giving behaviour models. The findings have practical implications in terms of charity specific segmentation and targeting, with evidence presented on the demographic characteristics of donors to different charity types. Overall, these country-specific findings contribute to both theory and practice and are a valuable platform for future research.

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Evaluating Drug Driving Advertisements

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Introduction

In 2007, 13.4% of Australians reported recent use of an illicit drug, and 20.9% of these individuals reported having driven a car while under the influence of illicit drugs in the last 12 months (AIHW, 2008). Available data suggests that this behaviour is far more common among younger drivers; for example, a telephone survey of a random sample of 502 NSW drivers aged 18-29 years found that 11.2% reported drug driving (Jones et al., 2003). There is also increasing evidence that young people consider drug driving to be safer than drink driving, and that some believe their driving is actually improved by drug use (Hawkins et al., 2004; Barrie et al., 2009; Matthews et al., 2009).

Anti-drug driving campaigns in Australia

There have been several government funded anti-drug driving campaigns implemented throughout most Australian states, often coinciding with the introduction of random roadside drug testing. Due to the costs associated with effective and widespread advertising, and the negative attitudes towards drug driving reported by the general community (i.e., non drug users) these campaigns have generally been disseminated through targeted media channels to maximise exposure by those at risk, such as advertising in bathrooms at nightclubs and raves. The messages within these campaigns aim to raise awareness of: the impairing effects of drug use on driving, the dangers associated with drug driving, and the penalties for drug driving. One program has reported involving young people in the development of appropriate messages, although the nature of this involvement is not described (Costello et al 2001). Additionally, most road safety advertising campaigns use fear or threats to reach the target audience (Donovan and Henley, 1997; Lewis et al, 2007). There is limited information available on the evaluation of these campaigns; however two programs have reported changes in attitude among young people following their implementation. In Western Australia, there was some attitudes shift among the 25% of 100 young people interviewed within venues who recalled seeing the messages (Costello et al 2001); and in Queensland, the 1999 public education campaign reported a reduction in the number of people who believed medicine would not affect their driving, but changes in attitudes towards illicit drugs and driving were not provided (Queensland Transport 2003).

Methodology

The aim of the current study was to involve young people in the development of anti-drug driving messages and compare the perceived effectiveness of the different messages. Extensive formative research was conducted (reported elsewhere) to develop an understanding of the messages that would resonate with young drivers. Four groups of 3rd year graphic design students were given a design brief based on the formative research and asked to develop a series of drug driving advertisements for posters, billboards, pamphlets. The briefing informed the design teams of the three main themes the formative research suggested should be incorporated in the advertisements: (1) Initiate/increase awareness of roadside drug testing, and emphasise the threat of loss of licence if caught; (2) Communicate the effectiveness of testing and drugs targeted; and (3) Communicate the dangers of drug driving – address attitudes that drug driving is not dangerous and/or safer than drink driving. The four design teams presented their draft advertisements to the research team and were given feedback for improvement. The refined advertisements were then tested with six focus groups (three female-only and three male-only groups). Focus group participants provided feedback on all aspects of the advertisements (in poster form) – including credibility, clarity,

appeal, and perceived effectiveness. The top three advertisements were then tested in a survey of ACT university students, TAFE students and Road Ready driving school students. The survey collected some basic demographic information, and then had respondents view and respond to six advertisements (three from this study and three existing campaign advertisements from Queensland and Western Australia) in terms of overall impact, likeability, and emotional responses.

Results

The advertisement most preferred by the respondents (in terms of overall likability) was Test Ad 1 (Drugs plus driving equals all of the above; 71%, χ^2 (10, N = 456) = 18.67, p = .045). Other advertisements which rated highly on this measure were the Western Australian ad (Police can now test for drug driving; 62%), closely followed by Test Ad 2 (One trip at a time; 61%). Test Ad 2 was also perceived as realistic by the greatest proportion of respondents (93%), closely followed by Test Ad 1 (91%) and xxx (89%). On the individual measures, Test Ad 1 was also rated as having the best-liked tagline (65%), χ^2 (10, N = 457) = 19.62, p = .033; best-liked message (82%), χ^2 (10, N = 454) = 24.11, p = .007; and most realistic message (94%), χ^2 (5, N = 454) = 12.05, p = .034. The WA ad was viewed as containing the most realistic image (91%), χ^2 (5, N = 456) = 26.50, p = .000, and tagline (90%), χ^2 (5, N = 450) = 21.18, p = .001.

In terms of emotional responses, the same advertisements stood out; with Test Ad 1 most likely to make respondents feel anxious (63%), χ^2 (5, N = 452) = 17.59, p = .004, nervous (49%), χ^2 (5, N = 452) = 17.00, p = .004, and scared (57%), χ^2 (5, N = 452) = 28.50, p = .000. Test Ad 2 was the most likely to make respondents feel concerned (92%), χ^2 (5, N = 452) = 41.84, p = .000; scared (59%), χ^2 (5, N = 452) = 28.50, p = .000; and shocked (65%), χ^2 (5, N = 454) = 51.41, p = .000. The WA ad was the most likely to evoke a sense of relief (54%), χ^2 (5, N = 452) = 72.46, p = .000.

Discussion

Two of our test advertisements clearly outperformed existing campaign messages in terms of being likable and realistic, and evoking the intended emotions. The third Test Ad (“It’s OK, there’s no way they can test it”) was not well received as the message was unclear and the images used perceived as unrealistic; again emphasising the need for the message to strike the right note of authenticity. It is interesting to note that those advertisements most liked, and perceived as most realistic, by those in the target audience were those that made the majority feel nervous, scared and shocked – suggesting that perhaps this is an area of social marketing where invoking strong emotional responses may be appropriate. This needs to be carefully done, however, as two of the existing campaigns (“The End” and “The Agony and the Ecstasy”) utilised high-fear ‘shock’ tactics but went too far beyond the target audience’s latitude of acceptance and were rated as not realistic (as well as not liked). These findings are consistent with cognitive dissonance theory (Cooper and Fazio, 1984; Festinger, 1957) and earlier research into the acceptability of anti-drug messages. For example, a study of extreme warnings about cannabis found that while they are perceived as believable by never-users they are rejected by current users (the primary target audience of many anti-drug campaigns); and the only messages perceived as believable are those they have experienced or seen others experience, such as loss of motivation and dependency (Jones and Rossiter, 2004). This research underscores the need for careful development and pre-testing of messages targeting behaviour change in the sophisticated young adult target group. The findings have been

provided to the NRMA-ACT Road Safety Trust and will potentially be used to develop materials for an anti-drug driving campaign in the ACT.

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Beneficiary complaints handling procedures of UK human services charities

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Introduction

This research concerns the degrees to which a sample of large UK human services charities (i.e., those concerned with the ‘provision of care, cash, education, shelter and support to people’ [Billis and Glennerster, 1998 p. 80]) adopt strategic approaches to the operation of their client (beneficiary) complaints systems. A major stimulus behind the research was the observation that, since the early 1990s, British HSCs have undertaken increasing amounts of work previously completed by national and local government bodies (notably the National Health Service [NHS] and agencies connected with the Home Office) which by law are required to operate extensive complaints handling systems. However, whilst the NHS and other government bodies are statutorily required to operate complaints procedures for individuals who use their services (Brewer, 2007), this is not the case for the HSCs to which state agencies routinely outsource projects. A number of significant issues arise from this situation, exacerbated by the rapid rate of growth of social welfare provision by charities. In Britain, between 35% and 40% of the average HSC’s annual income now derives from government sources. For large HSCs the figure is often in the region of 75-80%; an outcome that results from the fact that in the 1980s the British government changed fundamentally its approach to the supply of welfare services, shifting from a situation wherein most of these services were furnished by the state to one that involved a ‘mixed economy of care’ (Parry, *et al.*, 2005 p. 589). Consequently, charities became major suppliers of human welfare services, especially in the areas of health, community care (prisoner rehabilitation, narcotics abuse, cancer relief, etc.) and sheltered housing (Cunningham, 2001).

Despite the absence of legal compulsion it seems nevertheless that many large British charities have opted to implement their own complaints procedures (often conforming to the specifications of standards setting bodies such as the British Standards Institute (BSI) (*via* BS 8600) and the International Standards Organisation (*via* ISO 10002), frequently in response to government pressure. Other charities simply refer complainants (as they are legally allowed to do) to the procedures of the government body that has contracted their services.

The specific purposes of the present investigation are to:

- explore the degrees to which HSCs that do have formal complaints procedures apply strategic approaches to the management of their systems;
- examine senior HSC managers’ views regarding the advantages and drawbacks associated with having a robust complaints system;
- analyse the influences of certain possible antecedents of HSC managements’ decisions to implement extensive beneficiary complaints procedures and/or to apply strategic approaches;

Special Circumstances Pertaining to Beneficiary Complaints against HSCs

An HSC's mission is to provide the best possible quality of care for its beneficiaries. Complaints can constitute a rich source of information on the quality of the services offered by an organisation (Phau and Baird, 2008). *A priori*, therefore, it might be anticipated that an HSC's management will want to examine beneficiaries' complaints very closely. Also the absence of an effective client complaints procedure could lead to negative word-of-mouth that damages a charity's reputation, with negative consequences for stakeholder relations and for fundraising (cf. Singh, 1990). However there are special factors that potentially affect the incidence of take up and the contents of HSCs' beneficiary complaints systems. For instance, clients may not be able conveniently to switch to an alternative service supplier (Cheng and Lam, 2008), or beneficiaries might be in a so heavy a state of dependence on a charity that they are reluctant to complain for fear of being prevented from using its services (Dolinsky, 1994). Given that HSCs often furnish their clients with help of a somewhat intimate nature, aggrieved beneficiaries might feel embarrassed about attracting attention (Snellman and Vihtkari, 2003).

Contacts between HSCs and their clients are frequently short-term (possibly *ad hoc*), so beneficiaries may feel that the time and effort needed to complain is not worthwhile. (Concomitantly, charities might believe that the provision of opportunities to complain to transitory clients is not a justifiable investment.) Beneficiaries may perceive that, because they are receiving assistance free-of-charge, complaining would be immoral (cf. Oh, 2006; Cheng and Lam, 2008). Human services charities that work with the socially deprived might be dealing with people who encounter a far wider range of problems about which they need to complain than the rest of the population, thus stimulating complaining behaviour (cf. Gronhaug and Zaltman, 1980). However, complaints themselves might be rude and, despite an HSC's genuine attempts to help, beneficiaries may be uncooperative, refuse assistance, miss scheduled meetings or break promises (Gidron, 1983). Charity employees and volunteers' feelings of anger and despair resulting from experiences of disturbing and unpleasant incidents involving clients might cause charity managers not to take complaints from clients seriously (Rubin and Thorelli, 1984).

Conceptual Framework and Empirical Test

A model has been developed with the aim of explaining the extents to which HSCs apply strategic approaches to their complaints handling systems. The model hypothesises that the following variables exert significant influences on relevant decisions: (i) the organisational traits of client orientation, listening orientation and learning orientation, (ii) whether beneficiaries can easily switch to alternative service providers and their degrees of dependence on a charity's assistance, (iii) managerial perceptions of government pressure to operate a complaints system, and (iv) a charity's dependence on state funding, particularly government contract work. A sample of 1000 UK human services charities is being surveyed and the results analysed using the method of partial least squares. The questionnaire employed in the course of the study also requests respondents to evaluate the benefits of having a formal complaints procedure and to indicate the main categories of complaints received by their organisations. Respondents in charities that do not operate formal complaints procedures are being asked why this is the case.

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Cognitive dissonance and individuals' response strategies as a basis for audience segmentation in social marketing to reduce factory farmed meat consumption

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This research was part-funded by the animal protection group, Voiceless - an independent non-profit think tank dedicated to alleviating the suffering of animals in Australia.

Introduction

This paper describes an audience segmentation study that highlights several areas where current social marketing strategies in relation to reducing factory farmed meat consumption could be more effectively applied. The need to address factory farming (intensive animal agriculture) and meat consumption is supported by a large body of evidence that points to their deleterious impacts worldwide, including their impact on the health of communities, on social and environmental justice (e.g. Nierenberg and Garcés 2004), on animal welfare (e.g. Donham et al., 2007), on water, air and biodiversity and their contributions to greenhouse gas emissions (Steinfeld et al., 2006).

This paper presents part of the analysis of data collected in 2009 for a study designed to shed light on what factors influence Australians' attitudes toward factory farming and under what circumstances they would support or reject factory farming. Initial results showed that motivations for maintaining meat consumption are strong, extremely varied and complex. Yet one factor emerged that could help to better understand this audience's motivations and to develop audience segmentation - the phenomenon of cognitive dissonance (CD) and the response strategies that individuals apply to avoid it. CD is an uncomfortable and unsettling feeling that arises when conflicting ideas or ideas and behaviour occur simultaneously. According to Festinger (1957), humans try to avoid CD by adjusting their behaviours, attitudes and beliefs, by rationalising and justifying them or by actively avoiding situations or information that increase CD. This phenomenon has not yet received much attention in social marketing theorising. Here we explore the role of CD in understanding factory farmed meat consumption with a view to informing social marketing strategy.

Methods

Seven focus groups with a total of 55 participants (including a pilot group) were conducted in regional and metropolitan areas in Queensland, New South Wales and Victoria. The focus group discussions were designed to elicit participants' views and knowledge of factory farming in Australia, of the impact of factory farming on the farm animals, society and the environment, to elicit the impact of those issues on their consumption behaviour, and their visions of the future of animal farming in Australia. Quantitative data was collected at the start of each focus group using a survey of knowledge, attitudes and consumption habits together with demographic data. Photographic images of farm animals were used and the data used for this study are those that demonstrate the participants' knowledge of factory farming in Australia. (In support of the use of photo elicitation for this study see Bergmann, 2000; Christenson and Olson 2002; Zaltman, 1997).

Results and Discussion

Findings from our study indicate that the participants' attitudes and values toward farm animals can be measured along a continuum. The underlying motivation for an individual's factory farmed meat consumption behaviour is largely determined by their position on this continuum. As such, three main audience segments can be distinguished. Firstly, at one extreme are individuals who display strong pro-meat consumption views and who appear to have resolved their CD by rationalising that animals will only suffer for a short time or are incapable of suffering at all. If suffering is acknowledged, then it is argued that this cost is acceptable to feed humans. Some amongst this group do support more humane treatment of farm animals. At the other extreme of the continuum is the group of individuals (including vegetarians and vegans) who have resolved their CD by acknowledging the inherent value of

animals and use it as their guiding principle. It includes also those who continue to battle with CD and with competing response strategies. Individuals in this group undertake the greatest effort of all to reflect their attitudes and values in their consumption behaviour. The third and largest group is located in the centre of the continuum. Here are those who express concern for farm animals as sentient beings, yet the focus of their rationalisations is, for example, on human health or the environment. Most support the consumption of meat, but they have begun to ask questions about meat consumption. Some consider alternatives, but do not necessarily translate this into changes to their meat consumption behaviour. Further segmentations of all three groups, in particular of the one placed at the centre, would lead to the identification of subgroups at various stages of transition along the value continuum.

Overall, many participants experienced a strong sense of CD between their stated concern for animal welfare and their desire to consume meat. Some experienced an ethical juggle – “do we choose the cheapest option or the morally correct option?” A consensus on what is morally correct was not found. The response strategies of individuals to avoid unsettling feelings of CD can vary yet the most typical strategy is the development of a variety of rationalisations for meat consumption. This is described by Williams (2008) as one of the expressions of ‘affected ignorance’. We found that most of these rationalisations are based on incomplete knowledge and misinformation such as a lack of awareness of animal experience, of the impact of factory farming, of the nutritional value of plant products, and of ways to prepare plant-based meals. This can be addressed with common social marketing techniques, but it is known that the transfer of knowledge alone does not necessarily lead to behaviour change. The behaviour change literature argues that to achieve more than incremental steps in behaviour change, we need to address the motivations that reflect the values und underlie behaviour (e.g. Crompton, 2008; Jackson, 2005). Such value-based approach is consistent with the findings that ethical considerations for the treatment of farm animals are becoming increasingly important to consumers in industrialised countries (e.g. Vinnari, 2008).

Conclusions and Recommendations

The audience segmentation highlighted in this study identifies possibilities for interventions and indicates their required foci. The discomfort of CD in the context of meat consumption primes individuals for behavioural change. Social marketing strategies can be developed to leverage the CD phenomenon and reduce the consumption of factory farmed meat. We recommend that social marketing research place greater emphasis on exploring motivations for behavioural change, in particular the values and attitudes that bring about and/or increase CD that arises between meat consumption and those attitudes and values. Further, social marketing initiatives are called for which increase the likelihood of individuals taking up the desired response strategies (e.g., as identified by the participants, reduction in meat consumption; actively seeking out relevant information; more forcefully demanding humane farming practices, small scale farming, regulated labelling of free-range products, an increase in the availability of meat alternatives). Finally, many participants describe how purchasing, preparing and consuming meat are nested within the habits and routines of day-to-day practices. This demonstrates how behaviours are facilitated by the structures of the production and supply system, as well as by social and cultural assumptions and expectations. To be effective, a social marketing strategy also needs to target the key stakeholders in the entire structural system, such as regulatory bodies, retailers, producers, service providers, media and others (in support of a stakeholder approach see Andreasen, 2006; Peattie and Peattie, 2009). A detailed discussion of this based on our data will be the subject of future work.

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Active Transport in Deprived Communities: Why the Car is King

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Introduction

Active transport is part of the solution to multiple social concerns: obesity and health (Morris & Hardman, 1997), climate change, local traffic congestion and air quality issues (Knox, 2008). As the UK's first Cycling Demonstration City and home to some of the UK's most prominent cycling organisations, Bristol leads in active transport provision; middle class groups demonstrate relatively high rates of active transport use, yet populations in deprived areas of the city continue to rely on cars even for short journeys (Bristol Cycling Demonstration City, 2009). These deprived populations also have higher likelihood of developing long-term chronic illness associated with low physical activity than their middle class counterparts (Shouls, Congdon, & Curtis, 1996). Little research reflects these hard-to-reach groups that allocate disproportionate resources to their cars, but are we allocating disproportionate resources to driving them towards behaviour change? How can such marginalised groups be targeted, and active transport positioned, in a cost effective manner?

Recent collaborative research between the University of the West of England (UWE), Bristol Primary Care Trust (PCT) and Bristol City Council took a qualitative approach to investigate the barriers and motivations for using active transport in two age groups in deprived areas of Bristol. This paper reviews the results of the focus groups, outlining key findings. We interrogate the suppositions of active transport provision, to conclude how, and indeed if, realistic social marketing interventions to improve uptake of active transport in deprived areas of Bristol and similar areas can be developed.

Method

72 respondents, representing active and non-active (i.e. cars) transport users, took part in 9 focus groups in Bristol in early 2009. These represented 3 demographic groups: parents with children at primary school, parents with children at secondary school, and adults aged 65 years and over. The parents are gatekeepers to children walking or cycling, and older adults represent those most likely to immediately benefit from the health advantages of walking. Respondents were recruited in local shopping areas, and snowball sampling was used to achieve the predetermined quota. Financial incentives were offered and the focus groups were conducted at a local community centre for accessibility. Within each demographic group, 3 focus groups were conducted with an average of 8 people: 2 groups for non-active transport, and 1 group for active transport.

Researchers at UWE developed moderator's guides to probe key themes of lifestyle, daily routine, and attitudes/behaviour related to transport. Projective techniques were used to explore emotional issues associated with daily transport and minimise socially desirable responding. Suggestions for policy and interventions were made through discussion with Bristol PCT.

Results

Amongst this British, predominantly white, deprived population, the use of active transport is rarely an active choice: cars are seen as providing security, convenience and social approbation. Those who do not use cars are usually unable to afford them. Personal security ranks highly in transport choice. Respondents reported fear of being harassed or attacked especially at night; many active transport users do not go out after dark. This is true for all age groups, and the car is seen as a cocoon.

The social connotations of owning a car are deeply ingrained. Walkers/cyclists are seen as disadvantaged and poor. Driving is considered a right, and some respondents vehemently defend their right to drive even short distances. Convenience is also key; many respondents work far from home, where few jobs and poor local amenities exist, and dropping children off en route is considered more convenient than walking. However, many respondents also see car maintenance as inconvenient and costly.

For parents, cars reduce confrontation associated with walking with younger children, and provide a means of protecting older ones. Being a 'taxi' is tempered by knowing where teenagers are and how they will get home. Parents also fear accidents near schools with busy roads. For older people, cars offer independence and safety. For all groups, being able to go where they want, when they want, is paramount.

Motivations *towards* use of active transport are health and cost. Parents want children to establish healthy habits while older people wanted to maintain mobility and independence. Those who walked were often prompted by a health scare. Rising petrol prices was one of the few triggers that had prompted them to reassess travel habits. Habit disruption was key: stories of health scares, car breakdowns and changing schools or workplaces were usually associated with observed instances of behaviour change. Active transport as a means of getting around was unpopular, but walking or cycling for leisure, perhaps outside the area, was attractive to many. Opportunities for learning new things or meeting new people were valued. Many older people felt isolated by their travel habits. Walking buses were considered an attractive alternative for parents of young children as it addressed the issue of how to make walking fun for kids.

Conclusions and Public Policy Implications

These results question whether active transport can ever be a desirable alternative for deprived groups such as these if active transport is not perceived as a viable substitute for driving. Investigation is required into possible strategies. For instance, repositioning and branding of walking/cycling may change perceptions. Intermediate measures may move perceptions towards a tipping point e.g. short journeys on foot/bicycle in summer months as a perceptual gateway to sustained behaviour change. Or second car ownership be reduced owing to perceived time and financial costs.

Lessons can be learned from those who *have* changed behaviour: habit disruption is key. When children start/change schools, or adults start new jobs or move house, targeted strategies could offer efficient opportunities for social marketing. For instance GPs should have a role in prescribing active transport: using their position as 'powerful others' and taking advantage of the habit disruption associated with health concerns.

Finally, though environmental barriers such as personal/traffic safety and lack of local amenities cannot be underestimated, the perceptual barriers of active transport's association with poverty and lack of freedom are the most insurmountable. Given this concern, budgets may be more efficiently used on groups with lower emotional and practical barriers to change. This, however, poses an ethical dilemma: if we target the easiest (middle class) groups to change, do we further marginalise deprived groups?

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Safer Sex: Passionate Escapism versus Rational Thought

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Introduction

The use of theory is one of the UK's National Social Marketing Centre's (NSMC) six benchmark criteria for excellent social marketing practice, and models such as the Theory of Planned Behaviour (TPB) (Ajzen, 1991) dominate the literature. Such value-expectancy theories suggest that people act as *Homo economicus*, using rational decision-making based upon expected outcomes, and that behaviour change follows predictable patterns. Sexual health interventions are usually based upon these theories, and researched in either the easy-to-reach populations of US college students or the high-risk populations of men who have sex with men, or sex workers.

An alternative approach was suggested by McKirnan et al. (1996) who suggested that rational models fail in the face of certain combinations of escapist behaviours in gay and bisexual men. Physiological studies suggest that the combination of alcohol, drugs and sex creates strong learned associations for disinhibition and risk-taking (e.g. Crowe et al., 1989), with likelihood of using condoms diminished by the use of alcohol or drugs (Weinhardt & Carey, 2000), and McKirnan et al. suggested that 'escape' models may provide a better insight into sexual behaviour. We have found no links to these in the social marketing literature, yet a recent study in a heterosexual, white, deprived sample in the UK suggests such models may be more accountable for rising sexually transmitted infection (STI) rates under certain circumstances than theories such as the TPB.

This research was a result of collaboration between the University of the West of England (UWE), Stockport Primary Care Trust (PCT) and the NSMC, exploring sexual behaviour, and attitudes to sex, condom use and Chlamydia testing in a British, white, deprived population who regularly use alcohol and cocaine. The group selected resides in a distinct geographical area that allows highly targeted interventions. We discuss implications for policy in the face of rising STI rates in such UK populations.

Method

Sexually active young men and women, aged 16-24, were recruited in Spring 2008 using convenience sampling in the Brinnington area of Stockport. Snowball sampling was also used to achieve a quota of 28 participants, 14 of each gender. Each participated in a semi-structured interview with a trained healthcare worker, and then one of four focus groups: for males or females aged 20 or under, or males or females aged over 20. Key themes included general lifestyle, attitudes and behaviour related to sex and the opposite sex, and safer sexual practices. Projective techniques were used to minimize socially desirable responding.

Results

Knowledge of STIs is high across the sample, and rates of STI infection amongst peers routinely overestimated; yet participants consider themselves insusceptible to infection. Practical barriers, e.g. knowledge of how to use condoms and ease of procurement, are low, as are emotional barriers such as embarrassment in procuring condoms. Other barriers to condom use echo those found by other researchers: perceptions that condoms 'ruin the moment', cause lack of sensation, smell unpleasant, and are primarily contraception rather than contra-infection. Motivations towards condom use are less pronounced than the barriers, but include protection from infection (if this is perceived as a threat e.g. if do not know a partner or their history), prevention of regret about unprotected sex, or because a partner

insists on condom use. A high proportion of the sample used alcohol and cocaine on a weekly basis and engaged in sex without condoms.

The sample divided into 3 groups: the minority who practice safe sex, those who never intend to practice safe sex, and those who resolve to practice safe sex but fail to do so under the circumstances (mostly female). These circumstances are being under the influence of drugs (cocaine) and/or alcohol, on a Friday or Saturday night, when the primary aim of the night is to escape from the realities of their daily lives.

For this final group, resolutions appear to follow the value-expectancy theories previously described, but behaviour does not. For example, the TPB accounts for social norms both for and against safer sex, but particularly for control beliefs and behavioural beliefs, resulting in a positive resolution to use condoms. However the well-documented gap between intention and behaviour is exacerbated by stimulants and escapist factors associated with irrationality and risk-taking. For the other two groups, the TPB has higher predictive ability, as social norms, behavioural beliefs, past experiences and personal motivation to comply account more clearly for observed behaviour.

In addition, this research highlighted competitions between Chlamydia testing and condom use: testing had high uptake amongst young women, but was directly linked to low condom use, with frequent testing seen as sufficient protection from the long-term effects of Chlamydia.

Conclusions and Public Policy Implications

While this data supports the TPB in forming behavioural intentions, the results challenge the assumption that rational decision-making predicts sexual health behaviour in circumstances where apparently haphazard decision-making occurs under the influence of alcohol, drugs and a desire for escapism. Alternative 'escape' models are indicated, yet neglected in the social marketing literature. Controlling and 'safe' interventions may have the opposite effect if escapism is the objective for our target groups, encouraging us to look at more sexy and fun ways of promoting condom use. This also suggests that interventions near the time and place of casual sex are required to trigger the desired behavioural response, or, more promisingly, that the antecedents of unsafe sex should be addressed, i.e. the use of alcohol and drugs.

One of the most promising avenues is the role of women as gatekeepers: with higher perceived threat from STIs in terms of fertility, they also express more regret associated with emotional vulnerability and sex. However competing messages from healthcare providers (Chlamydia testing versus condom use) confound each other.

Finally, theory accounting for perceived personal invincibility needs to be developed: this phenomenon has been observed across a range of social marketing issues for this age group, such as dangerous driving and sun protection, and is hitherto unexplained.

We suggest that sexual health is one of many behaviours that we attempt to account for by rational decision making, but which needs to be considered in the light of emotional escapism, requiring development of alternative theory bases for social marketing.

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Consumer Perception and Engagement in Environmentally Sustainable Activities

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Introduction

The increase in consumer awareness of environmental concepts such as climate change, carbon footprints and sustainability, combined with the reported increase in willingness to act on environmental issues, has stimulated an interest in environmental marketing (Bonini, Hintz and Mendonca 2008; McDonald and Oates 2006). However, while consumers increasingly express their concern for the environment, there reportedly still remains a 'disconnect' with their actual actions and purchase behaviour. Ginsberg and Bloom (2004) found that while consumer surveys consistently show a preference to 'go green', the reality is that they are only willing to do so when other attributes such as price, performance and convenience are not compromised. Cleveland, Kalamas and Laroche (2005) identify the opposing roles individuals have as consumer, benefiting from modern amenities, and as conservers, leading an ecologically friendly life. This conundrum can explain why consumers' favourable attitudes toward the environment do not translate to an extensive adoption of pro-environmental behaviours. McDonald and Oates (2006) found that factors such as the effort required and the perceived difference to the environment are of fundamental importance to how sustainable activities are perceived by consumers. Consumers that consider the societal implications of their purchase decisions are more likely to hold altruistic values (Gilg, Barr and Ford 2005).

Based on the work of McDonald and Oates (2006), this paper presents an exploratory study which examines consumer perceptions of, and involvement in, environmentally sustainable activities. These consumer perceptions are then considered in relation to a pro-social behaviour orientation. The resulting insights provide implications for social marketers.

Method

This exploratory study builds upon the work of McDonald and Oates (2006), using their sustainability perception matrix to identify the degree of perceived effort (high or low) and degree of perceived difference (high or low) that consumers associate with 40 different sustainable activities. These activities were based on the original study, but adapted for the Australian context, relating to ethical purchasing, consumption and disposal behaviour, transportation, energy and water usage, community and social activities. The Self-Report Altruism scale (Rushton, Chrisjohn and Fekken 1981) was also utilised in our study to determine if prosocial behaviour could predict more favourable perceptions of difference and lower perceptions of effort.

Data was collected using an online survey from a convenience sample resulting in 138 responses. The sample profile had greater representation from females (59%), younger age groups (69% of the sample aged below 39 years of age), those more highly educated (58% with Bachelor degree and higher) and with higher household incomes. Respondents were surveyed on current behaviour regarding 30 environmentally sustainable activities and then asked to evaluate these activities based on perceived effort and impact on the environment. Findings were mapped onto the sustainability perception matrix developed by McDonald and Oates (2006). Participation in these activities was measured on a 3-point scale: *Never*, *Sometimes* and *Always*. The survey also required respondents to classify the same 30 sustainability activities, plus an additional 10 'once-off' activities, on a 7-point Likert scale for both perceived effort (1 for *Absolutely No Effort* to 7 for *A Lot of Effort*) and perceived difference (1 for *Absolutely No Difference* to 7 for *A Lot of Difference*). Finally, the study utilised the Rushton, Chrisjohn and Fekken (1981) Self-Report Altruism scale. Respondents were required to rate the frequency with which they have performed altruistic tasks, using the categories '*Never*', '*Once*', '*More Than Once*', '*Often*' and '*Very Often*'.

Results and Discussion

In terms of actual behaviour, the activities performed with the highest frequency were kerbside recycling (2.61), using local shops (2.46), not filling the kettle (2.45), donating items to charity (2.43) and buying low energy light bulbs (2.33). There was significantly less participation in the purchase of carbon offsets (1.36), the use of hankies (1.56) and car pooling (1.57) in comparison to the top five activities. Overall, consumers' self-reported participation in sustainable activities reflected indifference to or sporadic engagement in environmental concerns. The majority of respondents most frequently indicated they performed the activities *sometimes*. A small number of respondents (8%) were identified as more highly committed to these behaviours, *always* performing over half of the activities.

With regard to the perceived effort and difference to the environment, McDonald and Oates (2006) reported that only five activities were perceived in the same way by the majority of respondents. These activities all fell into the high difference / low effort quadrant: kerbside recycling; paper banks next to a photocopier; switching off lights; don't fill the kettle; and, turn down heating. Interestingly, the respondents in our study also placed these activities into the same quadrant, with the exception of paper banks at the photocopier which was not included in the study. However, our research revealed an increased number of activities that consumers agree take effort but make a difference. Please see Appendix 1 for the activities which received the greatest agreement in terms of perceived effort and difference. Twenty-eight of the activities were classified as making a difference by more than 75% of respondents. Of the remaining twelve activities, all were perceived to make a difference by more than half of the respondents. This finding is consistent with the McDonald and Oates (2006) study.

Activities that rated the lowest in terms of making a difference to the environment were: eating less beef (51.4%), ethical banking and investments (53.6%), putting a bottle in the toilet cistern (59.4%) and using hankies instead of tissues (59.4%). Respondent scores of the Self-Report Altruism (SRA) scale were considered as a predictor of more positive perceptions of, and participation in, sustainability activities. Respondents who placed the majority of the activities within the low effort / high difference quadrant were selected and identified as 'highly optimistic'. The mean SRA score of this sample was then compared to the mean SRA score of the study population. A two-sample t-test found a significant difference ($p=.0007$) between the samples. Therefore it is concluded that those respondents who are 'highly optimistic' have a significantly higher prosocial orientation.

Conclusion and Implications

This exploratory study sought to explore how Australian consumers view sustainable activities and to discover the varying degrees of commitment Australian consumers have to environmentally responsible behaviours. Evaluation of behaviour versus perception strongly suggests that consumers know what the 'right' thing to be doing is, but are not following through with action. There were a number of activities in the high difference and low effort quadrant that can be identified as habitual actions that are relatively easy to adopt. Many of these actions also carry the benefit of energy cost savings for the individual and are identified by Peattie (1999) as a "*why not?*" scenario. To encourage consumers to engage in more environmentally sustainable behaviour, marketers need to highlight either the minimal effort involved, where relevant, and the magnitude of the difference these activities make to the environment and to the consumers' own self-interest, whether altruistic or economic.

Appendix 1: Activities which achieved the greatest agreement in terms of both perceived effort and difference

		How much effort does it take?	
		Not much effort	A lot of effort
How much difference does it make?	A lot of difference	<div>Eco grocery bags 63%</div> <div>Kerbside recycling 59%</div> <div>Low-energy light bulbs 65%</div> <div>Not filling the kettle 63%</div> <div>Switching off appliances & lights 72%</div> <div>Turn down heating 69%</div> <div>Reading off computer screen 59%</div>	<div>High-efficiency gas or solar hot water 78%</div> <div>Mending or repairing items 64%</div> <div>Public transport 63%</div> <div>Walking or cycling instead of car 63%</div> <div>Car pooling 68%</div> <div>Rainwater tank 77%</div> <div>Double glazing windows 76%</div> <div>Insulation in roof, ceiling & walls 81%</div>
	Not much difference		
		Not much difference	

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Using a Projective Technique to Explore Consumer Awareness and Healthy Practices
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Introduction

Social marketing campaigns often concentrate on risk awareness to implement social change. For example, several healthcare institutions promote breast and cervical cancer screenings by informing consumers on the dreadful consequences associated with cancer (Talbert 2008). Similarly, combating drug or alcohol consumption often leads health organizations to use mass media educational programs to inform on the negative effects of drugs and alcohol on individuals' mental stability and health. The prominence of risk awareness campaigns is evident in the diffusion of "smoking kills" or "smoking is bad for your health" warnings on cigarette packaging. The main principle is to mass publicize the negative consequences of consuming the wrong products (i.e.: drugs, alcohol, cigarettes). Here, the consumer is understood as a rational individual who makes choices to fulfill his/her utilitarian needs; and the role of health institutions is to educate on how to make the good choice and avoid the risks of making the wrong choices. Although making healthy choices can fulfill utilitarian needs, it is questionable as to whether healthy practices result from a purely rational, informed and individualistic decision making process. As Bauman notes, individual choices, including making healthy choices, are contingent, not only education and availability, but also on the social rules and codes within society (Bauman 1995). Along with Bauman, this research considered health as a marker of identity and questions whether consumer awareness on the good versus bad consumption practices leads to healthy behavior.

The Study

Fifty three students in two different principles of marketing classes were asked to take three pictures of "good" consumer goods or consumption activities and three pictures of "bad" consumer goods or consumption activities that are relevant to their life as a student. Under each pictures, the students were required to briefly explain the rationale behind classifying the products or consumption activities as good or bad.

Six weeks after the photo-elicited account on good versus bad consumptions, the same students were required to construct a collage on "what are the things you do as a college student?" and write a three-page report explaining the different picture portrayed on the collage. The instructor did not refer to the previous project on good versus bad consumption and advised the students to use any material they required for their collage construction.

The primary goal of this two-step data collection was to investigate the relation between students' awareness on good versus bad consumption and their identities in relation to healthy behavior. Out of the 53 collages submitted, only 34 provided sufficient quality and details to be selected for the study.

Analysis and Discussion

Each collage was classified into two representations: unhealthy identities and healthy identities. Whilst the unhealthy identities collages illustrate the relevance of alcohol, junk food (fast food, ice cream or candies), caffeinated drinks (tea, coffee or energy drinks), and cigarette consumption as important aspects of students' identities; the healthy identity collage do not show images of unhealthy behavior. Out of the 34 collages, 29 showed unhealthy behavior (2 alcohol, 10 junk food, 8 caffeinated drinks, and 7 cigarettes).

The collages that represented cigarettes, smoking or cigarette brands (3 collages), Junk food (6 collages) and cigarettes and junk food (4 collages) were analyzed in association with the subject's photo-elicited account on good versus bad consumptions. Interestingly, each unhealthy identity collages had been constructed by students who classified smoking and junk food consumption under bad consumption activities. Such finding shows that risk awareness do not necessarily lead to healthy behaviors. As Berger and Rand note, "people who are aware of the risks still continue to engage in detrimental health behavior" (Berger and Rand 2008, p. 508).

Another appealing finding is the lack of alcohol representation in both the identity collage and the photo-elicited account on good versus bad consumptions. The students who participated in this study were 94% Muslims. According to the reading of the Qur'an and the Prophetic tradition, alcohol consumption and gambling are perceived as a social problem. As such, alcohol was not considered by the students as being part of their students' identity, and hence alcohol was not represented under "bad" consumption.

Conclusion

Risk awareness campaigns such as 'smoking kills' or 'Sugar The Gateway Drug' publicize the negative consequences of consuming the wrong versus the right products or behaving as a bad versus a good individual. These oppositional and binary perspectives on promoting healthy behavior rely on fixed and rational normative standards of judgment. While this manuscript does not argue against a binary perspective on healthy behavior, for it is necessary to inform consumers on the negative side effects of consumption practices, this study shows a second order of consideration: the social dimension of health.

College students may be aware of the risks associated to smoking but continue to smoke to appear cool and invincible, or they may drink alcohol to appear strong and masculine. In these examples, students' social identity leads to adopt unhealthy behavior. Just as social identity may lead to unhealthy behavior; this study shows that social identity may lead to healthy behavior. Specifically, being a member of the Muslim community leads students to reject alcohol from their behavior but also from their identity. Consequently, understanding the social dimension of healthy consumption practices may help social marketers to promote health as a positive social marker of consumer identity and ultimately improve consumer health.

Further research could investigate the temporary engagement in healthy behavior and its relation to social identity. To illustrate, consider the way pregnancy influences most women to give up alcohol, caffeine, cigarettes, sugar, and adopt a healthy lifestyle. In most religions, birth is a sacred gift from God. As such, the social identity of a woman preparing to give birth is considered blessed or sacred and her social identity contaminates her consumption behavior (Balin, 1988; Granquist, 1947). In this case, a temporary social identity leads to healthy behavior.

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Going Upstream: The New 4Ps of Social Marketing & Social marketing Warfare

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This paper proposes a new 4Ps paradigm for social marketing that explicitly acknowledges that upstream interventions are essential for long term behaviour change.

The two major approaches to health and wellbeing in society are exemplified in the Public Health approach (appendix 1), with its beginnings in the 19th century and its (then) focus on social conditions influencing health & wellbeing (Mackenbach, 2009), and the more recent Ottawa Health Promotion Charter of 1986 (appendix 2) which followed the shift in emphasis from health *education* to health *promotion* in the sense of adopting more persuasive techniques and structural change rather than just relying on information alone to induce behaviour change. This paper's view is that, in the spirit of Kotler and Zaltman's (1971) original definition, *social marketing* is seen as providing the practical tools for effectively operationalising and actualising the conceptual frameworks and goals of health promotion and public health, and, in its consumer orientation and concept of exchange, providing a more innovative & creative mindset to program planning and intervention. Early applications of marketing in health were mainly through health promotion and public health education interventions in the developed and developing worlds respectively.

Although health promotion as practiced in the 1980s and even to date has focused largely on targeting individuals to change their undesirable (lifestyle) behaviours, the Ottawa Charter explicitly recognised the importance of structural issues and encouraged a more ecological approach to behaviour change. This was stimulated by public health officials increasingly adopting health promotion techniques to promote public health messages and bringing their broader, upstream view to health promoters. As acknowledged by Donovan & Henley generally in 2003 and explicitly in recent social marketing books (Andreasen, 2006; Kotler and Lee, 2009), there is a clear opportunity and need for applying marketing principles and tools to upstream interventions to achieve changes in social and structural determinants of health and wellbeing.

Incorporating the concepts of the Ottawa Charter and the public health paradigm in a marketing approach acknowledging upstream interventions suggests a 'new' additional 4Ps for social marketing. As for the traditional 4Ps marketing mix (Product, Promotion, Place & Price) that when properly executed, resulted in an integrated approach that optimised *and sustained* purchase and consumption behaviours, these 4Ps represent four goals that must be considered for any social marketing intervention to achieve long term goals of health and wellbeing. [Maibach et al (2007) and Cohen et al (2000) have proposed related but more limited frameworks].

These 4P goals are to achieve:

- changes in **people** so as to reduce the **population** prevalence of individual undesirable, unhealthy or risky behaviours (e.g., smoking rates; physical activity; incidence of child abuse; etc) and increase the prevalence of desirable behaviours.
- changes in the design and/or marketing of **products** people use or consume that impact on health and wellbeing (e.g., healthier food products; restrictions on alcohol marketing).
- changes in the design and/or marketing of **places** where people live, work and play so as to reduce harm and enhance wellbeing (e.g., safer children's playgrounds).
- changes in **political** structures so as to ensure increased equality of access and opportunity in society (e.g., increased allocation to education rather than elite sport).

Hence, a comprehensive social marketing program targets

individuals to encourage them to change their individual unhealthy and undesirable beliefs, attitudes and behaviours so as to achieve **population** prevalence changes (e.g., targeting men who use violence

against their partner to seek help, householders to reduce electricity use; changing racist or gender or mental illness stereotypes; etc).

individuals with either the power to influence the manufacture and marketing of consumer and industrial **p**roducts and services or their regulation so as to eliminate, modify or restrict access to unhealthy and undesirable products and promote the development and marketing of healthy alternatives (e.g., regulation of 'sin' products, including guns; making motor vehicles safer in collisions; safer toys; stricter building regulations; low-alcohol/fat/sugar/salt alternatives; mandatory additives in some products; carbon emission reduction technology; slower operating poker machines; etc).

individuals with the power to make changes to and regulate activities in **p**laces where people congregate (e.g., work sites; schools; recreational areas; institutions/hospitals/prisons; sporting venues; etc) so as to facilitate healthy, positive behaviours and reduce risky behaviours (e.g., safe exercise areas; safe serving practices in bars; regulations to prevent overcrowding; shade sails over swimming pools; reduction of lead emissions; safe rail crossings; canteens with healthy foods; no-smoking areas; urban design to reduce crime; automatic teller machines banned from gambling venues; etc).

individuals who have **p**olitical power to determine the allocation of a society's financial and other resources and to change public institutions such as the media and the law, and government bureaucracies such as education and health services, so as to ensure equality of access and opportunity as per the Universal Declaration of Human Rights.

Traditional marketing is most applicable at the population level. For the place and product levels, advocacy strategies are incorporated in the marketing approach. As we go further upstream to achieve political changes, advocacy merges into activism and it is in this area that public health professionals and social marketers need to cooperate with and learn lessons from the social movement literature (see Ackerman and Duvall, 2000).

The US National Academy of Sciences' Institute of Medicine (2000) report into social and behavioural intervention strategies for health concluded that although environment based strategies have greatest population effect, far more progress had been made in developing individual oriented interventions than environmental oriented interventions. The new 4Ps are a way to help redress this situation. However, to achieve this turnaround, future applications of social marketing will need to work alongside practitioners in, and incorporate lessons and principles from, areas such as social & legal activism, social mobilisation, social medicine and even liberation theology. It is suggested that the marketing approach most applicable for countermarketing and advocacy/activism is that of the (briefly popular) metaphor of *marketing warfare* (Kotler and Singh, 1981). Marketing warfare is considered most applicable for saturated markets, where growth is only available via capturing market share. Given the fight for budget allocations, particularly in an uncertain financial future, the applicability of marketing warfare concepts for high level policy and political change is compelling.

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Appendix 1: Public Health approach

- **Determine what is the problem via systematic data collection ('surveillance') (e.g., extent and nature of violence against women; prevalence of substance use among tweens and teens). This is particularly important for setting relevant goals, including behavioural objectives.**
- **Identify risk and protective factors via epidemiological analyses and attempt to identify causes (by experimental and other methods) and other effects in various groups. Such analyses are particularly important for target audience identification.**
- **Develop and implement interventions to see what works, why and for which groups.**
- **Apply the efficacious interventions population-wide, assess their impact and cost-effectiveness.**
- **Continue surveillance, data analyses and modification of interventions.**

Appendix 2: Ottawa Charter

Signatories to the charter made the following pledge:

- **to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;**
- **to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;**
- **to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;**
- **to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;**
- **to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;**
- **to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.**

Normative Feedback Interventions: What happens when perceptions of heavy drinking correctly reflect actual behaviour?

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Introduction

Student drinking is a persistent problem in New Zealand (Kypri *et al.*, 2009). Furthermore, students in Residential Colleges tend to drink more heavily than their non-residential peers (Kypri, Langley and Stephenson, 2005). The most widely adopted interventions to address problematic student drinking are social norms and personalised feedback interventions. Normative interventions rely on the assumptions that norms guide behaviour and that people misperceive average drinking norms (Lewis and Neighbors, 2006a). Therefore, heavy drinking is targeted by correcting misperceptions and informing heavy-drinkers that there is a discrepancy between their drinking behaviour and the drinking behaviour of the average individual (Schultz *et al.* 2007).

Research outcomes on the accuracy of students' perceptions of others' drinking have been conflicting. Some research has found students overestimate others' drinking (Baer, Stacy and Larimer, 1991; Kypri and Langley, 2003; Perkins, Haines, and Rice, 2005). These misperceptions tend to be gender-specific (Lewis and Neighbors, 2006b). However, other research has found students were accurate or even underestimated others' drinking (Wechsler and Kuo, 2000). The present study further examines the relation between students' actual and perceived drinking norms in the context of developing a social norms message for a subsequent intervention. Additionally, injunctive norms, judgements of own behaviour, and perceptions of peer pressure were also examined. This study extends past research by employing a weekly web-based diary to measure consumption at three time points. Furthermore, a more rigid method for calculating actual alcohol consumption was employed. A normative message based on the data is outlined in the discussion.

Method

Participants were 198 first year students (124 = female, 74 = male), residing in one of five Residential Colleges at Otago University. Students were informed that the study was on student behaviour. Although both drinkers and non-drinkers took part, only participants who reported drinking on the time point in question were included in this analysis. Data from weeks two (N=181), eight (N=139), and six months (N=116) were included. Attrition rates for the sample between week two and week eight were 38% and between week eight and six months was 31%. Average alcohol consumption did not vary between those who remained in the study and those who dropped out. Students were entered into a prize draw to win small consumable prizes as an incentive for participation. This study is part of a larger longitudinal study.

Alcohol consumption and descriptive norms were measured on weeks two, eight, and six months. Students were emailed the link to the survey on a Monday and had one week to complete their entries for the previous weeks drinking. On days in which they consumed alcohol they indicated the duration of the drinking period and what they consumed. A research assistant calculated the number of standard drinks from the alcohol entries. Descriptive norm questions were gender specific. Students were asked "how many drinks a typical first year student of the same gender as you would consume on any one occasion when drinking alcohol". Injunctive norms were measured at six months. Students were asked to indicate the minimum and maximum number of drinks considered acceptable on any one occasion. They also indicated how many standard drinks on any one occasion constitutes binge drinking, whether they would like to drink less, and whether they felt that they had to drink to meet others expectations.

Results and Discussion

Based on guidelines by the Alcohol Advisory Council of New Zealand (1995), 87.5% (male= 79.2%, female= 88.7%), of the sample were classified as heavy drinkers (females > 4 standard drinks, males > 6 standard drinks). The average number of drinks consumed per drinking occasion for females was 9.50 standard drinks and 12.07 standard drinks for males. Students did not overestimate drinking norms. A paired *t*-test comparing actual and perceived alcohol consumption for males and females for each of the three time-points revealed two differences. Females significantly underestimated drinking norms at week two and eight. For males, there were no significant differences between actual and perceived alcohol consumption. The average number of standard drinks for actual and perceived drinking for the three time-points is presented in Table 1. The number of students included in the *t*-test varies to the overall sample due to incomplete data concerning alcohol consumption.

Table 1: Means for actual and perceived number of standard drinks per drinking occasion, by gender and time point.

	Female			Male		
	Actual	Perceived	Sig.	Actual	Perceived	Sig.
Number of standard drinks (wk2)	9.2	7.0 (74)	.002	11.2	10.6 (51)	.623
Number of standard drinks (wk8)	9.2	7.4 (49)	.005	12.4	12.3 (27)	.982
Number of standard drinks (6mths)	8.9	7.8 (60)	.153	10.9	13.0 (24)	.092

Note: Number in parentheses indicates the number of participants included in the analysis.

The injunctive analysis revealed that the number of drinks considered to be binge drinking (males = 13.05, females = 9.33), fell within the average number of standard drinks perceived to be acceptable (Males minimum acceptable = 3.68, maximum acceptable = 16.68; females minimum acceptable = 2.29, maximum acceptable = 10.33). It can be deducted, therefore, that participants perceived binge drinking to be acceptable. A need for an intervention was evidenced by the high level of consumption, participants' indications that they wanted to drink less (males = 38.5%, females = 32.3%), and that they felt that they had to drink to meet others' expectations (males = 48.7%, females = 22.2%).

Conclusions and Implications

The results of this research revealed that the majority of the sample were engaging in heavy drinking. Furthermore, findings showed that student's normative perceptions were largely accurate. The data, therefore, did not meet the fundamental requirement for normative interventions that there must be a misperception between norms and actual behaviour. A normative intervention overcoming the need for a misperception is currently being trialled. Specifically, the messages were worded to state "First year males in Otago Residential Colleges last year believed that when consuming alcohol it was acceptable to drink as few as 2-5 drinks on any one occasion". For females the number of standard drinks was modified to 1-3. The longitudinal nature of the study extended past correlational research by examining how the relation between norms and behaviour varied over time. Furthermore, the coding of

actual drinks into standard drinks extended past research that has relied on students to calculate the number of standard drinks consumed.

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Text messaging as a behavioural intervention tool: Can it increase physical activity?

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Introduction

This paper outlines a longitudinal study examining the effectiveness of an intervention employing informative text messages to modify physical activity (PA) behaviour. Text messages have recently been employed for the purposes of health communication. Previous research using text messages has aimed at improving smoking cessation levels (Rodgers *et al.*, 2005), adherence to an insulin regimen (Franklin, Waller, Pagliari and Greene, 2006) and assisting in the aftercare of those with Bulimia Nervosa (Bauer, Percevic, Okon, Meermann and Kordy, 2003). This study examines the use of text messages to communicate health information about PA. Specifically, the study investigates how text messages influence the PA behaviour of participants that met World Health Organisations (WHO) PA levels and those that did not. Three previous studies have examined the use of text messages to change PA. Newton, Wiltshire and Elley (2009) assessed the affects of motivational text messages on PA levels on 11-18 year olds with type one diabetes using pedometers. Hurling *et al.*, (2007) looked at the impact of an internet and text message intervention on accelerometer readings. Hurling, Fairley and Dias (2006) also examined the influence of tailoring text and internet messages on psycho social measures relating to PA.

The present study examined whether an intervention using daily informative text messages achieved behavioural change in PA. Specifically, the influence of the intervention on total PA minutes and days active per week was examined. WHO recommendations suggest that individuals should be active three to five days a week (WHO, 2010). The study therefore focused on whether the text message intervention was effective at modifying the behaviour of those classified as insufficiently active by WHO recommendations. This research extends on past research examining the use of text message to convey health information by applying the method to a sample of active and insufficiently inactive healthy students. It also extends on previous research examining the influence of text messages on PA by investigating the modification of days active per week.

Method

Participants included 154 (24.7% males, 75.3% females) University of Otago students over the age of 18 (mean age=21.64). An incentive of a prize draw for \$50 supermarket vouchers was offered. Data collection took place between February and April, 2009 through the use of five online surveys.

The study consisted of three phases. The first phase required students to complete an online survey collecting demographic information. In phase two, baseline measures of PA were collected for one week through an online survey based on the International Physical Activity Questionnaire (IPAQ). Participants were not exposed to PA text messages during phase two. During the three week intervention phase (phase 3), participants received PA messages daily. The messages were developed and pre tested for relevance before the experiment. An example message includes '150mins of cmbind moderate & vigorous physical activity per wk is beneficial'. No participant was exposed to the same message twice. Participants were required to record their PA levels weekly through the IPAQ based surveys during the intervention phase.

Participants were categorised as active or insufficiently active to determine whether individuals with different baseline rates of PA responded differently to the intervention. Categorisation was based on either meeting WHO recommendations of 150 minutes of PA

per week ($n=103$, 66.9%) or not ($n=51$, 33.1% insufficiently active) during their baseline week. To examine behavioural outcomes as a result of the intervention, a variable was generated to represent participants increasing their total PA minutes per week at any stage during the treatment phase. Those that increased their total PA minutes per week during the treatment phase were grouped as having positively modified their behaviour. The same variable was also created for those that positively modified the number of days per week they were physically active.

Results and Discussion

Intervention effectiveness was determined by examining how many individuals increased their total PA minutes per week at some point of the treatment stage. The majority of students increased their PA levels in comparison to their baseline levels (62.3%). Moreover, individuals not meeting WHO recommendations were more likely to increase their PA levels (72.5%) than were individuals who met WHO recommendations of PA (57.3%). This difference, however, was not significant ($\chi^2=3.39$, $df=1$, $p=0.07$).

Increasing the number of days physically active is also important for promotional initiatives involving PA. To determine how many individuals increased in the number of days physically active in comparison to baseline, the variable representing an increase in days active during the treatment stage was examined. In comparison to their baseline, 53.2% of all participants increased in the number of days active at some stage of the treatment phase. Chi-square analysis found those meeting and not meeting WHO recommendations were significantly different for increasing in days active during the treatment stage ($\chi^2=7.246$, $df=1$, $p<.01$). Participants not meeting WHO recommendations were more likely to increase days active at some stage of the treatment phase (87.5%) than were those that met WHO recommendations (45.6%).

These findings illustrate the effectiveness of text messaging in modifying PA behaviour. Furthermore, analysis revealed that the intervention was particularly useful in changing the behaviour of insufficiently active individuals. The present findings corroborate with the emerging body of research showing text messages to be successful in achieving positive behavioural change (Fjeldsoe, Marshall and Miller, 2009). Moreover, this was the first study to show text messages to be effective at influencing the number of days active. Text messages were, therefore, found to be a useful tool for behavioural change.

Conclusion & Implications

The results of this research showed text messages as a health intervention tool to be effective in modifying physical behaviour within a student sample. Specifically, health information communicated through text messages increased participant's total minutes of PA and the number of days they were physically active per week. Most importantly, the intervention was significantly more likely to positively modify behaviour of insufficiently active participants. However, further research would need to examine the long term effects of text message exposure on physical activity, including a six month follow up.

The present findings add to the growing body of research revealing the usefulness of text messages for disseminating health information. In particular, this research demonstrates the usefulness of the medium to disseminate health information amongst a non clinical sample of students.

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**Creating credible and persuasive messages to address alcohol use during pregnancy:
results from formative research**

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Introduction

Acknowledging that formative research with the target audience guided by cognitive and behavioural models strengthens the potential for advertising concepts to be salient and persuasive (Maibach and Parrott (eds.), 1995), the Preventative Health Taskforce has advocated for “carefully planned, targeted and research-based social marketing and public education” to address alcohol consumption in Australia (National Preventative Health Taskforce, 2009, p. 10). This paper describes the first stage of a formative research project to develop advertising concepts for the prevention of alcohol use during pregnancy.

Alcohol use during pregnancy is a topic characterized by confusing and sometimes contradictory messaging and policy (O'Leary, Heuzenroeder et al. 2007). This, in conjunction with inconclusive scientific evidence regarding the impact of alcohol exposure on the fetus, creates a number of challenges when it comes to creating persuasive and credible communication. Theoretical models such as the Protection Motivation Theory (Rogers 1975) and the Extended Parallel Processing Model (Witte 1992) describe elements essential for behaviour change which may be made more salient through communication. With this theoretical focus, we conducted formative research with a sample of the target audience to gather information on how they perceive the threats associated with prenatal alcohol exposure, barriers to abstinence from alcohol during pregnancy, and motivations for behaviour change. Content and execution elements which may enhance the credibility of messages and minimize counter-argument were also identified.

The concept development stage comprised two phases. Initial focus groups elicited data guided by conceptual frameworks from cognitive and behavior models. These data were used to develop four concepts addressing existing attitudes and beliefs, motivations for behavior change, and facilitators and barriers to abstinence from alcohol. Further focus groups explored the effectiveness of these concepts (and variations of each) to identify specific executions and copy that would have the most impact on increasing women's intentions to abstain from alcohol during pregnancy.

Method

Phase one

Four focus groups were conducted with women of childbearing age, including pregnant women, in Perth, Western Australia during 2009. Focus groups were stratified by socioeconomic status and alcohol consumption. A semi-structured topic guide sought to gain information on participants' attitudes, beliefs and experiences regarding pregnancy, behavior change for pregnancy and alcohol use during pregnancy. This phase was designed primarily to elucidate women's motivations for and barriers to behavior change during pregnancy, as well as information on the context of alcohol consumption during pregnancy. Data were transcribed verbatim and analysed thematically with reference to cognitive and behavioural models. From these data, four concepts (with some sub-variations) were developed into storyboard format for testing.

Phase two

Four focus groups were conducted with women of childbearing age, including pregnant women. One focus group was also conducted with fathers of young children. Again focus groups were stratified by socioeconomic status and alcohol consumption. Participants

provided individual written feedback through a questionnaire comprising closed and opened-ended standard copy testing questions such as main message, intention to adopt the recommended behavior as a result of viewing the concept, relevance and believability. A structured discussion then sought participants' feedback on motivating and attention-grabbing content and execution elements.

Results

Phase one

Participants knew that a reduction in alcohol consumption tending towards abstinence was recommended for pregnancy. 'Binge drinking' or 'getting drunk' was understood to pose a risk to the fetus, though there was skepticism and confusion regarding the risk related to low or moderate alcohol use. The potential risks of prenatal alcohol exposure for the fetus had low salience. A key motivation for women to abstain from alcohol was to minimize the generalized fear that something could go wrong. Women wanted to have peace of mind and feel that they were in control and doing the best that they could to support the health of the fetus during pregnancy. Women who were pregnant and who had been pregnant reported that health professionals' advice to avoid alcohol supported their decision to abstain, but that conflicting information and the opinion of some health professionals that it was fine to consume small amounts of alcohol also served to undermine this decision.

Based on these results the communication objectives were set, with a focus on reinforcing existing beliefs that abstinence during pregnancy is optimal, and challenging the notion that low to moderate consumption is risk-free. Four concepts (titled *Partner*, *Best Friend*, *Woman* and *Obstetrician*) were then developed for testing in Phase two.

Phase two

The key messages perceived by participants closely matched the intended communication objectives for all concepts. One concept (*Obstetrician*) was found to have the most impact and effectiveness on the majority of measures, suggesting good potential for further development and quantitative testing. Group discussion regarding the *Obstetrician* concept indicated that participants were motivated by the inclusion of explicit information about alcohol use during pregnancy, acknowledgement that scientific evidence was not definitive with respect to small amounts of alcohol, and by the delivery of information by an expert source.

Discussion and Future Research

In support of the current national alcohol guidelines which recommend that "not drinking is the safest option" for pregnant women and women planning a pregnancy (National Health and Medical Research Council, 2009, p. 5), concepts designed through this project address the behavioural objective of abstinence from alcohol during pregnancy. This formative research indicates that concepts which provide explicit information regarding the risk and consequences of alcohol use during pregnancy may be effective in increasing women's intentions to abstain from alcohol during pregnancy. Furthermore, the delivery of this advice from an expert source such as an obstetrician may not only serve to strengthen the message, but also could serve to reduce confusion and counter-argument. Explicit acknowledgement that scientific evidence is not definitive also reduces counter-arguing. This approach will be tested quantitatively through a survey with the target audience in 2010 to confirm its potential efficacy for increasing women's intentions to abstain from alcohol during pregnancy.

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**Responsible drinking: Constructing alternate subject positions
within a culture dominated by intoxication**

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Introduction

To date, alcohol literature has focussed on the harmful effects of excessive alcohol consumption. What is less well understood are the factors influencing why individuals prefer to practice responsible consumption (Lindsay, 2006; Stimson 2006). Rather than belonging to the prevailing culture of intoxication, there is an emerging subculture of young adults who prefer to create credible identities without consuming excess amounts of alcohol (AIHW, 2007). These individuals possess little desire to be recognised as part of the dominant norm, actively resist the dominant norm, and/or opt out of belonging to the prevailing culture of drunkenness-oriented drinking (Fry, 2008). To be a young adult and not drink suggests a contradiction to contemporary constructions of identity and sociability associated with alcohol consumption. Thus, coexisting within a youth culture of intoxication is a parallel construction of social identities that requires individuals to create meaningful subject positions in a legitimate non-drinking culture.

This paper contributes to alcohol knowledge by examining young adult's constructions of credible identities without consuming alcohol to excess. Specifically, this paper explores the relationship between social identity and consumption as a process and practice through which responsible drinking identities are constructed. Understanding discourses of young people who create a legitimate culture of 'responsible' drinking offers valuable insight into the motivations for opposing the powerful norm of drunkenness-oriented drinking. This insight is critical for the ongoing development of relevant prevention strategies targeting young adult intoxication.

Method

Narrative theory approach guided the methodology for analysing young adult responsible drinking behaviour. This qualitative interpretive approach encourages exploration of participants 'lived' experiences and make sense of these experiences through an organised telling of experiences (Fisher 1987). The narrative surrounding the performance assists young adults to establish meaning for the self within a wider social cohesion of peers and solidify these meanings as social practices. Narrative theory is an ideal framework to gain meaningful understanding of how participants constitute their identity as responsible drinking social actors within a broader discourse related to drinking.

Six focus-groups of 48 young adults aged 18-25 years were interviewed. Participants self-categorised as 1) non-drinker or 2) infrequent drinker. Non-drinkers (n=18) disliked the aroma of alcohol, its taste, and/or the behavioural effect of excessive consumption. Infrequent drinkers (n=30) limited their alcohol consumption, were cognisant of consumption levels when socialising taking precautions to maintain 'within blood alcohol limit' levels and did not consume alcohol on a daily or weekly basis. Within the sample there was no mention, despite prompting, of experiential avoidance trigger where a non/infrequent drinking identity was the result of negative intoxication experiences.

Data was analysed using a modified constant comparative method (Wooten, 2000). The interviewer and senior researcher read through transcripts independently establishing thematic categories reflecting characteristics of responsible drinking social identity. Several minor modifications were enacted through this process resulting in the final specification of non-drinking social identity themes as identified in the following discussion.

Results and Discussion

Alternate subject drinking identities were constructed from broader life ambitions which, in turn, provided meaningful reasons for avoiding states of intoxication. Three key categories of alternate subject positions emerged. The *healthy/sporty subject position* was legitimised within discourses elaborating on the physical and mental impacts of sporting health and wellbeing; preparedness for sporting engagements and participating as part of a team. For the *academe subject position* the potential impact on the future in terms of opportunities lost or gained was paramount. Loss of licence, police conviction, loss of independence and limiting professional opportunities were of central concern. Finally, a *religious subject position* facilitated legitimacy for inclusion within a specific community bound by rules, beliefs and moral structure where the construction of an alternate subject position is related to cultural beliefs embedded within broader society. Common to all subject positions was the expressed desire to achieve the most out of life and acquiring relevant skill sets to build a foundation for the future.

Managing the leisure experience created challenges in how responsible drinker's negotiated alcohol-infused environments. Four key strategies emerged: 1) intoxication culture avoidance, 2) integration without alcohol, 3) integration with alcohol, and 4) responsibility role identification. For some, socialising beyond rather than within, alcohol-fused environments enabled a purposeful construction of non-drinking identity through 'avoidance' which over repeated performances yielded a 'them' versus 'us', exclusionary, 'not belonging' perspective. Rather than excluding themselves the dominant culture, others actively socialised within alcohol infused environments while maintaining their non-drinking identity. Implicit in the acceptance of the non-drinker within the drinking group was the invisibility of the individual's non-drinking identity. Non-drinking status was overshadowed by the individual's personality as 'hyper' which facilitated acceptance of the individual as cool and fun. The third strategy was to 'integrate with alcohol' rendering the infrequent drinker as invisible. Part of the rouse involved holding a drink, 'filling up' drinks with soft drink, counting drinks, or swapping partners empty glass. The key signifying element of involvement in the drinking culture was the alcohol vessel which illustrated the accoutrement of use and becomes the central element signifying membership. The final strategy was to assume a functional role such as designated driver or group carer.

Conclusions and Public Policy Implications

This study demonstrates the complex interrelationship between an individual's legitimate responsible drinking subject position and the collective space where interaction or non-interaction with the intoxication culture occurs. It is clear non/infrequent drinkers conform to an alternate construction of social identity operating in opposition, and parallel, to the norm of drunkenness. Performance and management of the non/infrequent drinking self within the intoxication space exemplifies a high level of complexity with a myriad of tactics and coping strategies adopted to maintain their subject position. In order to make progress towards a culture that embraces moderate drinking policy makers need to embrace construction of alternate subject positions as relevant, acceptable and viable identities. Prevention strategies advocating non-consumption by addressing risks and harms of excessive alcohol consumption or taxation of alcohol products are insufficient alone. Engaging a wider dialogue beyond consideration of 'those who drink to excess' offers valuable insight into the motivations for opposing the powerful norm of drunkenness-oriented drinking.

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The Role of Social Marketing in International Development
Lessons from the 'Fantastic Mom' project in Indonesia

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Introduction

In 1952, G. D. Wiebe asked the question, “Why can’t you sell brotherhood like you sell soap?” In the almost 60 years since then social marketers have attempted to answer that question by developing and testing marketing models and theories and applying them to social issues. The introduction of social marketing to international development has brought these theories and models into contact with those of poverty reduction and community development, enlarging the size and scope of the toolbox for academics and practitioners alike, and highlighting new and existing challenges.

One issue facing those integrating social marketing into international development is dealing simultaneously with the micro level of individual behaviour and the macro level of partnerships in the complex environment of international development. For the micro level, Kotler and Zaltman (1971) advised, “Social marketing requires that careful thought be given to the manner in which manageable, desirable, gratifying and convenient solutions to a perceived need or problem are presented to its potential buyers.” On the macro level, Lefebvre (2006) noted that there needs to be “commitment to participation and action by both key decision makers and staff.” The field of international development brings another set of issues, including capacity building and international relations.

This paper examines these issues in reference to a social marketing project in Indonesia. The ‘Fantastic Mom’ project was conducted in 2004-5 and aimed to reduce the incidence of diarrhoea in children under the age of five. USAID funded the Johns Hopkins Centre for Communication Programs (CCP) to design the project,¹ with several US-based NGOs, such as Save the Children, integrating the project into their development work with local partners, including NGOs, universities and religious groups, including the Coalition for a Healthy Indonesia (KulS), an alliance of NGOs, community groups and the private sector. Other international agencies, such as the World Bank and UNICEF, were consulted and results shared.

Method

At the micro level, CCP research found that diarrhoea affected three in every 10 people in Indonesia. Diarrhoea is the number two killer of Indonesian children under five, causing 13.2% of deaths. The research found low awareness among mothers and caregivers of the benefits of washing hands with soap to prevent diarrhoea. Whilst soap was relatively affordable and available, handwashing was considered a learned behaviour and the connection to diarrhoea was not understood. Introducing the importance of clean, running water and the use of soap was a challenge. At the macro level, action was difficult to mobilise. The Indonesian government, whilst committed to this project, was challenged by restricted funds and limited capacity to coordinate several departments at national and local levels, plus international agencies.

The traditional development approach might have been to distribute soap and instructional information through government agencies. However, a different approach was required to overcome the significant inertia. The project required the creation of collective action through

¹ The author was employed by Ogilvy, the marketing agency which designed and helped execute the campaign.

a handwashing movement that galvanised the parents as well as the key influencers and partners. This included the central figure of the Fantastic Mom, who was an inspiration for all mothers. Messages were delivered through a jingle, music and dance competitions, radio spots and other media. Mothers tried new behaviours at carnival-style roadshows with handwashing competitions and volunteers from local community and religious groups. Who wouldn't want to be a Fantastic Mom?

Results and Discussion

The roadshows and media campaigns helped the messages reach more than 10 million people. At the micro level, the evaluation at the end of the first year recorded an increase in audience awareness of the benefits of handwashing with soap from 45% to 85%. There was also an increase of those who reported practicing handwashing with soap from 35% to 56%. Two large companies, Unilever and Wings, launched soap product campaigns, utilising the project's messages in areas not already reached, working with KuIS and partners.

One of the key capacity challenges impeding the project included the availability of clean, running water. This showed that social marketing campaigns cannot overcome structural issues, such as infrastructure, however they play a vital role in highlighting these issues for governments, donors and partners. Whilst the Fantastic Mom project was limited by the availability of clean water, implementing it led to additional water and sanitation programs undertaken by the World Bank and UNICEF, working with key government agencies.

Another capacity challenge was that funds were not available beyond the first year, making impossible sustained behaviour change and expansion of project coverage. Government support was weak, partly reflecting limited human and financial capacity. The preference of the international development partners to work with local NGOs, meant that national and local government involvement, and therefore support, was limited. A lack of government support can lead to a lack of donor support, whose programs largely respond to government direction as part of international negotiations on foreign policy and development agendas.

Conclusion and Public Policy Implications

The results of the Fantastic Mom project show that social marketing can contribute to improved international development and poverty reduction outcomes. A quality marketing campaign and strong partnerships are vital to success. Each influences the other, showing the macro and micro levels are both important (Lagarde et al, 2005). Behaviour change requires time and resources to ensure participants have adequate opportunities to learn and adopt new behaviours. The project also demonstrates the limits of social marketing, for example in relation to capacity and international relations issues, with further work needed to understand this better. The challenges and opportunities of international development must be taken into account, especially local and national influences, donor relations and commitment of partners. An important implication is that you need to sell brother- (and sister-) hood just as much as you need to sell soap.

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Evaluating a Small Grants Approach to Support Local Nutrition Promotion Activities Linked to Two Social Marketing Campaigns in Queensland

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Introduction

Since 2005, Queensland Health has supported two statewide nutrition social marketing campaigns; *Go for 2&5*[®] which aims to increase the consumption of fruit and vegetables, and *Eat Well Be Active* which aims to improve the adoption of a healthy lifestyle. Central Regional Services supported these campaigns through the encouragement of local nutrition promotion activities and partnerships via a small grants approach. This included two small grants projects for *Go for 2&5*[®] in 2006 and 2007, with the latter focusing on Aboriginal and Torres Strait Islander communities, and one for *Eat Well Be Active* under the Australian Better Health Initiative banner in 2008.

Small grants processes are often perceived to help initiate activity, motivate for a change in practice or investment mix, and generate collaboration; measuring this concept, however, is challenging. Glasgow, Vogt, and Boles (1999) argue that public health impact considerations should consider reach, efficacy, adoption, implementation, and maintenance of the initiatives. Hawe *et al.* (1997) similarly suggest that health outcomes in populations are the product of the size of effect of the intervention; the reach or penetration of the intervention into the population and the sustainability of the effect. Authors suggest that maintenance and sustainability is the most crucial factor, contributing to capacity building and community building (core principles of population health practice), and therefore a more realistic outcome for a small grants approach may be investments in people and partnerships rather than the interventions delivered. Despite limited data being available about small grants processes and outcomes, the approach is increasingly popular from a funder and recipient perspective.

This evaluation project aimed to capture benefits of the small grants approach, particularly sustainability of nutrition promotion activities, skills gained and used in other areas, and local partnerships, to determine its feasibility as an ongoing team investment.

Method

The RE-AIM model was used to guide the development of a mixed-method evaluation approach which included a review of existing project documents, written questionnaires, and semi-structured interviews with a sample of grant recipients. Questionnaires were distributed to original grant recipients, their line manager or another staff member. Two follow up processes by telephone and e-mail resulted in a final response rate of 85.3% (29/34). There were 29 statements and questions grouped into the following areas of interest: project implementation, funding, training, project management and implementation, new partners and improved services. Interviews sought to gain greater depth of understanding and built on the information already collected.

The RE-AIM Dimensions

Preliminary project findings highlight that the small grants approach was popular and, with support, recipients were able to report on the process and reach of the interventions (reach, efficacy, adoption and implementation). Capacity building or sustainability (maintenance) was less definitively captured however, which poses the question “what is realistic to expect in terms of sustained nutrition promotion activity through a smalls grants approach”?

Reach was defined as participants engaged in local level activities. The *Go for 2&5*[®] (2006) and *Eat Well Be Active*[®] (2008) projects involved over 5,000 participants from schools, worksites and the community. The *Go for 2&5*[®] (2007) within Aboriginal and Torres Strait Islander communities did not report a reach estimate. Geographic areas included urban, regional and remote locations. Reach estimates could be argued to be the minimum as the effect of flow on of information through train the trainer models, or media coverage and promotion, cannot be quantified.

Adoption was defined as uptake of small grants funding by Health Service Districts and Non Government Organisations, with an application rate of 60-74% and a funding rate of 40-100%. In terms of partnership building, the role or position title of grant recipients (i.e., primary prevention position, nursing, other) was explored. Overall, at least 41.2% (14/34) of grant recipients were primary prevention positions (defined as Community Nutritionist, Advanced Health Worker (Nutrition Promotion), Program Coordinator (Healthy Lifestyle), or Public Health), and in a role where nutrition promotion was considered core business. It is unknown whether the interest of unfunded applicants, especially non-primary prevention roles, generated new partnerships or collaboration.

Qualitative information on **implementation**, successes and challenges for each project was collected as part of the completion reports and reported as part of the case study reports. Where conducted, project evaluations attempted to capture **effectiveness** through message recall, attitude, or reported behaviour change. In terms of a pre and post-intervention evaluation, *Go for 2&5*[®] (2006) was most successful with 71% of recipients submitting data, and 50% of *Eat Well Be Active*[®] recipients. *Go for 2&5*[®] (2007) focused more on qualitative evaluation, with 67% of recipients conducting any kind of evaluation (including facilitator observation or informal verbal feedback). For all three small grants projects, formal evaluation and reporting was noted by recipients as difficult to carry out, and some recipients commented that these requirements were also excessive compared to the relatively small amount of funding received.

Capacity building or sustainability/**maintenance** (*“How many similar nutrition promotion activities did you implement after the small grant finished?”*) were less definitively captured; 51.7% reported implementing some similar nutrition promotion activities, 24.1% responded that activities were ongoing, and 6.9% provided no answer. No follow up activities were reported by 17.2%, all of whom were non-primary prevention positions. In terms of investments in people, however, 65.5% responded that they strongly agreed (20.7%) or agreed (44.8%) with the statement *“Because of the small grant project process I feel more confident about project managing a similar activity in the future”* suggesting skill development and other benefits for all position types.

Conclusions

Feedback from survey respondents was predominantly positive in relation to their experience of the small grant approach to support local level nutrition promotion activities, particularly in terms of increasing links with Aboriginal and Torres Strait Islander communities. Building collaborative partnerships with other service providers conducting local activities for the first time and developing project management and evaluation skills may be more realistic criteria to measure the success of utilising a small grants approach.

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Social marketing – the panacea for blood donation?

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John Healy is a Masters' research student conducting his thesis on the role social marketing can play in increasing blood donation.

Introduction

In Europe, almost 20 million whole-blood donations are made on an annual basis and it is estimated that between 13 and 15 million Europeans are whole-blood donors. Yet, internationally, there is a continuous need for new blood donors, because the demand for donor blood is increasing, whereas the supply of blood is declining (Lemmens et al., 2005). Simon (2003), in his reflection on the volunteer blood donor programme in America describes a system in crisis. Putnam (2000), related declines in blood donation in the United States to perceived declines in social capital.

Maintaining an adequate supply is the biggest challenge and the Irish Blood Transfusion Service has initiated a donation process review. Mandatory regulations, introduced in the Republic of Ireland in 2004, to reduce the threat of transmission of vCJD through blood transfusion have resulted in the loss of 4,000 (4%) regular donors in the Republic of Ireland. To maintain an adequate and safe blood supply, it is vital that these losses to the blood donor pool be replaced. Only 3.6% of the eligible population in the Republic of Ireland donate blood. This leaves an enormous potential blood donor base, which if tapped into and maintained could lead to an adequate reserve of donations to meet the transfusion needs of this country (Harrington et al., 2007). The average age of the donors who gave blood in Ireland in 2008 was 28 years and 41.8% of these donors were between the ages of 18 and 35 years (IBTS, 2008).

The need for blood is steadily increasing and it takes more and more effort to persuade people to become blood donors (Sojka and Sojka, 2003). An appeal to altruism is not sufficient, and blood donor recruitment strategies should incorporate detailed information on how active blood donors perceive blood donation, as apprehension over health risks associated with donating blood may thus be decreased (Andaleeb and Basu, 1995). Kolins and Herron, (2003) propose that the way forward to achieve growth in blood donor numbers lies with a market-type approach with incentives of compensation and with targeted marketing campaigns to profiled young people.

Conceptual Model

The Theory of Planned Behaviour (TPB) is one theory that could be used in the framework of blood donation, and operates on the premise that the best way to predict behaviour is to measure behavioural intention, which in turn is seen to be a function of three independent variables, i.e. attitude, subjective norm and perceived behavioural control (Ajzen, 1988; 1985). This is based on the rationale that if two individuals have equivalent behavioural intentions to (for example) donate blood, the one who perceives more self-efficacy (ability) is more likely to successfully donate blood (Armitage and Conner, 2006). Armitage and Conner, (2001) argue that asking individuals whether or not behaviour is “easy” or “difficult” introduces a potential ambiguity. For example, donating blood may be “difficult” because one is only able to do so at specified locations, or it may be “difficult” because one is afraid of needles (Armitage and Conner, 2006). Within the context of blood donation, the TPB model has successfully explained between 31 and 72 percent of the variance in blood donation intentions and 54 and 56 percent in blood donation behaviour (Robinson et al., 2008). However, in studies that have sampled exclusively donors, or a mix of donors and non-donors (France et al., 2007; Godin et al., 2007; Armitage and Conner, 2006; Amponsah-Afuwape et al., 2002; Giles and Cairns, 1995), there have been varying degrees of support for each of the predictors within the TPB model, with attitudes and perceived behavioural control, rather than subjective norm, emerging as consistent predictors of intention (Robinson et al., 2008).

Where non-donors have been examined specifically, subjective norm, (Lemmens et al., 2005) attitude, and perceived behavioural control (Godin et al., 2005; Lemmens et al., 2005) have all been found to predict non-donors' intentions to donate blood (Robinson et al., 2008). They suggest that the decision-making process of new donors is influenced by a range of personal and social forces and that recruitment efforts targeted towards people who have not donated previously may benefit by adopting a TPB-based perspective that incorporates additional normative and affective influences.

In the context of blood donation, donors' intentions (Godin et al., 2005; Lee et al., 1999) or behaviours (Ferguson and Bibby, 2002) may be vulnerable to changes in the context of donation (such as moving a donor mobile site). In addition, habitual blood donors may seek behaviour-confirming information (e.g., "When will I be able to donate blood at the old site again?") rather than engaging in a full consideration of all available information (Masser et al., 2008). While habit may represent the first transition in the career of the blood donor, it may be insufficient on its own to retain blood donors over the longer term (Masser et al., 2008). A behaviour based on habit, such as blood donation, remains externally, rather than internally motivated as it is reliant on stability of context in which the behaviour is performed (Wood et al., 2005). Any disturbance in the critical stimuli of this context, i.e. the times, places, and people that are typically present during performance may disrupt a habit. Once habitual performance is disrupted, behaviour returns to being under intentional control, with intentions being either reformed or retrieved (Masser et al., 2008; Wood et al., 2005).

Research Objectives

The purpose of this investigation is to ascertain what social marketing advertising messages should contain in order to increase the supply of blood among young donors and non-donors.

The target group will be students at third level education in Cork, Ireland in the age category of 18-22. These students will come from universities in the Cork area. Students are being targeted due to their lifetime value potential. It is proposed that these students will assess various advertisements that appeal to people's altruism, empathy and benevolence. The advertisements will contain messages that deal with the fear not there not being enough blood. The student's reactions will then be analysed and the most influencing advertising message will be identified. These blood donation campaigns will have been run both nationally and internationally. It is anticipated that ten focus groups will be conducted. Participants will be chosen from a convenient sample, whereby lecturers in universities will be asked to volunteer groups of students for the study. Participation will be voluntary. Interviews will also be conducted with people who work in both the blood donation sector in organisations such as the Irish Blood Transfusion Service, the Northern Ireland Blood Transfusion Service as well as academics and practitioners involved in social marketing.

The research objectives for this study are as follows:

- What is the extent of blood donation/non-donation/lapsed donation among the university student population in Cork?
- What are the motivations/beliefs/expectancies of each group?
- What are their coping strategies when faced with advertisements to donate blood?
- What barriers exist to prevent them giving blood?
- Are altruistic appeals more powerful than other threat appeals in encouraging them to donate blood?

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**Defining and Estimating “Informed Choice”:
A Model for Testing the Tobacco Industry’s Claims**

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Introduction

The Ottawa Charter on Health Promotion highlights the need for environments that foster individuals' ability to make healthy choices, and implies these choices will occur less frequently in unsupportive contexts (WHO, 1986). Hastings and Soren (2003) recognised the importance of examining decision environments, the information available in these, and individuals' ability to use this information. They noted how the "*potentially malevolent side*" of marketing could undermine choice contexts and called on social marketers to analyse up-stream initiatives that could modify these environments.

Their arguments are particularly germane to the tobacco industry, whose members routinely challenge regulatory proposals that would promote more supportive environments and healthier behaviours, and argue that smokers make informed decisions to smoke. They claim: "*The risks associated with smoking are universally known, and ... smoking is, and should continue to be, a matter of informed adult choice*" (Imperial Tobacco, 2010). Logically, if a decision is made freely by "informed adults", further regulation would seem unnecessary. However, industry claims have received increasing critical scrutiny, largely because the morbidity and mortality directly attributable to tobacco consumption. The fact that half of long term smokers die from an illness caused by smoking questions whether they adequately understand the risks they face, and if they have the personal skills and knowledge to assess these. Furthermore, nicotine's addictiveness severely limits smokers' "choice", even if they become better informed (Wayne et al, 2004; Benowitz, 2008), and most smokers regret ever starting smoking (Fong et al., 2004; Wilson et al., 2009)). The tobacco industry's unenviable record of duplicity (LeGresley et al., 2005) also means its claims must receive more detailed and critical scrutiny. This paper analyses the tobacco industry's reliance on arguments promoting "*informed adult choice*", examines how this concept might be defined and estimated, and explores how the findings could be used to inform up-stream interventions.

Tobacco Industry's Use of "Informed Choice"

Documents released in the 1994-1996 Minnesota litigation and as part of the 1998 US Master Settlement Agreements exposed the industry's knowledge of tobacco-related harm, which they had previously denied (Hurt, 1998; Proctor, 2004; Stevenson and Proctor, 2008; Hurt et al., 2009). Tobacco companies adapted by conceding an "association" between smoking and "risks", which has since worked in their favour as it enables them to argue that smokers make "informed choices". For example, a British American Tobacco website states: "*We believe that with smoking comes real risks of serious diseases such as lung cancer, respiratory disease and heart disease, and for many people, smoking is difficult to quit*" (BAT, 2010). Within Australasia, Peter Lorrigan, a Rothman's executive, illustrated the industry's new (but qualified) stance: "*Any suggestion that the public have not been informed about the statistical risks associated with smoking is ludicrous.*" (Radio New Zealand, 1998). As former smokers sue tobacco companies in an attempt to hold them responsible for the harms their products have caused, the defence of "informed consent" has become increasingly important.

Although tobacco companies have changed how they "manufacture uncertainty" (Michaels and Monforton, 2005), questions remain about smokers' knowledge of these "*real risks*" and their understanding of the personal dangers these pose. As smoking initiation occurs in early adolescence (NZTUS, 2008), and since addiction follows very quickly (Shadel et al., 2008), these questions, and the need to address them, have become more urgent.

Defining and Estimating “Informed Choice”

Tobacco companies’ arguments that smokers have made an “informed choice” suggest they equate prompted awareness with the deep understanding others claim is necessary before informed decisions may occur. For example, BAT recently claimed that because 97% of daily smokers were aware of on-pack warnings, “*smokers are well aware of the serious health risks associated with smoking*” (BAT, 2010, p.6). However, the study they cited found awareness of individual text warnings ranged from 62% to just 10% (Waa et al., 2005), and did not test smokers’ understanding of these warnings; recent work suggests persisting knowledge deficits even after graphic health warnings were introduced (Li et al., 2010).

Assertions that smokers make informed choices can be addressed empirically, by defining “informed choice” and estimating the elements of awareness, comprehension and personal recognition that this concept encompasses. Chapman and Liberman (2005) argued an “informed choice” to smoke implies smokers are aware of, and understand, how addictive nicotine is, the diseases caused by smoking, the personal risks they face, and the implications of those risks. Furthermore, they claimed the greater the risk individuals faced, and the higher the probability that the risk would eventuate, the greater the responsibility to ensure individuals made informed choices.

In practice, therefore, “informed choice” implies smokers should understand the nature of nicotine addiction and risk of the diseases caused by smoking (including the specific additional risk of these diseases they face, and the likely burden and outcome of these). Evidence that a general sample of smokers has high prompted awareness of warning presence fails to meet these criteria and provides no insights into whether young teenagers who develop a nicotine addiction have any comprehension of the health risks they face, or the difficulties they will encounter in avoiding these. Estimating the variables we have outlined would provide an empirical measure of “informed choice” that would enable regulators to assess tobacco companies’ rejection of calls for tighter regulation.

Conclusions and Policy Implications

Defining components of informed choice enables these to be estimated and then used to support up- and down-stream social marketing initiatives that could empower individuals to avoid or cease risk behaviours. Specific upstream actions to promote “informed choice” and reduce misleading marketing could include mandated removal of tobacco retail displays, larger, more varied and more graphic warning labels, expansion of smokefree areas, and the introduction of a non-commercial supply model that treated nicotine dependency as a medical condition rather than a socially accepted behaviour. Down-stream activities could involve expanded cessation programmes that provide both physiological and psychological value to quitters (May and West, 2005).

Although often not regarded as main-stream social marketing, evidence-based policy is critical to creating contexts that promote the personal skills outlined in the Ottawa Charter. Thus, even though regulation might initially appear to limit the “free choice” that individuals should enjoy, it is, paradoxically, often the very vehicle that enables informed, and therefore free, choice. Empirical evaluation of the tobacco industry’s arguments, using the model proposed, is long overdue. Estimates of “informed choice” will inform actions at all points on the social marketing continuum and may, finally, promote more informed decision making by smokers and those at risk of becoming addicted smokers.

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Personal Resilience as a basis for response to Binge-Drinking Claims

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Introduction

While directly attempting to reduce alcohol consumption via market manipulation can and should be deemed appropriate, literature suggests that interventions by government can lead to a “reactance” approach by the targeted audience (Bensley, 1991). This reactance might include moving to another category of alcohol (or drug) or in fact drinking more. Either way, such a reaction can prevent the strategy from being effective. We report via alcohol blog data that statements made by youth in Australia, when confronted with a market manipulation such as a price increase (via the alcopop tax increase), actually do show an anticipated switch to other alcohols and other drugs. Using the alcopop tax price increase as a cue for heightened consumer response, we also show a pattern towards personal resilience towards binge-drinking. This manifests in, for example, statements reflecting the need for more and better actions from others (i.e. the state) and perceptions that teen drinking is over inflated by other groups in society. The conclusion is a perception by younger drinkers that they are not drinking heavily.

Background

Recently, the Australian government introduced a tax on pre-mixed drinks as a means for reducing binge-drinking behavior. The strategy met with mixed reviews. Some media reported that consumption of alcopops had decreased, consumption of straight spirits had increased and that sales during the tax period had eventually returned to levels prior to the tax being introduced (Kerr, 2008; Kerr and Franklin, 2009). Others reported a marked decline in the number of total standard drinks consumed immediately after the tax was introduced (Guest, 2009). While the potential long term benefits of such a tax is unknown, it has been shown that in other instances, such as raising the legal drinking age, such interventions by government can lead to a “reactance” effect where the targeted behaviour is exacerbated (Allen *et al.*, 1994).

While reactance behaviour has been reported as an outcome of state-based market manipulations, the heightened perceptions from such a market manipulation, as a cue for the perceptions of the target audience, have gained less attention, mainly due to a lack of data available post the intervention. Identifying and classifying such perceptions may lead to a better understanding of the targeted group’s situation and allow better frameworks to be developed leading to more effective intervention programs.

Method

A difficulty when researching young people is that they often use colloquial language that can be hard for the mature researcher to understand (Pettigrew *et. al.* 2009). The Internet has been proposed as a data collection site that can provide access to young people and the language they use related to the subject of interest (Merchant, 2001). Neilsen (2007) have successfully used an Internet-based data collection method to explore American teenagers’ attitudes to alcohol consumption, and this approach has been adopted in this study. Blog data were collected from 18 blog websites over a period of six months starting in April 2008. The websites featured Australian teenagers interacting on the subject of alcohol. The content of the identified sites was downloaded and imported into Nvivo8 (a qualitative analysis software program). For the present paper, the data were interrogated for stated attitudes and beliefs relating to the recent tax on pre-mixed drinks and subsequent price increase in this sub-category (although the tax was eventually removed). A total of 75 comments on this particular issue were identified. As per university ethics requirements, the bloggers cannot be identified and researchers were required to paraphrase any statements when reporting

findings. All responses relating to the tax in the blog data were collected during the period directly after the tax was introduced (April-November 2008).

Findings

It was expected that the blog statements relating to the tax would focus on switching to spirits or reactance behaviours around more excessive alcohol or drug consumption. Certainly, many statements expressed a negative reaction to the policy, particularly in regards to intentions to switch to other alcohols and other drugs. Only one statement was in favour of the strategy. Those expressing a negative reaction focussed on issues such as:

1. Younger drinkers turning to other spirits.
2. Younger drinkers consuming more spirits and drugs, leading to a worse effect because of the lack of regulation regarding own pre-mixing or illegal drug taking.
3. Younger people rebelling against the move to restrict behaviour and consuming more.
4. Binge drinking cannot be stopped.

However, what was interesting was that some statements had a focus on the government-youth relationship and perceived need for the government to change the strategy for dealing with binge-drinking (points 1 and 2 below). Other statements suggested that youth have been educated enough on the topic, know the consequences and should be empowered to make their own choices (3). Other statements focussed on perceived exaggerated perceptions of youth binge-drinking (4), the fact that price increases will affect everyone (5) and the belief that binge-drinking cannot be stopped (6).

1. The government needs to do more.
2. The need for greater alcohol education for young teens.
3. Youth have been educated on the topic and know the consequences and damage to their social, physical and mental health.
4. Youth binge-drinking was seen to occur only “every now and then” at parties and thus it was seen that perceptions of teen drinking are inflated. For example, some noted that when they are tired their parents often assume they have been binge drinking.
5. Price increases negatively affect everyone, not just those drinking to excess.
6. Binge-drinking can never be stopped because it is part of our culture.

Discussion and Conclusion

The perception by younger consumers that they are not drinking heavily may be preventing them from attending to messages that encourage responsible use. Younger drinkers have been found to be more likely than older drinkers to binge drink (AIHW 2006, 2008) and to experience alcohol-related harms in the form of hospitalisation, getting into fights, unwanted sexual encounters, drink driving, vomiting, hangovers, and impaired academic performance (Foxcroft et al. 2003; McBride et al. 2000). The present findings suggest that the messages being communicated to this group may require different theoretical frameworks as a base for more effective strategies. Alerting youth to the dangers of alcohol consumption may be ineffective as a cut through strategy. Instead, a focus on strategies that allow youth to take personal responsibility, engage in co-creation of a solution and strategies that enhance self-actualisation, for example, may be more effective for changing perceptions and attitudes towards binge-drinking.

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Developing sun protection messages that resonate with adolescents

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Introduction

Australia has the highest incidence of skin cancer in the world, outnumbering all other forms of cancer by more than 3 to 1. Adolescents engage in fewer sun protective strategies than adults (Dobbinson and Hill, 2004); and sun protective behaviours among Australian adolescents are worsening (Livingstone and White, 2003; Beckmann and Connor, 2004). The decline begins in pre-adolescence, troughs around 15 to 17 years, and improves with the move into young adulthood (Coogan et al., 2001; Sjöberg et al., 2004; Schofield and Freeman, 2001).

Pro-tan attitudes are the strongest competition to sun protection among adolescents and young adults (Davies et al., 2002; Geller et al., 2002; Lazovich & Foster, 2005; Nicol et al., 2007; Wichstrom, 1994). Our previous research (14 focus groups with Year 9 and 10 students, surveys of 2,332, and development of evidence-based guidelines (Johnson et al., 2009)) resulted in key recommendations for the development of social marketing interventions to address sun protection in this demographic. In summary, the formative research and guidelines suggest adolescent sun protection programs should address *appearance concerns, social norms and self-efficacy*. We developed a comprehensive intervention (a full description of which is beyond the scope of this paper) including school-based activities, community activities, sun protection resources, web-based competitions – designed to increase self-efficacy and address social norms. This paper reports on development and testing of messages which form a part of this intervention.

We contracted a commercial advertising agency to develop a set of advertisements for the adolescent sun protection program. The agency developed a campaign using UV-photos, with multiple components including print advertisements/posters, brochures, ambient advertising, photo booths and a website. Advertisements were created using male and female models, with each showing (on the left-hand side) a photo of a young person taken using a regular camera and (on the right-hand side) a photo of a young person taken using a UV-camera. Variations of the ads had either the lines ‘fresh/fried’, ‘hot/not’ or ‘you/eww’ above the two photographs (i.e., as a ‘headline’) and all had ‘regular photo/UV photo’ under the photographs. The tagline for the campaign was ‘sun damage sux’; two alternate taglines (‘sundamagedone’ and ‘sundamageomg’) were also tested. All versions of the advertisements also included the ‘protect yourself in 5 ways’ icons, which were developed by Cancer Australia and are designed to increase both awareness of the range of sun protection strategies and self-efficacy for sun protection.

Methodology

The advertisements were pre-tested with 10 groups of young people from a local secondary school (a male-only and a female-only group from each of Years 8 to 12) and a group of teachers from the same school. The feedback was provided to the agency, and revised advertisements developed. The revised versions were then re-tested with three groups of students (Years 9 and 10); students completed a brief survey (n=63) to quantify their responses to the revised messages.

Results and Discussion

Testing of initial concept: The ‘sun damage sux’ line was rejected by all of the Year 8 to 10 groups, with the consistent response that it was ‘lame’ and ‘try-hard’. The young people were particularly opposed to the deliberate mis-spelling (‘sux’) and felt that this was childish and

patronizing. Interestingly, the Year 11 students (older than the target audience) described the message as simple and direct and appropriate for the target group. The teachers also had concerns with the use of 'sux,' feeling that it downplayed the issue and made it less powerful, and that using 'sux' for the campaign may not be long lasting as teenagers' vocabulary is ever changing and evolving. Similarly, 'sundamageomg' was perceived by the target group as trying to be cool, but actually being condescending and silly. The older students and teachers felt that this would be seen as funny by many young people and would not be taken seriously. Several of the groups also suggested that it was potentially offensive to religious groups. Conversely 'sundamagedone' was seen as excessive. Teachers and students both felt that this was a very negative message and suggested that it was too late to do anything to protect their skin as the damage was already done. The students also rejected the headlines 'you/ewe' but were divided on 'hot/not' with the younger students feeling it would be effective for girls who are worried about their looks, but the older students and teachers recognizing that it had the potential to be utilized to tease children with freckles. 'Fresh/fried' was the most preferred, or perhaps least disliked, of the potential headlines tested. In relation to the images, the younger students (i.e., the target group) felt that the damage shown in the UV-photos wasn't severe enough and that the images should be made more 'shocking'. However, several groups expressed reservations about the use of a redhead in the photos as 'everyone knows' that redheads are more susceptible to sun damage.

Testing of revised concept: The revised concept again utilized the UV photos, but the tagline was changed to 'Don't let the sun get under your skin'; and the text under the photographs to 'what you see/what you can't see'. The majority of students preferred the new tagline, commenting that it was a more mature, sophisticated and serious slogan and less childish or patronising. In response to the survey question, 31 of the students selected the new tagline, with the remainder spread fairly evenly across the other five options (including 4 for 'sun damage sux' and 9 for the same phrase with the spelling corrected). The majority of students (79%) preferred the revised photo text 'what you can see/what you can't see' over the simply descriptive 'regular photo/UV photo'. They also preferred the new images (a blond girl and a brunette boy) over the previous images of redheads; although an issue that was raised in all of the groups was that there was a need to portray a wide range of ethnic groups given the multicultural nature of our population.

Discussion

Social marketing theory stresses the importance of a consumer orientation; an essential component of which is pre-testing messages with the target audience to ensure understanding and to reduce the likelihood of counter-productive effects (e.g., Weinrich, 1999). Our messages were developed by a leading advertising agency with decades of experience in crafting messages for specific target groups; however, pre-testing resulted in a substantial change to the wording and presentation of messages in the campaign materials. We note an interesting consistency between our findings and those of Kosmicki et al (2007) in their development of motorcycle safety messages for young riders. They report being 'surprised' that the message which tested best was the one least liked by the campaign team as they felt it was not edgy enough for the target audience. As with our experience, their participants preferred a straightforward, simple but clever message over a more edgy one. Similarly, although a different audience, Donovan et al. (2008) found a preference for a 'bland' rather than a 'confronting' message for an anti-domestic violence campaign. Given the recognised difficulty of engaging adolescents in behaviour change, ensuring that messages are perceived as acknowledging their intelligence and maturity is essential.

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How Useful can a Diary be? An Investigation into Alcohol Consumption

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Introduction

Although marketing research has for a long time been concerned with trying to understand and explain consumer behaviour, so far very few studies have been carried out using qualitative diaries as the main method of investigation. Yet authors such as Arnould (1998) argue they could add previously unexplored dimensions to consumer research. Historicists, anthropologists, sociologists, psychologists and medical scientists have long been using diary methods, and their advantages and disadvantages in trying to understand lives of individuals have been very well documented. This paper discusses the use of diary method in the ongoing multi-method research project investigating the role of alcohol consumption in university students' lives in Canada and Poland.

Literature review

One of the first uses of diaries in psychological research can be found in Allport (1942). Within the consumer behaviour context, a recent application of the diary method is Patterson's (1995) research into the phenomenon of text messaging. He defined a diary as 'a personal record of daily events, observations and thoughts', which at the same time identified the contexts in which they occur. His experience confirmed that this method "is particularly suited to exploring processes, relationships, settings, products, and consumers" (*ibid.*). Diaries are often described as 'documents of life', which could be further explained as "self-revealing record that intentionally or unintentionally yields information regarding the structure, dynamics and functioning of the author's mental life" (Allport 1942). Their primary objective is to capture "little experiences of everyday life that fill most of our working time and occupy the vast majority of our conscious attention" (Wheeler and Reis 1991).

An important advantage of diary research is its ability to reveal experiences and thoughts which are often hidden. In the case of alcohol informants may not wish to openly discuss or present these issues for scrutiny during focus groups or interviews. Bolger *et al.* (2003) offered the most comprehensive review of research questions appropriate for this method, various tools and techniques of diary research design, and suitable data analysis strategies. They defended diary methods arguing that they "offer the opportunity to investigate social, psychological, and physiological processes, within everyday situations", allowing researchers to explore the context of investigated processes. In diaries, recorded events are captured in their natural environment. Overcoming the problem of selective memory (Wren 1991), so often affecting other research methods, the closeness between the actual experience and its record in a diary minimise the problems associated with retrospective censorship and reframing (Elliott 1997). Diaries also show much higher precision than retrospective interviews when minor but repetitive events, which are only separate fragments of informants' overall consumption patterns, are studied (Palojoki and Tuomi-Gröhn 2001).

Within more traditional ethnographic research relying on scientific observation, the diary method creates an opportunity for observation even when a researcher cannot participate in a process or event relevant to the topic under investigation. Students' alcohol consumption represents an ideal situation for employing the diary method because the use of diaries encourages informants to keep a record of anything that may be relevant to the study (Elliott 1997). That record of activities and thoughts which occurred in their natural environment, uninfluenced by the presence of an observer, can then be discussed during a focus group or interview to yield further insights into the phenomenon under study. This kind of 'two-stage' research design was used for example by Palojoki and Tuomi-Gröhn (2001), who investigated the complexity of food choices in an everyday household context using qualitative food diaries followed by retrospective, semi-structured interviews based on them.

Designing data collection in this way provided the researchers with an opportunity to discuss the subject of their research using real life experiences.

Research methods

The research was conducted in two phases involving focus groups and diaries. First, seven focus groups involving 36 participants were conducted in Poland and Canada. In Poland, 10 respondents were divided into two groups, one consisting of 4 males (all aged 23) and one group of 6 females (aged 22). In Canada, three focus groups were conducted, one with 8 male respondents (all aged between 20 and 24), and two with female respondents, one with 11 participants and one with 7 participants (aged between 20 and 40). After each focus group the informants were asked to keep individual written diaries for the period of two weeks. In order to avoid an over-prescriptive design, which was earlier described by Patterson (2005) as a 'straightjacket' stifling informants creativity and commitment to the research, our informants were instructed to keep a daily record of every occurrence that was, in their opinion, related to alcohol consumption. The diaries were anonymous, the respondents were only asked to write on the first page a short paragraph explaining their consumption patterns (e.g. how much they normally drink, how often), and then to always indicate the date and time of each entry. Other than this instruction, diarists were given no other template or format to follow.

Findings

This paper aimed to present and evaluate the contribution that diaries can make to marketing research using data collected for the research project investigating alcohol consumption amongst young people in Canada and Poland. Although diary methods are often successfully used by many market research companies, there are only a handful of academic studies using this method, and the advantages and disadvantages of using this method in consumer research remain relatively unexplored. In this paper three important aspects of using diaries as a data collection tool emerged. Our major findings focused on the relationship between the tool (diaries) and our informants, the contribution this tool can make to multi-method research, and changes it causes in respondents. Throughout the process of writing their diaries our respondents not only were anonymous, but above all they felt anonymous and free to express sometimes very intimate and personal opinions, which they would not be confident to put forward for discussion in focus groups. This concern was exhibited by most participants, particularly females. They became aware of their own experience with alcohol, but were also more attentive observers of other people's attitudes and behaviours. Using diaries we were not only able to identify the real amount of alcohol consumed by our respondents during the two week period, but also they themselves realized there was a significant difference between what they declared in the focus groups and what they actually consumed.

Comparing the data collected using both methods we can conclude that while focus groups provided interesting insights into social aspects of alcohol consumption, diaries offered rich material exploring the phenomena at much more personal, often intimate level. They significantly increased reflexivity of our respondents, encouraging them to think about the subject of this research in more organised and rigorous way, and helping us at the same time achieve better quality data. Thus, the diary method is best utilised when combined with other research tools and techniques. The insights gained in this study could be used to generate further research. In terms of implications for market research, it became clear that by asking potential respondents to keep diaries for one or two weeks before the main data collection should result in much more interesting and relevant insights. As a result of that process any potential respondents become actively engaged in the research process market researchers,

interpreting and analysing the situations in which they find themselves, not just passive informants providing raw data without putting them into broader context.

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Electronic Games: A Legitimate Diversional Therapy Intervention for Health Care Consumers?

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Introduction

Much has been written about the negative effects of electronic games and game playing on society. Some of the issues that have attracted the most attention include the negative effects of playing on user violence (Gentile and Stone, 2005), the social development of children (Chambers and Ascione, 1987) and physical health (Vandewater, Shim and Caplovitz, 2004). The overriding criticism is that games divert consumer leisure time from more “healthy” pursuits. However, academic research has produced inconclusive evidence of the effects on players, with some researchers highlighting the positive outcomes from play (e.g., Baranowski *et al.*, 2003; Gros, 2003). Indeed, these positive aspects and the fact that games can divert attention may mean that they offer great promise as a therapeutic tool, particularly as a form of diversional therapy. In this paper, we argue that gaming, far from being an activity that should be criticised by social marketers, is an activity that can have clear therapeutic benefits to society.

Diversional Therapy Defined

Diversional therapy falls loosely under the broader heading of occupational therapy. However, while occupational therapists align more closely with the medical field, diversional therapists lean towards a social model of care. Diversional therapy is defined by the Diversional Therapy Association Australia National Council (DTAANC, 2007, p.1) as “... (working) with individuals of all ages to optimise their leisure involvement and experience”. It seeks to improve the quality of life of individuals through leisure and recreation.

Diversional therapists operate in a variety of health care settings and deliver services to diverse health care consumers, including the elderly, the disabled, those suffering mental illness and patients in palliative care. Of course, the target market dictates the services provided, but interventions may include music, exercise, discussion groups, board games, art and craft, animal-assisted therapy and meditation, among other activities. The primary goal of the diversional therapist is to facilitate, co-ordinate and plan leisure and recreational programs that “... support, challenge and enhance the psychological, social, emotional, spiritual, cognitive and physical well-being of individuals” (DTAANC, 2007, p.1). We propose that electronic games may be an appropriate intervention to achieve these outcomes.

What Electronic Games May Offer

Electronic games are designed to engage players in an inherently enjoyable form of entertainment, with studies linking game play to physiological arousal and affective experience (e.g., Anderson and Bushman, 2001; Koepp *et al.*, 1998). People play to escape reality, relieve boredom, ease stress and have fun (Youn and Lee, 2003). Further, games allow users to build on, maintain, or experience dreams and realize fantasies (Shapiro and McDonald, 1992) that may not be possible in real life.

Key problems faced by patients who are hospitalised for extended periods of time include boredom, stress and depression (Radziewicz and Schneider, 1992). These negative states can impede recovery and lead patients to report symptoms more frequently (Sommers and Vodanovich, 2000). Diversional activities help reduce anxiety levels, ease pain and assist patients to cope (Radziewicz and Schneider, 1992). The characteristics of the game medium may provide an advantage here: games are interactive and vivid, making them capable of focusing users’ attention. Gamers commonly report deep involvement with games (Johnson and Wiles, 2003), whereby they can become so absorbed by the activity, that they feel removed from their immediate environment (Molesworth, 2006). Games can facilitate

sensory immersion and a sense of “presence” in the environment, so they may offer an escape and serve as a distraction from painful procedures and treatments.

Electronic games also encourage social interaction. Indeed, this is a key reason why people play (Lazzaro, 2004). Social interaction is important for patients, because in its absence, patients may become preoccupied with their own thoughts, more sensitive to their pain, and demonstrate lower self-esteem, as well as life satisfaction (Zgola, 1987). Ultimately, increased depression can result from social isolation (Tarzi *et al.*, 2001). Most at risk are patients suffering immune deficiencies (e.g., immunocompromised cancer or leukaemia patients) and the elderly (Erber, 1994), but other patients may also have inadequate opportunities for socializing due to a lack of common space in health care settings (Lee *et al.*, 2003). Games may offer an opportunity for electronically mediated communication through play, particularly in the case of multiplayer online games. There are a variety of different formats across different platforms (e.g., consoles played via a television, handheld devices, online and computer games), allowing the diversional therapist to cater to a variety of therapy situations.

Another important goal of diversional therapy is to promote physical activity amongst patients (Lee *et al.*, 2003). A key challenge is encouraging this activity in the absence of the therapist. In their investigation of stroke patients, Ada *et al.* (1999) found that most physical activity occurs under supervision, but when alone, nearly two-thirds of patient time is spent being inactive. Electronic games offer an opportunity, as they can easily be played without supervision and different games may be adopted that vary in the level of mental processes and physical effort required to play. Studies demonstrate that games can have a metabolic and physiological impact (e.g., Wang and Perry, 2006), because playing demands not only visual attention, but also motor actions. Outcomes may include increased mental rotation (De Lisi and Wolford, 2002); enhanced visual skills (Dorval and Pepin, 1986); and improved eye-hand coordination and reaction time (Griffith *et al.*, 1983). More active games (i.e., exergames) can increase energy expenditure and heart rate to similar levels achieved from other forms of physical activity (e.g., jogging) (Mellecker and McManus, 2008). Even individuals suffering spinal injuries can experience aerobic training effects from playing (Widman, McDonald and Abresch, 2006).

The Need for Research

Empirical studies in both the medical and social science fields are needed to explore whether electronic games can produce beneficial outcomes for diversional therapy patients. Specifically, we raise the question: How effective are electronic games at achieving psychological, social, emotional, spiritual, cognitive and physical outcomes for diversional therapy consumers vis-a-vis other interventions?

Government policies and campaigns increasingly recognise that factors beyond medical treatment are necessary for the well-being of the population. Diversional therapists face increasing pressure to deliver high quality service, demonstrated by research evidence of client outcomes (Pegg and Darcy, 2007). Consumer complaints concerning facilities and services offered by leisure and recreation providers, including diversional therapists (Pegg and Darcy, 2007) has only reinforced this need. Diversional therapists also tend to be undervalued professionally (Stumbo, Martin and Osborne, 2004), providing a further impetus for the demonstration of their worth through consumer research. All of these factors are creating a need to find and prove new interventions. We make a contribution here by identifying one such intervention worthy of study.

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**Social Marketing-Customer Orientation (SMCO):
How Customer Orientation Differ for Social Marketing Service Employees**

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Introduction:

The aim of social marketing is for individuals or organisations to change behaviours so as to produce positive social change (Kotler & Lee, 2008). To date, the social marketing literature has minimally addressed the role of service employees and their interactions with customers (Dann, Harris, Mort, Fry, & Binney, 2007). While recent thinking in social marketing calls for a customer orientation (CO) approach, there remains challenges in transferring commercial marketing concepts into social marketing practices (Hastings & Saren, 2003; Peattie & Peattie, 2003). To address this gap, this paper aims to develop a CO concept for service employees attempting to influence behavioural change in consumers. Borrowing from the sales marketing literature, this paper develops a behavioural concept termed Social Marketing-Customer Orientation (SMCO) which is founded on the Selling Orientation-Customer Orientation (SOCO) measure (Saxe & Weitz, 1982). In doing so, the paper addresses gaps in existing literature which does not understand what it means to be customer-oriented for service employees attempting to influence behavioural change and attaining societal benefits.

Literature Review:

Marketing theorists have established how market-oriented firms focusing on customer needs tend to perform better than firms focusing on sales (Kohli & Jaworski, 1990; Narver & Slater, 1990). Progressively, researchers have investigated CO practiced by employees following the seminal article by Saxe and Weitz (1982) (Brown, Mowen, Donovan, & Licata, 2002; Donovan, Brown, & Mowen, 2004; Hennig-Thurau, 2004; Kelley, 1992). As with Saxe and Weitz (1982), this paper views CO as a behavioural concept and uses the SOCO measure due to its wide application. Saxe and Weitz (1982) defined CO as “the degree to which salespeople practice the marketing concept by helping customers make purchase decisions that satisfy their needs.” Examples of CO behaviours aimed at attaining long-term customer satisfaction include low pressure-selling, high concern for customers and problem-selling techniques (Saxe & Weitz, 1982). In contrast, employees who are sales-oriented view customer needs as secondary and focus on achieving more sales (Boles, Babin, Brashear, & Brooks, 2001). CO leads to positive service outcomes such as customer satisfaction (Goff & Boles, 1997; Stock & Hoyer, 2005), improved relationship quality (Huang, 2008), and perceived service quality (Kelley & Hoffman, 1997). To date, studies investigating CO have been conducted in commercial service settings which emphasise on commercial goals. Thus, the current state of research applied to a social marketing context is based on the assumption that what is good for customers is good for society (Andreassen, 2003; Bloom & Novelli, 1981). Although the social marketing literature has stress on the need to adopt customer-oriented practices (Hastings, Stead, & MacKintosh, 2002; Lefebvre & Flora, 1988; Peattie & Peattie, 2008), existing frameworks disregard how CO for service employees may differ for social marketers whose goals are to solve behavioural change issues (e.g. public and health sectors) and whose behaviours impact a variety of stakeholders which includes the organisation, consumers and the general public (Brenkert, 2002; Glenane-Antoniadis, Whitwell, Bell, & Menguc, 2003). Thus, there appears to be a lack of understanding on CO which may be more beneficial for the resolution of social problems for social marketers (Brenkert, 2002).

Conceptual Framework:

This study proposes a CO concept for social marketing termed Social Marketing-Customer Orientation (SMCO). SMCO is preliminarily defined as, “the degree to which service employees practices the social marketing concept by serving customers based on their

welfare and needs and obligations to society.” The first dimension of SMCO termed ‘**Transactional Marketing Capacity**’ is based on the negatively worded items from the selling-orientation factor of SOCO. It refers to the extent service employees serve customers based on pure economic marketing exchanges. This dimension illustrates how social marketers may be driven by self-interests in the exchange and act in ways not entirely altruistic (Hastings & Saren, 2003). These employees employ conventional marketing principals founded upon economic exchanges when they ought to act in ways that encourages voluntary exchanges between them and consumers (Lefebvre & Flora, 1988). For example, lactation nurses may engage in high pressure-selling of the idea of breastfeeding to the discomfort of new mothers or organ donor coordinators may ‘stretch the truth’ on the benefits of organ donation to increase the number of organ donors.

The second dimension is termed ‘**Social Marketing Capacity**’ and is proposed to consist of two sub-dimensions: ‘*Consideration for Wider Society*’ and ‘*Consideration for Consumer Welfare*’. A ‘**Social Marketing Capacity**’ dimension refers to the extent service employees evaluates the impact of their actions on consumer welfare or the public and wider society when servicing consumers. The two sub-dimensions are a manifestation of service employees’ aptitude for social marketing reflected in their service behaviours. Social marketing is fraught by an environment of externalities results in costly (negative externality) or beneficial (positive externality) outcomes of exchanges that may spill over to third parties (Glenane-Antoniadis, et al., 2003). Hence, this dimension acknowledges how the well-being or ‘the good’ of a group of people, institutions or society are affected by the change in behaviour of others. For example, nutritionists who provide obesity intervention for clients without considering their family members might lead to wider implications for society where parties not directly involved in the exchange may be affected (e.g. children or partners). Therefore, the ‘*Consideration for Wider Society*’ dimension involves a focus on the general public and wider society apart from the consumer and organisation (Glenane-Antoniadis, et al., 2003) and would incorporate actions which respect various recipients in the welfare exchange. The ‘*Consideration for Consumer Welfare*’ dimension is founded upon CO principles which assumes the welfare and needs of customers are prioritised above self-interests (Saxe & Weitz, 1982). While social marketing applies the 4P of marketing principles (e.g. Evans & McCormack, 2008; Grier & Bryant, 2005; Smith, 2002), less attention has been paid to the services marketing mix which comprises of 7Ps of people, processes and physical evidence (e.g. Wirtz, Lovelock, Keh, & Lu, 2004). In particular, the service marketing mix of ‘people’ is expected to differ in a social marketing context and being customer-oriented should serve different meanings for social marketing service employees (Peattie & Peattie, 2008). Therefore, it is expect that in a social marketing setting, employees who seek to move away from an intervention mentality (Hastings, et al., 2002) will act for consumers by offering superior value rather than ensuring compliance (Dann, et al., 2007), engage in relationship building of a non-commercial nature (Hastings & Saren, 2003) or seek to empower consumers (Hastings, et al., 2002). Such behaviours acknowledges the complexities of symbolic exchanges in promoting the social product (Hastings & Saren, 2003).

Conclusion:

In short, this paper advances current understanding of the behavioural phenomenon of CO in a social marketing setting. It addresses knowledge gaps in CO and social marketing research by proposing a two-dimensional framework of SMCO to examine social marketing customer-oriented behaviours.

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Bequests: Dyadic Views on Marketing Strategies

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Background

There is a myriad of extrinsic and intrinsic factors that can influence donating behaviour (Sargeant, Ford & West, 2005). These include family wealth, marital status, number of dependents, age, gender, social norms, religious conviction, geographic region and expression of identity or reputation, community connectedness, sense of responsibility and reciprocity (Australian Council of Social Service, 2005; Sargeant, Ford and West, 2005; Sargeant, Hilton and Wymer, 2006; Sargeant, Routley and Scaife, 2008; Wright, 2002).

Whilst research into bequest motivation has received less attention than that of lifetime giving, researchers have identified some specific factors which may influence or create barriers to bequest giving. The lack of family need, taxation benefits, remembrance, continuation of the charity's work and spite (Sargeant, & Jay, 2003; Sargeant & Hilton, 2005; Sargeant, Hilton & Wymer, 2006) may all contribute to the decision to leave a charity bequest. Whereas, those factors that are deemed to reduce bequests are the cost, inconvenience and time required to make or change a will, insufficient funds to make a difference, lack of engagement with the organization and insensitive marketing (McGill, Rundle-Thiele & Lye, 2009; Sargeant, Wymer & Hilton, 2006).

To date, giving and bequest researchers have considered the views of the nonprofit organisations (Pope, Isely, Asamoah-Tuto, 2009; Richardson & Chapman, 2005; Sargeant & Hilton, 2005; Wise, 2005), while others have focused on individuals (Henze, 2005; Sargeant, Hilton & Wymer, 2006; Madden & Scaife, 2009; Weipking, Madden & McDonald, 2010). Researchers have not yet taken a dyadic approach to marketing elements that may motivate bequest giving. It is important for marketers to have a customer viewpoint. This paper, therefore, responds to this gap in the literature.

Research approach

This paper aims to compare and contrast the views of nonprofit organizations with those of donors. The study was designed to identify the views of nonprofit executives regarding their approach to bequest marketing. Donor views were sought to understand how bequest marketing attempts are received. Data collection consisted of semi-structured interviews with a nonprofit C.E.O and Marketing Manager, and seven nonprofit donors, three who support the charity and four that do not currently support the charity. The empirical data was gathered through personal interviews, six at a location selected by the participants and three by telephone interviews.

The dyadic nature of this research required analysis of 1) the executives and 2) donors. Results were compared and contrasted. Leximancer Version 3.0 was used for this research: this is effective in summarizing extensive transcript data and also strengthens the reliability of the final results. (Smith & Humphreys, 2006).

Key findings and conclusions

Seven themes emerged for executives and six for donors. For the executives, the primary theme was money, emphasising that the bequest focus was income generation: 'what we are also planning on doing is having some form of trust set up for helping people to set up trusts easily and hopefully as part of setting up that trust they will be making us part of their

bequest in that trust'. Bequests were also seen as central to the funding required to achieve the organisation's mission: 'bequests are really important going forward as they are large amounts of money... they do allow us to do additional research ...' The third concept, people, relates to two areas: first the lack of funds to support designated bequest personnel – yet again, money – ('we would need to allocate some resources to it, some staff resources to it across the country in order to get out and start doing the ask ...'); second, the organisation's procedures for recognising and nurturing donors as future bequest prospects: 'what we're focusing on as the ultimate gift...following up to the major gifts that come through to the organisation'. The other four themes (fact, organisation, marketing and moment) were, due to their small size, deemed as secondary for the purposes of this study.

Of the six identified for donors, three were also interconnected: support, marketing and family. Bequest support was found to relate to two areas: a need for reassurance that the management of bequest funds should support the organisation's mission: 'I'd have to be convinced they wouldn't waste it' and a need for a more personal approach: 'I think if the approach was even more personal as opposed to having available the website and newsletters and others, information books and so forth for people to read...' The latter was supported by the majority found to have little recall of where they had seen requests for bequest ('I think it's the seniors magazine...it's that type of thing') whilst others paid little attention to direct mail: 'the [organisation] probably has sent me contact about have you considered leaving a bequest, but to be honest I don't read it'. Family had a strong link to exposure, either having used the organisation's services or having lost a family member to the disease the focus of the organisation's work: 'I would tend to use those that have been part of my experience in terms of where there's been medical history in the family and they've needed support.'

The discord between the two groups' principal concerns is apparent: money, bequests (capability enhancement) and people ('staff resources') on the part of the organisations' executives, versus support, marketing (personal approach) and family (personal experience) on the part of the donors. The obvious emotional connection of the donors to a cause on a personal or individual level does not appear to even have been recognised, much less shared – nor effectively acted upon – by the organisations' executives, who seem to take the view that bequest marketing is primarily a logistical exercise. It is instructive to note that much of the language is not even shared by respondents from the two groups; one executive only talking of 'planning on doing' something – yet one of the donors is more interested in outcomes 'if you can give someone something they can recognise ...five thousand could but this'. It seems clear, even from the limited scope of this study, that there is a clear need for nonprofit organisations to take the dyadic approach to bequest marketing: they have their views, as do their potential donors and, after realising that the goals and aims are widely diverse, the challenge for bequest marketers is to bring these divergent views closer together. Bequest fundraising remains an unexploited income stream in Australia, and whilst the 'whats' and 'hows' (nonprofit's motivation) presupposes the 'whys' (donor's motivation) these different perspectives on bequest marketing may do little to change the communities attitudes towards bequest giving.

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The Role of Perceived Behavioural Control in Away-From-Home

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Introduction

Most research examining the use of theoretical models, such as the Theory of Planned Behaviour (TPB) and cost-benefit trade-off, to predict recycling behaviour have been undertaken in a normal residential setting. Little research has examined whether the theory can also explain the recycling behaviour of people staying in a temporary residential setting (i.e. away-from-home.) Waste produced by visitors directly impacts the overall success of a recycling program (Ha, 2005). Consequently it is important for policy makers to consider the recycling behaviour of away-from-home residents.

Literature

A range of cognitive and psychosocial variables, including attitudes, have been used to study environmental behaviour (Taylor and Todd, 1995). The Theory of Planned Behaviour (TPB) has been used extensively (Davies, Foxall and Pallister 2002) and proposes that the intention to behave a task (recycling) is derived through social (subjective) norms, an individual's attitude towards the act (personal norms) along with an individual's perception of control over his or her ability to perform the behaviour (Perceived Behavioural Control - PBC). Armitage and Conner, (1999) found that perceived controllability of performing a task was associated with the likelihood of it occurring. These are then the precursor to behavioural intention, from which behaviour will follow.

Conner and Armitage, (1998) examined the importance of distinguishing between internal and external control as it related to an individual's perception of control when analysing PBC. Internal control over behaviour suggests that the individual perceives that he or she possesses the skills, ability and confidence (Knowledge and Motivation) to perform a task or particular behaviour (Armitage and Conner, 1999; Conner and Armitage, 1998). In contrast, external control relates to whether external considerations allow the task to be easily performed. Such considerations include external barriers or a lack of facilities and perceptions (Ability to Perform) which inhibit performance of the task or behaviour. The assumption is that an individual will be more likely to perform the task or behaviour if it is easy and without real or perceived obstacles (Armitage et al., 1999; Conner and Armitage, 1998; Kidwell and Jewell, 2003, Knussen et al., 2004).

Past research has also identified that the cost-benefit trade-offs of recycling behaviour (Cost-Benefit of Recycling) are an important factor in understanding motivations to recycle (Vining and Ebreo 1990). In Hornik and Cherian's (1995) examination of external facilitators of recycling programs, they recognised waste separation programs as a unique social behaviour due to the significant amount of time and effort required by the participant. Vining and Ebreo (1990) and Jacobs et al., (1984) identify that even those consumers who feel a benefit in recycling, may still not recycle if the effort required to participate outweighs the intrinsic or extrinsic incentive. As Kline (1988) explains "We would not expect individuals to engage in conservation behaviour when... the expected behaviour is regarded as cumbersome, inconvenient and ineffective..." Research has predominantly recognised costs in relation to recycling are more concerned with time and effort (De Young 1986a, 1986b, 1989; Jacobs et al., 1984; Vining and Ebreo (1990) than monetary costs (Shrum et al., 1998). This definition of cost has been supported by Barr and Shaw's (2006) research and is particularly appropriate for the recycling behaviour of those who are away-from-home as the effort required to recycle may outweigh the benefit of social or personal benefit. Reasons for this may include a detachment from the local surroundings or a belief that one can relax on holidays and not

recycle as they would do in their normal residential setting. The purpose of this study was to test a model of away-from-home recycling behaviour based on the Theory of Planned Behaviour that incorporates the elements of PBC and the cost-benefits of recycling.

Results

Responses to self completion questionnaires from residents of short-term accommodation in a coastal town of northern New South Wales were collected. A total 99 usable responses were obtained with a higher proportion of females (64%) and younger respondents (63% between 18-38 years of age) as well as relatively high proportion of people staying in hostel accommodation (26%). Three quarters of the sample indicated they recycle to some extent at home. There was a significant correlation between the intention to recycle away-from-home and home recycling behaviour ($r=.59$, $n=98$, $p<.0001$). This is despite home recyclers having a lower mean score for intention to recycle than non recyclers ($M=3.4$, $SD=.56$ vs $M=4.2$, $SD=.65$; $F_{(1, 95)}=31.94$, $p<.0001$) This supports the view that people away from home tend to be more hedonistic in nature and personal norms are not necessarily present when away from home (Shields, 1990; Dann and Cohen, 1991) although the hawthorn or self-lifting effect (Salant and Dillman, 1994) may also be playing a part in the high intention of non-recyclers to recycle away from home.

Six composite variables representing a theorised model of respondent's intention to recycle while away from home were tested using multiple linear regression. Using the enter method a significant model emerged ($F_{(6, 75)} = 12.68$, $p<.0001$) adjusted R square = .46. Table 1 presents the results. There were four significant variables; cost-benefit of recycling, recycling knowledge, ability to perform and motivation. Personal and social norms were not significant.

Table 1: Model of intention to recycle

Variables	Unstandardised coefficients		Standardised coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	1.95	0.60		3.24	0.00
Ability to recycle	0.15	0.06	0.22	2.65	0.01
Knowledge of recycling	0.25	0.08	0.28	3.02	0.00
Cost-Benefit of recycling	0.63	0.14	0.57	4.56	0.00
Motivation to recycle	0.34	0.13	0.32	2.61	0.01
Social norms	0.03	0.08	0.04	0.39	0.70
Personal norms	0.16	0.11	0.17	1.51	0.14
Dependent variable: Intention to recycle away from home					

Conclusion

The findings support previous research that cost-benefit trade-offs and ability to recycle are significant in a person's decision to recycle when away from home. If the task of recycling in an unfamiliar location is seen as difficult or not worthwhile, efforts to recycle are diminished. The finding highlights the need for social marketers to educate accommodation providers about the promotion of recycling and making recycling facilities more readily available and convenient for patrons.

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Changing Times and Expectations Impact on Childhood Obesity

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Introduction

In this paper, findings from second phase data of a two phase qualitative research project are presented. The entire project explores parental attitudes and behaviours surrounding the quantity of food eaten by young children and the nature of foods that are made available to young children. The focus of this paper is the issue of quantity of foods considered acceptable for daily intake by young children. This paper builds on extant literature and findings from the first phase of this research (Norton, Harker and Harker, 2009). In light of the increasing prevalence and earlier onset of childhood obesity (Children's Nutrition and Physical Activity Survey, 2007; Vaska and Volkmer, 2004), it is expected that this research will provide insights into parental attitudes and motivations and so assist in development of more effective social marketing campaigns or interventions addressing childhood obesity.

Eating habits develop in childhood and persist into adulthood (Boulton, Margery, Cockington 1995; Kelder *et al.* 1994; Singer *et al.* 1995). A review of 66 studies assessing the association between some combination of parenting, child eating and child weight variables concluded that there is substantial evidence that parenting affects child eating and that there are many modifiable risk factors for childhood obesity that reside in young children's family environments (Ventura and Birch 2008). Qualitative studies aiming to elicit views regarding influencing factors on children's food choices have been conducted on parents of 5-6 year olds (Campbell, Crawford and Hesketh, 2006) and older children and their parents (Hesketh *et al.* 2005). Themes of influence include food marketing, modelling and feeding strategies. Food availability or exposure to foods was a commonly noted influence but this was complicated by the fact that children's food preferences determine the food made available to them (Campbell *et al.* 2006). Recent qualitative work indicates that parents of children under 11 years consider healthy lifestyles to be too challenging in the face of social norms, perceived constraints of time and the jeopardising of children's "happiness", particularly in low socio-economic status (Medical Research Council, 2007). There is a dearth of studies focusing on attitudes and behaviours of parents of younger children.

In Phase I of this research (Norton *et al.* 2009), 16 primary caregivers of children (aged 1-5 years) were interviewed. Caregivers who deemed it their responsibility to determine the quantity the child eats (in contrast to the child) practised overfeeding risk behaviours such as presenting food as desirable "treats" as an incentive to eat more everyday food.

Evidence from experimental and cross-sectional studies suggests that children under 5 years have the ability to self-regulate energy intake (Birch and Deysher, 1986; Fox *et al.* 2006) but self-regulation is diminishing as early as age 2 years. There is support from experimental and longitudinal studies that children who exhibited less self-regulation were significantly heavier and had mothers who were more controlling of their intake (Birch and Fisher, 2000; Johnson and Birch, 1994). Serving larger food portions, in contrast to allowing self-selection of portion, promotes greater energy intake by children as young as two years of age (Fisher, Rolls and Birch, 2003), an effect found to be sustained, at least in adults (Rolls, Roe and Meengs, 2006). Also, 'pressure to eat' in 5-6 years olds has been associated with an increase in predicted energy intake (Campbell, Crawford and Ball, 2006).

Method

Twenty four interviews were conducted with primary caregivers of children (1-2 1/2 years). Parents of children as young as practically possible were sought as dietary influence of parents is greatest when children are young and risk of obesity commences at very early age (Reilly *et al.*, 2005; Vogels *et al.*, 2006). Diversity was sought regarding socio-economic status (Barros *et al.*, 2006); working status of the caregiver (Brown, Scragg and Quigley, 2008) and family configuration (Anderson, Winett and Wojcik, 2000).

Interviews incorporating projective techniques were conducted usually in participants' homes. One interview protocol was used to facilitate cross-case analysis and confirm or disconfirm elements of prior theory whilst still allowing introduction of new concepts (Perry, 1998). Analysis of data utilised theory building strategies (Eisenhardt, 1989; Strauss and Corbin, 1990).

Findings

The following analysis differentiated between caregivers who allowed the child to determine the quantity of their own intake of foods considered acceptable for daily consumption (CHs) and those caregivers who encouraged greater intake of such foods (CGs).

No association was found between caregiver determination of quantity of food intake and socio-economic status (SES), nor whether or not caregivers had had a child prior to the "case child". Most caregivers (six of eight) who received any training considered relevant allowed their child to determine the quantity of everyday foods consumed. The distribution of both working status of caregiver and presence of spouse between parents who determined the quantity of intake and those who did not appeared fairly even.

When asked "Who should determine the quantity of everyday foods a child eats?" six of the ten CGs responded either "both" or "the child" or "don't know" but their reported behaviour indicated that it is the caregiver themselves who determine quantity. A definite theme associated with this behaviour was that its origin was their own childhood and associated expectations. One caregiver's concern, albeit regarding an older sibling was based on the fact that the child was smaller than others despite being an acceptable weight as per growth charts.

Of the CHs (n=15), four suggested that it was common knowledge and three reported that their attitude came from their training or experiences in child care or with their first child. Two commented about their own childhood experiences. One reacted against being force fed; the other continuing how she was brought up (not force fed, but no alternative available). All five participants who were still breastfeeding their child (range 12-26 mo.) were CHs. Two women expressed lack of concern regarding amount of food consumed due to breastfeeding.

Conclusions

Cessation of breastfeeding is likely to be a time when caregivers become more anxious about the amount of food consumed and may be a time to target education regarding avoidance of overfeeding. Greater emphasis may be given to the concept that infants have developing and varying food preferences and appetites. Differences in objectives of modern day caregivers and those of caregivers from past times may need clarification. Caregivers are highly influenced by comparison of their child with others (Norton *et al.* 2009) and concern about inadequate intake based on size comparison with other children is of concern particularly

considering the high rate of childhood obesity and that parental recognition of children's ideal weight is poor (Sherry *et al.* 2004).

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Social Marketing – A Catalytic Tool to Increase Organ Donation?

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Introduction

In 2009, there were 261 organ transplants in Ireland (Hickey, 2009). This was a 16.5% increase on 2008 figures (224 transplants) and represents 61.5 organ transplants per million of population. However, up until about 1980, successful organ transplants were rare. Over the past three decades however, the practice of organ transplantation has been transformed from an experimental therapy into a common medical procedure and represents one of the great achievements of 20th Century medicine (Healy, 2006). However as transplants became more successful, transplant organs have rapidly become scarcer. Demand for organs now greatly outruns their supply. At present, organs come almost entirely from two sources. The first type are cadaveric donors who are brain-dead individuals whose bodies are kept functioning artificially. Their families or next of kin consent to organ harvesting. The second type of donor are living donors who are usually, but not always, related by blood or marriage to the transplant recipient. The success of transplantation thus relies on the willingness of the public to donate their organs or those of recently deceased relatives. Steinberg, (2004) states that despite the proven efficiency of transplantation, there still exists a severe shortage of available organs in most Western countries.

Motivations to Donate

Morgan and Miller, (2002) refer to a number of studies concerned with identifying specific psychological variables believed to be associated with the willingness to donate organs. These motivations include altruism (Kopffman et al., 1998; Stevens, 1998; Horton, 1991), empathy (Skumanich and Kintsfather, 1996) as well as acceptance of morality and humanitarian impulses (Stevens, 1998; Cleveland, 1975).

Altruism at its core is helping behaviour and this desire to help a fellow human being has been put forward as one of the strongest motivational factors for donating one's organs (Kopffman et al., 1998). Interestingly, Lennerling et al., (2003) state that self benefit can also be a motivating factor in the decision to donate. They discuss how a self benefit accrued to spouses who donated to their partner in the form of the relative's improved health. The donors believed that donation would increase both individuals' quality of life in numerous ways. Spital, (2000) who undertook a survey involving 208 US renal transplant centres found that all donors who responded to the survey experienced an increased level of self esteem post donation. These findings are also echoed by Biller-Andorno, (2002); Phadke and Anandh, (2002); and Kärrfelt et al., (1998).

Truog, (2005) states that empathy or identification with the recipient is a huge motivation. Donation can be to a friend or family member or where the donor gives an organ to the general pool to be transplanted into the recipient at the top of the waiting list or to a stranger i.e. a specific person with whom they have no prior emotional connection. A feeling of moral duty was identified as being separate from a desire to help. Truog, (2005) noted that respondents viewed donation as an obligation or something that is expected of them.

Barriers to Living and Cadaveric Donation

As there are a multitude of ways not to donate naturally there are a wide ranging and diverse number of reasons why individuals do not donate. In fact many people cannot fully explain or

articulate their unwillingness to become donors (Morgan and Miller, 2002; Stevens, 1998; Sanner, 1994). Healy, (2006) introduced the concept of the flawed psychological schemas or preconceptions which in essence are one of the foremost barriers to donation. This is where transplant coordinators would not consider an operation, whereby an individual would donate to a stranger. Not only have doctors been reluctant to encourage such donations, but their initial reaction has been to suspect that the would-be donors are mentally ill.

Frutos et al., (2005) suggest that a high percentage loss of potential donors occurs due to refusal by family members to donate their loved one's organs, estimating that this could range from 20% to 24%. They also refer to the finding that families who were more accepting of organ donation were cognisant of the wishes of the deceased family member prior to their death. This finding matches the view held by Jones et al., (2009) who refers to further studies by Thompson et al., (2003); Martinez et al., (2001) and Radecki and Jaccard, (1997).

Schulz et al., (2006) state that a lack of awareness is critical among the factors which influences an individual's failure to donate organs or sign an organ donor card. They suggest that most people do not possess sufficient knowledge about organ donation and this lack of awareness is a serious impediment to developing positive attitudes towards organ donation. Further barriers to organ donation include cultural mores/scepticism among ethnic minorities (Siegel, 2010; Davis et al., 2005; Schutte and Kappel, 1997) as well as fear and the issue of commoditisation (Healy, 2006).

Conceptual Model

To be labelled social marketing, a programme must apply communication marketing technology, have the influence of voluntary behaviour as its bottom line and primarily seek to benefit individuals/families or the broader society (Andreasen, 1994). Organ donation programmes do not fall under the traditional categories devised by Andreasen (1994), because they do not benefit the target consumer or his/her family (e.g., programmes designed to promote breast self-examination), benefit the society at large (e.g., programmes that encourage recycling) or have joint beneficiaries (e.g., efforts to persuade drivers to obey speed limits, which would save the lives of drivers and their passengers). Therefore, it may be difficult to convince potential donors of any tangible benefit accruing to themselves from participation in such a programme (Lwin et al., 2002). It is therefore not surprising that the implementation of marketing techniques to the organ donation cause has met with such little success (Horton, 1991; DeChesser, 1986).

Although problems such as the intangibility of the product and the nonmonetary price of purchase may be inherent in organ donation (Prottas, 1983), the general unfavourable public attitude towards organ donation may be a bigger obstacle (Lwin et al., 2002). Several researchers have attempted to understand the factors affecting attitude towards organ donation (Parisi and Katz, 1986; Belk and Austin, 1986; Goodmonson and Glaudin, 1971). It has been recognised that there is a pressing need to understand psychological motivations behind the decision to donate organs (Shanteau and Harris, 1990) as well as provide a greater cross-national and cross-cultural perspective (Harris and Shanteau, 1990).

This paper represents a work in progress and will seek to ascertain how social marketing can contribute to organ donation by applying some of the concepts and theories of social marketing to organ donation and the application of marketing efforts to increase the number of organ donors. The model developed by Horton and Horton (1991) who looked at people's willingness to become potential organ donors will be analysed. They established that two factors – values and factual knowledge regarding organ donation are positively related with a person's attitude towards donation.

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How Adequate are the ABAC codes?
An assessment by Marketing and Advertising students

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Introduction

Youth alcohol consumption is an issue of global concern. Young people are particularly susceptible to alcohol related harms and many countries are dealing with the social and economic impact of an increasing youth culture of risky drinking (World Health Organization 2007). Alcohol is among the most heavily advertised products worldwide (Endicott 2005) resulting in increasing exposure to underage youth (Centre on Alcohol Marketing and Youth 2008). Alcohol advertising has the power to influence adolescents' drinking behaviours with many studies reporting a positive effect between exposure to alcohol advertising and the initiation or reinforcement of alcohol consumption (Ellickson et al. 2005; Hanewinkel and Sargent 2009; Henriksen et al. 2008; McClure et al. 2006; Sargent et al. 2006; Jernigan, D. 2001). Others report that advertising normalises alcohol consumption, including excess consumption, through positive expectancies (for example by linking consumption with attractive symbols, role models and outcomes (Austin, Chen and Grube 2006; Carroll Donovan 2002; Donovan et al. 2007; Fleming, Thorson and Atkin 2004).

Like most developed countries, Australia adopts a system of industry self regulation. However, research suggests that self-regulation is not effective and that vulnerable underage audiences are exposed to high levels of alcohol ads with content appealing to underage youth (Fielder, Donovan, Ouschan 2009; Winter, Donovan and Fielder 2008). The Australian voluntary Alcohol Beverages Advertising Code (ABAC) is a specific code developed for alcohol advertising (The ABAC Scheme 2004 codes are listed in Attachment 1). Several studies have looked at the content of alcohol advertising in Australia and whether or not such content breaches the ABAC (Carroll and Donovan 2002; Donovan 2007; Donovan 2003; Jones and Donovan 2001; Jones, Hall, Munro 2008; Roberts 2002). These studies focussed on compliance of alcohol advertising with the ABAC and generally conclude that much alcohol advertising content contravenes the ABAC but that complaints received by the ASB tend to be dismissed rather than upheld as valid complaints. For example, of a total of 20 complaints against alcohol television advertisements received by the ASB between October 2007 and November 2008, only one complaint was upheld whilst 19 were dismissed (Advertising Standards Bureau 2008).

This study examines the clarity of the self regulatory ABAC scheme to Marketing and Advertising students. They are an important cohort as they represent the next generation of people who will need to follow the ABAC scheme. Furthermore, Marketing and Advertising students are assumed to provide both a more expert and an unbiased view of ABAC breaches relative to public health professionals. In support, Jones and Donovan (2002) showed that advertising students' classification of ads as breaching ABAC were similar to marketing professors' classifications. Whilst previous studies have involved advertising students as experts to assess if advertisements breach the ABAC (e.g., Jones and Donovan 2002), this study is the first to investigate advertising and marketing students' perceptions of the clarity of the ABAC articles themselves.

Research Method

Five postgraduate and undergraduate advertising and marketing classes at a large university in Australia were used to collect data for this study. The sample comprised 63 female and 48 male students. The majority of students were in their second and third year of study (74%) and 16% were postgraduate students. A self-administered questionnaire was used to

investigate student perceptions of the comprehensiveness, usefulness, easiness, relevance, ambiguity and restrictiveness of the ABAC articles. The items were presented in a 7-point Likert scale ranging from 1=strongly disagree to 7=strongly agree. To ensure familiarity with the ABAC articles, students were first required to view five alcohol advertisements and after the screening of each indicated on the questionnaire if the alcohol advertisement breached any of the ABAC articles. A total of 25 different advertisements were used for this task. Presenting the task as a class exercise helped to ensure that the students made their judgements conscientiously.

Results and Discussion

It is important to note that the judges evaluating the ABAC articles were marketing and advertising students, thus an inherent anti-advertising bias is highly unlikely. In fact the majority of students generally rated the ABAC articles satisfactory on these criteria. However, for Code articles, it could be argued that not just majorities, but very high proportions (perhaps almost unanimous) are required to agree on these criteria for them to be workable in practice. The results summarised in Table 1 suggest several inadequacies of the ABAC articles. The highest agreement was on *usefulness* at 69%. Only 55% of advertising and marketing students rated the ABAC articles as being *comprehensive* enough to address all forms of irresponsible drinking behaviours. 23% did not rate the ABAC articles *easy* to determine if an advertisement breached a code and approximately a quarter (26%) deemed the articles *ambiguous*. The results also demonstrate a high level of disagreement on the *restrictiveness* of the ABAC articles for advertisers (37% found them too restrictive versus 42% not too restrictive). Crosstab analyses were conducted to determine if a student's gender or year of study had an impact on the evaluation of the ABAC articles. No significant differences were found.

Conclusions and Public Policy Implications

Although the students surveyed in this study had special training in marketing and advertising a significant proportion considered the ABAC articles to be ambiguous and not easy to determine if an advertisement breached a code. This brings into question the level of ambiguity and difficulty ABAC judges experience when they apply the articles to assess alcohol advertisements, as they generally lack formal training in advertising. Furthermore, the results highlight the need to make the ABAC articles more comprehensive perhaps by including a greater variety of unsafe drinking behaviours. Alcohol advertising codes need to be constantly revised and updated to keep in line with advances in advertising (e.g., interactive advertising technology), alcohol beverage innovations and alcohol consumption trends (e.g., popularity of alcohol pops) . For the ABAC articles to be revised and reconstructed effectively, further research is required involving advertising experts and target markets (e.g., young adults whom advertisements are aimed at and/or are at risk of engaging in unsafe drinking behaviours). Without their involvement, the new articles are not likely to be relevant and useful to the advertisers who create the advertisements and to ABAC judges who evaluate advertisements.

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Table 1: Marketing and Advertising Students' Evaluations of ABAC Articles

ABAC articles are comprehensive (n=101; mean=4.6*)			
Strong Agreement	23%	6%	Strong Disagreement
Total Agreement	55%	21%	Total Disagreement
ABAC articles are easy (n=101; mean=4.7)			
Strong Agreement	29%	6%	Strong Disagreement
Total Agreement	60%	23%	Total Disagreement
ABAC articles are useful (n=99; mean=5.1)			
Strong Agreement	35%	4%	Strong Disagreement
Total Agreement	69%	11%	Total Disagreement
ABAC articles are too restrictive (n=99; mean=3.9)			
Strong Agreement	11%	19%	Strong Disagreement
Total Agreement	37%	42%	Total Disagreement
ABAC articles are ambiguous (n=98; mean=3.7)			
Strong Agreement	8%	19%	Strong Disagreement
Total Agreement	26%	39%	Total Disagreement
ABAC articles are relevant (n= 97; mean=4.9)			
Strong Agreement	28%	3%	Strong Disagreement
Total Agreement	65%	12%	Total Disagreement
Strong Agreement response = 6 or 7		Strong Disagreement response = 1 or 2	
Total Agreement response =5 or 6 or 7		Total Disagreement response =1 or 2 or 3	

Attachment 1: The Core of the ABAC Code Scheme

Advertisements for alcohol beverages must –

- a) present a mature, balanced and responsible approach to the consumption of alcohol beverages and, accordingly –
 - i) must not encourage excessive consumption or abuse of alcohol;
 - ii) must not encourage under-age drinking;
 - iii) must not promote offensive behaviour, or the excessive consumption, misuse or abuse of alcohol beverages;
 - iv) must only depict the responsible and moderate consumption of alcohol beverages;
- b) not have a strong or evident appeal to children or adolescents and, accordingly –
 - i) adults appearing in advertisements must be over 25 years of age and be clearly depicted as adults;
 - ii) children and adolescents may only appear in advertisements in natural situations (eg family barbecue, licensed family restaurant) and where there is no implication that the depicted children and adolescents will consume or serve alcohol beverages; and
 - iii) adults under the age of 25 years may only appear as part of a natural crowd or background scene;
- c) not suggest that the consumption or presence of alcohol beverages may create or contribute to a significant change in mood or environment and, accordingly –
 - i) must not depict the consumption or presence of alcohol beverages as a cause of or contributing to the achievement of personal, business, social, sporting, sexual or other success;
 - ii) if alcohol beverages are depicted as part of a celebration, must not imply or suggest that the beverage was a cause of or contributed to success or achievement; and
 - iii) must not suggest that the consumption of alcohol beverages offers any therapeutic benefit or is a necessary aid to relaxation;
- d) not depict any direct association between the consumption of alcohol beverages, other than low alcohol beverages, and the operation of a motor vehicle, boat or aircraft or the engagement in any sport (including swimming and water sports) or potentially hazardous activity and, accordingly –
 - i) any depiction of the consumption of alcohol beverages in connection with the above activities must not be represented as having taken place before or during engagement of the activity in question and must in all cases portray safe practices; and
 - ii) any claim concerning safe consumption of low alcohol beverages must be demonstrably accurate;
- e) not challenge or dare people to drink or sample a particular alcohol beverage, other than low alcohol beverages, and must not contain any inducement to prefer an alcohol beverage because of its higher alcohol content; and
- f) comply with the Advertiser Code of Ethics adopted by the Australian Association of National Advertisers.
- g) not encourage consumption that is in excess of, or inconsistent with the Australian Alcohol Guidelines issued by the NHMRC.
- h) not refer to The ABAC Scheme, in whole or in part, in a manner which may bring the scheme into disrepute.

Alcohol Consumption Behaviours and Attitudes in Vietnam: An Exploratory Analysis

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Introduction

Alcohol-related problems have long been recognised as a major public health problem in the western world, but more recently increased attention has been paid to the role of alcohol as a public health problem in developing countries including Vietnam (Giang *et al.*, 2008). Over recent years Vietnam has experienced sustained economic growth. This has led to an increase in the overall standard of living for the broader community, and with that an increase in the purchase and consumption of alcohol (Giang *et al.*, 2008; Jernigan, 2001; Luong, 2009; Rehm *et al.*, 2003). The purpose of this study is to provide a current state-of-play of available research into alcohol consumption behaviours and attitudes in Vietnam, with a view to uncovering the key issues and to posit possible future directions for research in this field. Existing research into alcohol in Vietnam can be grouped under three main issues: excess alcohol consumption, alcohol as a contributing factor to risky sexual activity and alcohol as a contributing factor to risky driving behaviour.

The Current Situation

Drinking is learned behaviour that falls within the prescribed social norm of a cultural group (McCrary, 2004). *Nhậu*, or informal social drinking, is commonplace in Vietnam where alcohol is used to celebrate events, to socialise, to drown sorrows and to facilitate business. An individual's behaviour is rewarded for engaging in group activities such as social drinking, because collective social functions are encouraged and expected in Vietnam (Giang *et al.*, 2008; Kaljee *et al.*, 2005; Tran, 2008). Whilst survey data provided to the World Health Organization suggests that initiation of alcohol use is 'rare' among Vietnamese adolescents (Jernigan, 2001), Kaljee *et al.* (2005) found that peer pressure is an important factor with adolescent Vietnamese boys as they tried to 'prove their manhood'. In their study of a rural district in northern Vietnam, Giang *et al.* (2008) found that 87.3 percent of men and 10.2 percent of women had used alcohol in the previous year. Drinking is predominantly a male activity, however female drinking is beginning to become more common particularly in the major cities. The World Health Organization (2004a) identified that 10.2 percent of Vietnamese males could be classed as heavy episodic drinkers, on top of that 8.1 percent of males 18-24 years old were classed as heavy episodic drinkers meaning they consumed five or more standard drinks in one sitting at least once a week.

At this stage there is very little information regarding alcohol consumption patterns and contexts in Vietnam, particularly concerning adolescents and young adults (Tho *et al.*, 2007). Recent studies including Giang *et al.* (2008) and Tran (2008) have provided some strong foundation data into alcohol usage, however their research largely focuses on alcohol as a contributing factor to issues such as risky sexual behaviour, rather than focusing their investigations on the actual drinking attitudes and behaviours themselves. In a study of university students in Ha Noi and Ho Chi Minh City, Vietnam's two biggest cities, 62 percent of females and 70 percent of males felt that alcohol "facilitates" casual sex (Brown *et al.*, 2001). In another study nearly 70 percent of those who had engaged in oral, anal or vaginal sex also reported drinking (Kaljee *et al.*, 2005). Tho *et al.* (2007) in their study of adolescents and young adults in Nha Trang (a major city) found that male youths were 50 times more likely than non-drinkers to have sex, while female youths who drank were three times more likely than female non-drinkers to have sex. Moreover, nearly 40 percent of male youths who drank did not use a condom during their most recent sexual activity, compared to 4.8 percent

of non-drinkers (Tho *et al.*, 2007). Often these risky behaviours occur with commercial sex workers, sex with workers at cafes and *bia ôm* (“beers and hugs”, a bar where men are served beer and sexual services) (Kaljee *et al.*, 2005).

An issue yet to gain currency in Vietnam is that of alcohol and its relationship to road accidents and risky driving behaviour. For a country where there are 68.6 motorbikes for every 100 households and 109.1 motorbikes for every 100 urban households (General Statistics Office, 2006) this is a salient issue. The motorcycle is the main form of transportation for the majority of the population in Vietnam and public transport is rare outside the main cities. For many Vietnamese the motorbike is the cheapest and the most convenient means to get home after an evening of drinking.

Vietnam has drink driving laws (World Health Organization, 2009), which were tightened to a maximum blood alcohol concentration level of 0.05g/dl for drivers (including motorbike riders) on 1 July 2009 (Road Traffic Law, 2008). However the World Health Organization (2009) rated the enforcement of these laws as 3 out of 10, where 0 is not effective and 10 is highly effective. Random breath testing is uncommon in Vietnam (World Health Organization 2004b), moreover the laws are not clearly understood by many citizens. The most recent available statistics for road traffic deaths show that 34 percent involved alcohol (Forensic Medicine data, 2001, cited in World Health Organization, 2009). There have been limited informed educational efforts in Vietnam with regard to alcohol consumption (Kaljee *et al.*, 2005) resulting in little information about responsible alcohol use and alcohol-related problems in the population (Giang *et al.*, 2005, 2008). At present there is little in the way of public education about responsible drinking behaviour.

Competing against these efforts there is little in the way of restrictions of alcohol advertising promotion in Vietnam. The advertising of spirits are banned on national television and radio, but there are little or no restrictions for the advertising of beer and wine on television and radio, print media and billboards (World Health Organization, 2004b). These advertising and promotions restrictions are also only partially enforced (World Health Organization, 2004b).

Conclusions and Recommendations

The majority of the recent literature focuses on alcohol consumption as a contributing factor (amongst others) to risky sexual behavior. To this point little of the publicly available research has focused on the broader issues and implications related to alcohol consumption, including drink driving, domestic violence and health implications. Before such issues can be addressed, more needs to be known about consumer attitudes, latent and manifest motives and behaviours related to consumption of alcohol in Vietnam. This paper proposes that a broader study needs to be undertaken into drinker attitudes and behaviour to alcohol consumption, with a view to extending research towards identifying priority alcohol-related problem areas. Considering the existing studies on youth attitudes alcohol in Vietnam, it is recommended that a study on youth attitudes to drink driving be undertaken in future research.

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An investigation of the key drivers of breastfeeding

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Introduction

Often social marketing campaigns seek to change people's attitudes in order to change their behaviour. The current study seeks to examine factors other than awareness or beliefs that influence the behavioural intentions to perform a complex social behaviour. Prior to the birth of a child, intentions to breastfeed have been shown to have a high impact on the actual behaviour of breastfeeding, therefore it is important to examine the factors that influence these intentions. In Australia, the level of breastfeeding is well below that recommended by the World health Organisation and currently stands at 48% at six months (ABS, 2007). This situation has prompted a federal government focus on breastfeeding with the recent release of the Australian Breastfeeding Strategy 2010 - 2015. Given the barriers to maintaining breastfeeding behaviour are shown to be socially and personally oriented (Dennis, 2009), this paper investigates the relationship between attitudes, subjective norms, positive and negative anticipated emotions toward breastfeeding, and social support available on intentions to breastfeed.

Breastfeeding behaviour

Prior research on breastfeeding behaviour indicates that using an education approach has limited success in improving intentions to breastfeed and breastfeeding behaviour (Kistin, et al. 1990; McInnes, 2000). This highlights the importance of using more than communication to influence breastfeeding intentions and behaviour. Research offers evidence that both positive and negative anticipated emotions impact intention to perform a behaviour (Perugini and Bagozzi, 2001). Anticipated emotions are those a person expects to experience by achieving a sought after goal (Bagozzi, Baumgartner and Pieters, 1998). Prior research on breastfeeding also indicates that personal social support increases breastfeeding rates (Ingram, Rosser and Jackson, 2004).

Method

This study employed a snowballing technique to ensure a true representation of the population was involved (Neuman, 2006). Snowballing was adopted as the specific target population were difficult to reach. The initial sample was selected by the researcher and then subsequent participants were selected based on recommendations provided by the initial participants. No incentives were used to entice participation. A convenience sample of 405 participants with children under 18 months of age was recruited from different areas in Australia. The age range of respondents was 18 years to 44 years, with the mean age of 31 years, which is representative of the Australian population; the mean age of women giving birth in Australia being 30.7 years (ABS, 2007).

The online survey consisted of six sections, namely demographics, anticipated emotions towards breastfeeding, types of social support and attitudes, subjective norms and intentions to breastfeed. Anticipated emotions items were sourced from Perugini and Bagozzi, (2001); social support items were sourced from Cohen, Mermelstein, Kmack and Hoberman (1985); attitude, subjective norms and intention items were adapted from Ajzen (1991). The analysis was guided by structural equation modelling (SEM). SEM was selected for this research as it has advantages over regression modelling, including the use of confirmatory factor analysis to reduce measurement error by having multiple indicators per latent variable and the ability to model mediating variables (Bagozzi and Yi, 1998; Raykov and Marcoulides, 2000).

Furthermore, SEM allowed the hypothesised model to be tested in a simultaneous analysis of the entire system of variables to determine the extent to which it was consistent with the data.

Results and Discussion

The findings of this research present strong support for anticipated emotions, both positive and negative, and personal social support as a key drivers of breastfeeding behaviour leading to greater intentions to breastfeed. Importantly, the combined influence of these factors results in longer breastfeeding duration. Interestingly, findings in the research revealed that the traditional rational approach variables of attitudes and subjective norms did not have a significant impact on women's intentions to extend their breastfeeding duration. The r^2 of intentions is .35 and behaviour is .76. The goodness of fit of the structural model is adequate (RMSEA= .04, CFI= .99). These findings are consistent with current research that suggests emotions (Perugini and Bagozzi, 2001) and social support (Sarason *et al.*, 1987) have a significant impact on social behaviour change.

The relationship between intentions and positive anticipated emotions was .14 ($P=.004$), negative anticipated emotions was .16 ($p < .0001$), social support was .38 ($p < .0001$), attitude was -.03 and subjective norm was .03. There is a strong relationship between both positive and negative anticipated emotions, and social support, particularly from partners, and breastfeeding intentions. This suggests that the influence of emotions and social support on breastfeeding decisions rather than attitudes and subjective norms requires further investigation to gain a deeper understanding of their impact on actual breastfeeding behaviour. Emotions may also influence the alternatives chosen by women.

Recent research indicates that specific emotional states have predictable, distinct influences on decision making (Lin, Chuang, Kao and Kung, 2006). These emotional states and their decision making preferences may translate to different levels of breastfeeding confidence, perceptions of effort invested, perceptions of the importance of the decision process and influence actual breastfeeding duration to varying degrees. The strong relationship between negative anticipated emotions and breastfeeding intentions also demonstrates that women want to avoid feeling negative emotions such as guilt, sadness and anger when they are making breastfeeding decisions.

Conclusions and Implications

The results of this study found evidence that contradicts the more rational approaches to social behaviour change which focus on attitudes and subjective norms. This has significant implications for social marketing theory. Using an approach that considers emotions as well as personal social support allows for a greater understanding of the barriers associated with adopting complex social behaviours such as breastfeeding. These significant barriers, if addressed well could reduce the costs associated with adopting the behaviour (Kotler and Lee, 2008). Additionally, the high level of support from women's partners of their breastfeeding behaviour suggests that social marketing programs should be developed using social support strategies incorporating fathers. For instance, programs should highlight the importance of emotional and physical support of breastfeeding that men can provide to their partner. These findings are useful for both health professionals and social marketers when considering program development for changing complex social behaviours.

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Teenagers' reactions to a proposed increase in the legal drinking age

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Background

Recently there has been considerable media interest in Australia related to the possibility of increasing the legal drinking age to 21. Prime Minister Kevin Rudd has stated that he would like the drinking age increased to 21 years, but that such a policy change would need to be based on evidence (Trezise 2010). In light of recent neurological research that has identified the harmful effects that alcohol can have on the developing brain from puberty up until age 25 (Crews, He and Hodge, 2007), academics and health experts alike are calling for an increase in the legal drinking age to reflect this new knowledge of the physiological development of the brain (Carpenter-Hyland and Chandler, 2007; Grant, 2009; Hargreaves *et al.*, 2009). In addition, the risks of abusing alcohol and becoming dependent upon alcohol have been found to be much higher in individuals who begin drinking in their early teenage years, further supporting attempts to delay alcohol initiation (Agrawal *et al.*, 2009; Grant and Dawson, 1998).

Underage and binge drinking are recognised to be significant problems among young Australians (AIHW, 2000; Bonomo *et al.*, 2001). Any future public policy changes in this area will thus face the difficult prospect of modifying entrenched behaviours that will be resistant to change. Reactance theory suggests that rather than reducing alcohol consumption, such a change in policy could actually increase drinking, at least in the short term, as young people rebel against the reduction in their freedom (Allen, Sprenkel and Vitale, 1994; Brehm, 1966; Engs and Hanson, 1989). This study explored young Australians' attitudes to a possible increase in the legal drinking age to provide insight into potential social marketing strategies that could assist in 'selling' the idea to those who will be most affected.

Method

As part of a larger study, blog data were gathered from 18 websites over a period of six months. The websites featured Australian teenagers discussing alcohol-related issues. The study was similar in design to the Nielsen (2007) study that examined American college students' alcohol-related online discussions. The content of the identified sites was downloaded and imported into Nvivo8 (a qualitative analysis software program). For the present paper, the data were interrogated for stated attitudes and beliefs relating to raising the legal drinking age to 21 years. A total of 116 comments (33 for and 83 against) were identified. Of note is that these comments were made prior to the recent media discussions about the legal drinking age and hence were not influenced by the coverage.

Findings

While a majority of the bloggers expressed a negative reaction to the possibility of an increase in the legal drinking age, of note was that a sizeable minority (almost one in three) supported this policy change. The arguments made by those against the change are useful for understanding the objections that would need to be overcome should such legislation be introduced, and the arguments made by those in support of the change may assist in the development of messages that may be effective in encouraging detractors to reframe their views. Those against the age increase raised arguments relating to:

- (1) A likely reactance effect, especially among those who were almost 18 and therefore almost at the current legal age and those who were between 18 and 20 who would be

expected to stop drinking after commencing. It was felt that an increase in the legal drinking age would be particularly unfair to these groups: 'they won't be happy they can't drink anymore!'

- (2) The ease with which underage drinkers currently obtain alcohol. This was seen to make an increase in the legal drinking age farcical: 'If they can't buy it, they will get someone else to get it for them, older siblings, parents'.
- (3) The designation of 'adult' status at age 18. Some bloggers noted that other responsibilities are bestowed at this age and therefore it would seem strange to be still treated as a child in terms of alcohol purchase: 'At 18, you can be part of the armed forces and vote'.
- (4) Sending drinking underground. It was suggested that the proposed changes would result in a larger number of young people drinking in secret, which could result in more accidents or incidences of alcohol poisoning: 'They'll do it more in private now so more things can go wrong!'

Those in favour of the age increase made the following arguments:

- (1) Young people would be healthier if they commenced drinking later: 'Teen drinking causes lifelong damage to your health'.
- (2) Alcohol increases violence, accidents and deaths among young people. Some bloggers expressed anxiety about the adverse incidents that occur when immature and inexperienced drinkers become intoxicated: 'Teens die in accidents, have unsafe sex when drunk and it's dangerous'.
- (3) Learning to drive at around the same time as commencing legal public drinking was described as being a 'bad combination'.

Discussion and Conclusion

Many of the comments made by the bloggers are in line with the predictions of reactance theory (as illustrated by the higher use of alcohol among the under 21 US college student population compared with those 21+ when the legal drinking age was raised to 21: Allen et al. 1994). Similarly, the Neilsen (2007) blogging study found that the legal drinking age was not a barrier to young people in the US obtaining and consuming alcohol underage. The outcomes of these studies and the present results highlight the need to understand the multi-factorial nature of youth drinking if introducing such policy changes. In particular, a phase-in approach may be needed to reduce the impact on those currently in the 17-20 age group who could be most alienated by having their actual or impending freedoms reduced. It could be useful to make young people aware of the concerns that many of their peers have relating to the physical harms that are often inflicted on self and others while intoxicated (i.e., adopting a social norms approach). To capitalise on the growing appreciation of the negative health effects of alcohol, campaigns could also contain an educative component designed to inform young people and their parents about the effects of alcohol on the growing brain. In addition, it is recognised that supply-side issues need to be better managed to limit the availability of alcohol to minors (Wagenaar et al. 2000), and this will be of particular importance in ensuring any future increase in legal drinking age is effective in achieving its objectives. Finally, this study highlights the relevance of using blogging data to obtain new insights into teen's attitudes toward alcohol issues.

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**Blood Donation in a Multicultural Australia - Complexities of Cultural
Misunderstanding and Intergenerational Conflict for African Communities**

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Introduction

Australia is a multicultural country, with 44% of the population either born overseas or having one overseas born parent (Australian Bureau of Statistics 2007). While Australia purports to embrace and leverage these cultural differences, this does possibly raise issues in regards to marketing to a range of culturally different groups within the community (Nwankwo and Lindridge 1998). Many organisations will potentially be unable to develop strategies targeting multiple cultural groups (Wilkinson and Cheng 1999). However, Australian nonprofit marketers may have a more pressing need to target distinctive cultural segments, especially as they often have a mission designed to foster wider social inclusion or to address the needs of specific cultural groups (Centre for Culture, Ethnicity and Health 2004, Renzaho 2007). This requires that marketers develop culturally relevant marketing activities going beyond simply advertising in different languages (Noble and Camit 2005). This paper seeks to outline some of the cultural challenges related to donating blood using Sub-Saharan African migrants as an example.

Sub-Saharan African needs

Within Australia, Sub-Saharan communities represent one of the fastest growing communities, with the majority of African migrants coming to Australia as refugees and humanitarian entrants. For example, it is estimated that from 2001 to 2006 the number of Liberian born Australians increased by 1240 per cent, those from Sierra Leone increased by 437 per cent and from Sudan 288 per cent (Australian Bureau of Statistics 2007). Migrants from Africa often have higher health needs that have to be catered for by Australian health services. One such health need includes access to blood supplies, which is difficult to fill as migrant communities generally have lower levels of blood donation (Flood et al. 2006). This becomes especially problematic when, as in the case of sub-Saharan African communities, there are special blood needs that can only be met by members of this community (Grassineau et al 2007).

Negative Cultural Perceptions Associated With Giving Blood

The research looking at perceptions of blood donations in Africa has found that there are a number of reasons people do not give. Jacobs and Bergue (1995) found 52.3 percent of their Tanzanian respondents felt that giving blood would damage their health. Umeora, Onuh and Umeora (2005) found that 27.1% of the Nigerian men they surveyed feared a loss of manhood if they were to donate blood. Grassineau et al. (2007) found that Comorian migrants in France felt that giving blood would result in a loss of one's life forces and South African's surveyed by Mwaba and Keikelame (1995) also felt there were negative health outcome associated with donating blood.

Within African communities it has been reported that there is also a fear of negative consequences of giving blood, such as opening one up to potential 'attack by witchcraft or voodoo' (Umeora, Onuh and Umeora 2005) as well as some general religious opposition to giving blood in Christian denominations such as Jehovah's Witnesses (Hudson and Johnson 2004). In other religions, such as Islam, religious leaders have put out proclamations stating that blood and organic donation were not only acceptable, but in fact a responsibility,

although some confusion in the community related to this matter still exists (Shaheen and Soquiyyeh 2004).

For many sub-Saharan cultures, blood and blood donation has a strong cultural meaning and defines families (Grassineau et al 2007, Jacobs and Berege 1995, Olaiye et al 2004). This might mean donating blood to help 'strangers' might not be viewed positively and in fact could hinder blood donation. This possibly explains why some studies have suggested that African donors were more likely to give to people they know (Olaiya et al 2004).

Intergenerational Complexity

There may also be differences between how younger and older migrants view of blood donation, which could relate to differences in acculturation (Lim et al 2009). Research on other cultural groups has found that younger migrants acculturate more quickly than older migrants, i.e. adopting host country behaviours more quickly (Garcia-Maas 1999, Yu-Wen et al. 2007). This is also supported in for African groups moving to France (Grassineau et al 2007). A difference in views between generations toward blood donation will be important, especially if means that negative family factors (i.e. older member's views) inhibit younger people's donation behaviour.

Conclusion

While nonprofit and public sector marketers may want to ensure there is social inclusion of migrant groups (Alessandrini, 2006), it will mean that they need to develop targeted culturally relevant marketing approaches (Palumbo and Teich 2004). However, this requires that the marketers initially understand the subtlety of cultural issues associated with each targeted group and the targeted behaviour. Simple adoption of a 'western model' will possibly fail because it does not do more than make marketers aware of cultural differences. Organisations need to effectively integrate culture into the delivery of services process, which can only be done after they understand cultural issues associated with the behaviour.

Social marketers need to have a better understanding of cultural barriers and motivators, if they are to effectively target cultural segments (Reid and Wood 2008) and therefore increased donation rates in specific communities (Zaller et al 2005, Okpara 1989). Targeted approaches to encourage blood donation considering the unique cultural issues of communities have been found to be successful in African contexts (Otton et al. 1997), where western models have failed (Field and Allain 2007). Targeted approaches have also been successful when target African migrants in other countries (Grassineau et al 2007), although in the latter example the migrants had cultural and historical links to the western country, carrying over from past colonial relationships. We propose that similar approaches can be applied in Australia when targeting migrants, even those from home countries that have significantly different cultures.

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Boy Racers and Bourdieu: Social Capital Theory and its Implications for Social Marketers

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Introduction

Traffic accidents are the single biggest killer of 15-24 year olds; the accident rate for this age group is typically more than double that of older drivers (OECD, 2006; Forsyth, 1992). Even though a gradual reduction in road casualties in the UK has been observed (Department for Transport, 2009), young men from low-income areas continue to have a correspondingly much higher involvement in road traffic incidents (Clarke, *et al.*, 2008). This anomaly prompted the UK Government's Department for Transport to commission the authors to design a social marketing programme to encourage safer driving amongst young men. In essence, the pilot attempts to achieve a *re-branding* of "driving skill", embedding a new definition that is based less around risky driving behaviour and more around the development and expression of driving skill in a way that does not put the young men or the general public in danger.

We present herein an exploration of preliminary findings from the field trial through the theoretical lens of two emerging themes in the social marketing literature: social capital theory, the starting point being Bourdieu's theories of competition (Tapp and Warren, 2010) and co-creation (Lefebvre, 2007; Desai, 2009). Bourdieu's central thesis was that people acquire economic, social and cultural capital which they deploy in social arenas known as "fields" in order to compete for positions of distinction and status (Bourdieu, 1984; Webb *et al.*, 2002). We extend previous social marketing literature by providing a real life context for the exploration of 'Bridging' and 'Bonding' forms of social capital. 'Bonding' social capital pertains to *intra*-community ties which provide the foundation for bringing individuals together whereas 'Bridging' social capital relates to *intercommunity* ties which provide access to new information and resources (Brunie, 2009, p. 255). Furthermore, we explore the notion of co-creation as a mechanism for improving the balance between bridging and bonding forms of capital where the effects of bonding social capital have led to deeply entrenched behaviours.

Method

Data was gathered during exploratory semi-structured interviews with local residents of a deprived area. This included interviews with both 'car enthusiasts' and individuals involved in car-related anti-social behaviour and criminal activity. Additional qualitative data was collected during co-creation activities in addition to ongoing consultations with a local youth worker. The lead author also enrolled on the Institute of Advanced Motorist's "Skill for Life" course. The combination of this data contributed to the design of the aforementioned social marketing intervention currently being piloted. The pilot consists of bespoke advanced driver training in combination with an In Vehicle Data Recording (IVDR) device which provides real-time data on driver behaviour.

Results and Discussion

Bonding social capital is said to occur among homogeneous populations (Leonard, 2004, p. 929). Our exploratory research identified two populations with contrasting fields of behaviour who exhibit characteristics associated with high levels of bonding social capital. Field 1 comprises of pilot volunteers (17 – 25 year old males) and Field 2 is represented by volunteers from the Institute of Advanced Motorists (IAM) who are primarily responsible for the delivery of advanced driver training during the pilot. Clearly the automobile plays an important role in both fields in creating individual and group identity. We found members of Field 1 to be characterised by feelings of insularity and distrust towards 'outsiders': these

young men exchange social and cultural capital between closely linked friendship groups and family networks. These tight bonds of trust and solidarity impact on behaviours as individuals are influenced by - and conform to – the behaviour of others around them. We found this to be especially pertinent in the case of driving behaviour. The IAM represent a contrasting homogeneous group characterised by strong bonds but importantly this field draws on available resources for positive outcomes, namely responsible driving. During the research we found contrasting forms of social competition within each field. Members of the target audience (Field 1) frequently exchange stories relating to reckless driving and near misses, which contribute to a commonly held definition of ‘good’ driving. Individuals compete within the local hierarchy for positions of status, often coupled with reckless or anti-social driving behaviours. Such behaviours can *enhance* social identity and demonstrate a form of rebellion and attention seeking. In contrast, as bastions of safe driving, IAM members (Field 2) demonstrate a high level of risk adversity and anecdotes related to reckless driving would result in negative social consequences.

Co-creation

Viewed in isolation, the bridging capital between our two groups was extremely weak. However, through the cultivation of co-creation approaches, we sought to strengthen bonds between these two groups, despite their conflicting values and tastes. Two models of ‘acceptable driving’ were created which dynamically represented the differing norms of the target group and the IAM. A middle ground between these extremes was negotiated, which ensured that participants had realistic and achievable behaviour change goals, but crucially for this audience, goals that they had set for themselves. Furthermore, during a series of familiarisation drives with the target audience, practical areas of improvements were agreed upon and a ‘mini course’ was developed. All promotional material related to the pilot was co-created with pilot volunteers. This approach improved the sense of trust between the stakeholders, created a sense of ownership among the target audience and increased the likelihood of positive word-of-mouth filtering through to the wider community.

Conclusions and Public Policy Implications

Social competition as conceptualised in this paper is by definition relational, in contrast to the primarily individualised explanation for behaviour based upon constructs derived from psychology (see for example Rothschild’s prominent work, 1999). The philosophy of this traditional (Glenane-Antoniadis *et al.*, 2003) individualised social marketing rests on the tenet of self-interest, with social marketers utilising the exchange principle to create behaviour change. The alternative, upon which this paper rests, recognises humans as social creatures, competing for social, cultural and economic capital in distinct fields. In common with the ideas presented by Tapp and Warren (2010) we have begun to discover ways in which these socially competitive tendencies can be redirected from negative to positive behavioural outcomes.

Further, we highlight the potential of co-creation as a viable and valuable tool for influencing these socially engrained behaviours, particularly for social marketers needing to target hard to reach audiences within close-knit communities as described here. Policy makers could, as we have begun to achieve with our pilot, seek to identify to fields that exhibit the desired behaviour and facilitate bridging social capital through these methods of co-creation.

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The Effect of Price, Venue and Place of Residence on Alcohol Consumption

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Introduction

The adverse consequences of excessive alcohol consumption are widespread with repercussions not only for the individual but for society at large (Naimi, Nelson and Brewer, 2010). This study examined the effect of price, venue and place of residence on the alcohol consumption of young women between the ages of 18-24 years who attend university in Australia, Wales and Germany. Excessive alcohol consumption is a global public health issue (Rabinovich *et al.*, 2009), thus the purpose of our novel study of low-risk, risky and high-risk alcohol consumption was to compare and contrast the same cohort across three countries.

Background

Studies have shown that *price* can both deter and encourage alcohol consumption (Elder *et al.* 2010). Simply put, the fundamentals of economics apply in that the Law of Demand is operating (Marshall, 1920) with a consistent inverse relationship between price and alcohol consumption is apparent over time and across countries irrespective of study design and analytical approach (Elder *et al.*, 2010; Rabinovich *et al.*, 2009). Indeed, this evidence underpinned the Australian Federal Government's 2008 'Alcopops' tax legislation that saw some 720,000 less standard drinks consumed per week within 12 months (Roxon, 2009).

Similarly, the *venue* in which alcohol is consumed too influences consumption (Holloway, Valentine and Jayne, 2009). Examination of geographies associated with drinking is emergent but there is a clear pattern to spaces in which alcohol is consumed (Jayne, Valentine and Holloway, 2008). The literature differentiates between private settings (e.g. at home) and public locales (e.g. pubs) (NHMRC, 2009). There is interplay between venue and gender, perceptions of safety and affordability. Public drinking is linked to masculinity as well as sub-cultural factors (Heley, 2008) and private drinking environments have been coded to imply femininity (Holloway, Valentine and Jayne, 2009). Private settings are regarded as both safe and cheap facilitating greater quantities of alcohol consumption. Younger people too move between drinking locations, commencing at less expensive setting before moving on to public venues (NHMRC, 2009; Shanahan, Wilkins and Hurt, 2002). Cultural differences are to be expected, with a US study finding little difference in the amount of alcohol consumed between public and private venues (Naimi, Nelson and Brewer, 2010).

Finally, *place of residence* is related to alcohol consumption (O'Hara *et al.*, 2007). Among university students, the heavier drinkers tended to live independently in on-campus university accommodation (Wood *et al.*, 2009). Conversely, those who lived with parents were less likely to engage in excessive drinking (Dowdall and Wechsler, 2002; Shim and Maggs, 2005). So apparent is the link to place of residence, that environmental management intervention strategies have been successful in changing perceptions and decreasing police-reported incidents in US college campuses (Wood *et al.*, 2009).

Method and Results

Using scales from the extant literature, our self-administered questionnaire was refined with assistance from an expert panel (n=6) and a pilot testing phase (n=45). Data was collected from a regional Australian University, a Welsh city university and a rural German university. To alleviate bias in the reporting of alcohol consumption a standard drinks table was included and participants were instructed not to discuss their answers with others while completing the survey. Quota sampling was used and data collected at various days, times, and campus locations. Respondents were classified as low risk, risky and high risk in terms of their self-

reported alcohol consumption using the Australian Alcohol Guidelines (NHMRC, 2001). In terms of the Australian sample (n=305), the alcohol consumption of 122 (40.0%) respondents were classified as low-risk; with 75 (24.6%) deemed risky; and 108 (35.4%) as high-risk. For the German sample (n=325), a total of 195 (60.0%) respondents were classified as low-risk, while 77 (23.7%) were regarded as risky and 53 (16.3%) high-risk in terms of their alcohol consumption. For the Welsh sample (n=354), 131 (37.0%) were classified as low-risk, 167 (47.2%) risky, whilst the remaining 56 (15.8%) fell into the high-risk category.

Regarding measures, respondents indicated their place of residence as being dependent (e.g. 'in parents house') or independent (e.g. 'university accommodation'). Similarly, venues where alcohol was consumed was organised into private (e.g. 'at a friend's house') and public (e.g. 'at a night club') settings. Price was measured with 4 items on 7-point semantic scales from which a composite variable was created (Australian loadings 0.65-0.80; $\alpha=0.69$; German loadings 0.67-0.75; $\alpha=0.70$; Welsh loadings 0.66-0.82; $\alpha=0.77$). Results of the multinomial and subsequent binary logistic regressions are shown in Table 1.

Table 1: Summary of Results of Hypothesis Testing

			Australia	Wales	Germany
Logistic Multinomial Findings		H1. <i>Price</i> is a significant predictor in differentiating between low-risk, risky and high-risk alcohol consumers.	Unsupported $\chi^2 = 2.92$, $p>0.05$	Supported $\chi^2 = 55.15$, $p<0.05$	Unsupported $\chi^2 = 3.63$, $p>0.05$
		H2. <i>Venue</i> is a significant predictor in differentiating between low-risk, risky and high-risk alcohol consumers.	Unsupported $\chi^2 = 2.13$, $p>0.05$	Supported $\chi^2 = 14.46$, $p<0.05$	Unsupported $\chi^2 = 0.72$, $p>0.05$
		H3. <i>Place of residence</i> is a significant predictor in differentiating between low-risk, risky and high-risk alcohol consumers.	Supported $\chi^2 = 8.64$, $p<0.05$	Unsupported $\chi^2 = 0.46$, $p>0.05$	Unsupported $\chi^2 = 1.67$, $p>0.05$
Logistic Bivariate Findings	Low-risk vs Risky	Price	Unsupported	Supported	Unsupported
		Venue	Unsupported	Supported	Unsupported
		Place of Residence	Supported	Unsupported	Unsupported
Logistic Bivariate Findings	Low-risk vs High-risk	Price	Unsupported	Supported	Unsupported
		Venue	Unsupported	Supported	Unsupported
		Place of Residence	Supported	Unsupported	Unsupported
Logistic Bivariate Findings	Risky vs High-risk	Price	Unsupported	Supported	Unsupported
		Venue	Unsupported	Unsupported	Unsupported
		Place of Residence	Unsupported	Unsupported	Unsupported

Conclusions

The multinomial analysis revealed that price and venue influenced alcohol consumption in Wales alone while place of residence influenced alcohol consumption in Australia. Interestingly, price, venue and place of residence had no effect on 18-24 year old women attending university in Germany. The binomial results for Wales showed that there was a sensitivity to price for all three risk classifications; however, location was of little consequence to risky drinkers when compared to high risk drinkers. For Australia, the place of residence did not influence alcohol consumption for the risky versus high risk comparison. On the whole, it can be concluded from these mixed findings that the effect of price, venue and residence is country specific, requiring culturally congruent marketing interventions. For example, an 'upstream' campaign addressing alcohol price promotion in Wales would be beneficial but would draw limited success in Germany. The key implication of our study of the same cohort across three countries is that it provides a more meaningful macro view of alcohol consumption; thus has the capacity to contribute to effectual intervention strategies.

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**“It might make me actually stop and think before I go and order”:
Parents’ Views on Quick Service Restaurant Menu Labelling**

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Introduction

Despite efforts to curb the obesity epidemic, the proportion of overweight and obese people continues to rise (Ogden 2006), leading health specialists to call for greater regulation of food marketing (Sacks et al. 2009). To pre-empt government intervention, some food companies have argued instead for better consumer education, which they claim would promote healthier food choices. Recent industry-led initiatives include providing nutrition information on front-of-pack food labels and restaurant menus to assist shoppers, particularly parents concerned about their children's health. However, providing these details assumes they will shape consumers' choices, a belief questioned by findings that food labels have little effect on consumers' purchases (Signal et al. 2008; NiMhurchu et al. 2008). Research that suggests consumers lack the background knowledge to understand technical nutrition information has stimulated calls for greater use of simple heuristics, which would reduce the cognitive demands made on consumers. There is now considerable debate over the optimal format for front-of-pack labelling, a debate that also extends to menu labelling, as this has recently become mandatory in some US states (Howlett 2009).

Difficulties consumers have understanding front-of-pack food labels affect their ability to estimate the energy value of food they consume in restaurants (Andrews 2009, Burton 2006, Burton 2009, Chandon 2007, Wansink 2006). Problems using nutrition information have potentially profound public health consequences, since mis-calculations of energy values may lead to rapid weight gain (Burton 2006). However, research examining the effects of nutrition information has produced discrepant results; while there is some evidence that disclosing energy information increases preference for lower energy meals (Burton 2009), experimental work suggests these preferences do not always translate to behaviour (Elbel 2009). The optimal approach to communicating nutrition information is thus unclear, leaving unanswered important questions about how rising obesity rates, particularly among children, could be ameliorated. To assess how in-store nutrition information could assist parents to make healthier food choices for their children, we explored their responses to alternative menu board labelling formats that could be provided in quick service restaurants (QSRs).

Methodology

A purposive sample of parents who have children aged between three and twelve years was recruited from childcare centres and after circulating information on university email lists; all had eaten at a quick service restaurant in the last two months. Parents had varied occupations and education levels, and represented a diverse group. Thirteen semi-structured face-to-face interviews were conducted to explore participants' experiences eating at QSRs, the factors they considered when ordering food, their use of nutrition information, and their views on three alternative information formats (a kJ only display, a traffic light display, and a traffic light and nutrient content display). The interviews were recorded and then transcribed and analysed following Braun and Clarke's (2006) approach, which views thematic analysis "...as a method for identifying, analysing and reporting patterns (themes) within data" (p. 79).

Results

The interview began by asking parents about their last visit to a QSR, the factors that shaped their choices, and whether they had observed any nutrition information. Two key themes

emerged: first, although parents had noticed nutrition information in QSR restaurants, most reported that it had not influenced their purchases because they had seen it post-purchase, typically on product packaging or tray mats. Few had noticed nutrition information prior to purchasing, although most indicated they would like to be able to access these details; one participant noted: *“it might be somewhere... but it’s too late, you’re already eating, you’ve already made your choice”*. Second, while most agreed they would like to access nutrition information, they were uncertain about whether this would influence their choices: *“I always look at fast food [content], but I’m not expecting to eat healthily when I make these choices”*.

When asked about nutrition information, a strong theme we labelled “understanding” emerged. Although several parents would like to access nutrition information prior to purchase, some felt unsure what this would mean: *“what is a kilojoule, what does it equate to in real life?... only a scientist would know what that meant”* and suggested lay consumers would struggle to place the information in context: *“these numbers are meaningless unless you know that the recommended daily intake would be”*. These comments highlight the difficulty of understanding and using complex technical information, and shaped participants’ responses to the three alternative menu display boards (see Appendix 1) they considered.

Participants strongly preferred the board containing traffic light symbols only, which they described as *“less confusing”* *“easier to read”* and *“more effective”*. This option’s simplicity appealed to participants, who thought it would be quick to use in a context where they had limited time to make choices. Participants preferred the traffic light board to the option displaying only kilojoule information and thought the former provided more information and enabled them to choose between menu items that might have similar energy content. In addition, they liked the visual information, which reduced the need to interpret numerical information: *“I almost ignore the numbers, almost completely ignore the numbers”* and *“it would certainly mean you don’t have to read the energy number to get some notion of the bang for buck you’re getting here”*.

Conclusions and Public Policy Implications

Research into front-of-pack food labelling suggests visual symbols, such as traffic light heuristics, simplify the cognitive demands made on consumers and promote label use. Our findings suggest the same principles of simplicity and visual accessibility should apply to menu board labelling, as parents who had recently eaten at a quick service restaurant found simple traffic light labels the easiest option to understand and use. Our findings are the first to explore the use of heuristics in menu labelling and suggest simple POS nutrition information may promote healthier choices, and thus help reduce childhood obesity.

While the findings come from a small sample of parents, they nevertheless support conclusions from related research, which suggest consumers find detailed numeric information difficult to understand and use, and unlikely to influence their decisions. Experimental approaches that estimate behavioural responses to alternative menu formats are now required to replicate and extend our findings. Providing information at a point when it can influence decisions and in a format consumers can actually use could help promote the individual responsibility called for by food industry members. However, achieving this outcome and, by implication, supporting healthier choices that reduce the prevalence of obesity, will require food companies to take greater cognisance of how consumers respond to alternative label formats.

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Appendix A: Stimulus Material

Energy Value			Traffic Light							Traffic Light and Nutrient Content						
Menu Item	Energy (kJ)/100g	Price	Menu Item	Energy (kJ)/100g	Fat /100g	Saturated Fat /100g	Sugars /100g	Salt /100g	Price	Menu Item	Energy (kJ)/100g	Fat /100g	Saturated Fat /100g	Sugars /100g	Salt /100g	Price
CHEESEBURGER	1140	\$2.20	CHEESEBURGER	1140	MED	HIGH	LOW	MED	\$2.20	CHEESEBURGER	1140	MED (12.6)	HIGH (6.0)	LOW (4.5)	MED (0.743)	\$2.20
BEEF BURGER	987	\$7.20	BEEF BURGER	987	MED	HIGH	LOW	MED	\$7.20	BEEF BURGER	987	MED (13.9)	HIGH (6.3)	LOW (2.0)	MED (0.377)	\$7.20
CHICKEN BURGER	938	\$4.80	CHICKEN BURGER	938	MED	MED	LOW	MED	\$4.80	CHICKEN BURGER	938	MED (10.5)	MED (2.0)	LOW (2.3)	MED (0.548)	\$4.80
CHICKEN NUGGETS	1250	\$4.60 for 6 (med size)	CHICKEN NUGGETS	1250	HIGH	MED	LOW	MED	\$4.60 for 6 (med size)	CHICKEN NUGGETS	1250	HIGH (21.1)	MED (4.2)	LOW (0.5)	MED (0.455)	\$4.60 for 6 (med size)
CHICKEN WRAP	548	\$5.90	CHICKEN WRAP	548	LOW	LOW	MED	MED	\$5.90	CHICKEN WRAP	548	LOW (2.7)	LOW (0.5)	MED (5.1)	MED (0.314)	\$5.90
GREEN SALAD	59	\$6.00	GREEN SALAD	59	LOW	LOW	LOW	LOW	\$6.00	GREEN SALAD	59	LOW (0.1)	LOW (0.1)	LOW (1.6)	LOW (0.012)	\$6.00
FRIES	1410	\$2.50 (med size)	FRIES	1410	HIGH	MED	LOW	MED	\$2.50 (med size)	FRIES	1410	HIGH (18.0)	MED (1.9)	LOW (0.5)	MED (0.430)	\$2.50 (med size)
FRUIT BAG	218	\$2.00	FRUIT BAG	218	LOW	LOW	MED	LOW	\$2.00	FRUIT BAG	218	LOW (0.3)	LOW (0.1)	MED (9.9)	LOW (0.002)	\$2.00
CHOCOLATE BISCUIT	1862	\$1.00	CHOCOLATE BISCUIT	1862	HIGH	HIGH	HIGH	LOW	\$1.00	CHOCOLATE BISCUIT	1862	HIGH (20.8)	HIGH (13.5)	HIGH (22.2)	LOW (0.165)	\$1.00
CHOCOLATE SUNDAE	622	\$2.00	CHOCOLATE SUNDAE	622	LOW	MED	HIGH	LOW	\$2.00	CHOCOLATE SUNDAE	622	LOW (2.1)	MED (1.7)	HIGH (25.0)	LOW (0.082)	\$2.00

**Individuals in a mass market environment:
Australian bequest donors seek better communication from charities**

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Introduction

Swelling social need and competing calls on government funds have heightened the philanthropic dollar's value. Yet, Australia is not regarded as having a robust giving culture: while 86% of adults give, a mere 16% plan their giving with those who do donating four times as much as spontaneous givers (Giving Australia, 2005). Traditionally, the prime planned giving example is a charitable bequest, a revenue stream not prevalent here (Baker, 2007). In fact, Baker's Victorian probate data shows under 5% of estates provide a charitable bequest and just over 1% of estate assets is bequeathed. The UK, in contrast, sources 30% and the US 10% of charitable income through bequests (NCVO, 2004; Sargeant, Wymer and Hilton, 2006). Australian charities could boost bequest giving. Understanding the donor market, which has or may remember them in their will is critical. This paper reports donor perceptions of Australian charities' bequest communication/ marketing. The data forms part of a wider study of Australian donors' bequest attitudes and behaviour. Charities spend heavily on bequest promotion, from advertising to personal selling to public relations and promotion. Infrastructure funds are scarce so guidance on what works for donors is important. Guy and Patton (1988) made their classic call for a nonprofit marketing perspective and identify the need for charities to better understand the motivations and behaviour of their supporters. In similar vein, this study aims to improve the way nonprofits and givers interact; and ultimately, enhance the giving experience and thus multiply planned giving participation. Academically, it offers insights to Australian bequest motivations and attitudes not studied empirically before.

Method

A survey instrument applied in the US and UK marketplaces (Sargeant and Hilton, 2005; Sargeant, Wymer and Hilton, 2006) was refined following a literature review and three focus groups. Two groups were with bequest officers from various causes to draw upon their understanding and language. A third canvassed people who had included a charitable bequest in their will, for their terminology and attitudes. An advisory panel comprising bequest specialists also provided feedback on the final 30-question survey. The bequest communication/marketing was probed through closed and open-ended questioning. The open-ended mechanism captured particular respondent experiences and suggestions. The piloted survey was circulated through six partner charities to a random donor selection, covering both bequestors and non-bequestors for comparison. Surveys were returned in a reply paid envelope to the university. Some 3184 invitations were sent and 1030 responses generated, a 32% response rate, which does flag the caution of a possible non-response bias. SPSS obtained descriptive statistics and qualitative research tool NVivo7 was applied to distil themes from the open-ended responses. The advisory group helped with discussion of the data and its implications.

Results and Discussion

Respondents believe Australian charities should better communicate with them about bequesting. More survey participants perceived charities could lift their practice (44%) than were satisfied (32%). Almost half of all bequestors (49%) wanted a better bequest 'ask' compared to 37% of non-bequestors. In keeping with overseas findings (Sargeant and Hilton, 2005) bequest pledgers were particularly alert to the charity's communication with them, perhaps as decision reassurance. Like their UK counterparts, Australian

respondents were comfortable with mail and bequest mentions in the organisation's publications (Sargeant and Jay 2002). Nine key suggestions emerged, listed below in priority order with illustrative quotes from the open-ended response device beside.

Donor recommendations	Illustrative comments
Charities should not be too persistent or pushy when seeking bequests	<i>Do not be too aggressive about it; ...lately there is an unwelcome insistence (some might say bullying) that makes no appeal to me and which I resist</i>
Community awareness is low and needs to be carefully lifted. Suggestions for media outlets: bus stops, government campaign, workplace presentations.	<i>More promotional campaigns to educate people and to ask them directly to leave a bequest. Advertising would be a good way but unfortunately that costs money that could be used for [name of cause]... I really dislike all the advertising material sent. I feel it is a waste of money.</i>
Demonstrate how bequest funds are/will be spent.	<i>Communicate the ways bequests might have a different value/purpose to donations made now</i>
A better understanding of, and process help is needed.	<i>Make it easy, put instructions on websites, provide free legal assistance etc.</i>
This choice is deeply personal and individual.	<i>I think that if a person wants to leave something they know within their own heart long before they pass.</i>
Approaches by charities need always to be sensitive.	<i>...always a delicate matter. ...sometimes a charity asking for bequests can make one feel guilty.</i>
Emphasise the cause and value to their organisation	<i>... any earning a bequest will need to be persuasive as to the worth and significance of its cause.</i>
Highlight the many donor benefits.	<i>My bequest is made because [charity] have offered me something in return..., which is important to me.</i>

These results suggest bequest marketing is keenly sensitive and ideally calls for individual outreach. Yet numbers, geography, resources and the fact that any donor may bequest make some mass marketing inevitable. The need for a broader climate that reshapes Australian bequest norms is identified, and given the very gradual success of similar overseas initiatives (Dauncey, 2005) may be worthy. So too is the role for some pragmatic process help. A key missing message from charities appears to be how bequest funds will be applied differently to a standard donation. A greater trigger to give in this special, potentially large way is being sought by donors but not often proffered by charities.

Conclusions and implications

This research points to half of existing bequestors being critical of bequest marketing prompting concern for how charities are currently allocating their marketing spend and key messages. Various tensions emerge: mass versus individual, needing to highlight but never pressure, the imperative to find benefits that appeal to the donor while still retaining the essential altruism of giving behaviour point to bequest marketing being a sophisticated practice that would do well to be informed by as much individual donor research as possible. Given the advantages of new technology, nonprofit marketers may be able to better resolve these tensions and garner the input of this planned form of giving in larger numbers. Meantime, the imperative is to promote bequests, using sensitive language and approaches, building a case for special ongoing future need, and helping people through what is perceived as a cumbersome and offputting process for this largely unheard market.

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Binge drinking: is it worse than we think?

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Introduction

The proportion of young people binge drinking continues to grow despite extensive research efforts aiming to reverse this growing trend. Binge drinking continues to attract attention from researchers, regulators and legislators with its definition varying on a country by country basis. For example, British authors define binge drinking as “the rapid consumption of large quantities of alcohol, especially by young people” (Pratten, 2007), while earlier American work more precisely described binge drinking as consuming five or more standard drinks or units of alcohol in one sitting for males (four or more drinks for females) (Wechsler *et al.*, 1994). Australian definitions of binge drinking consider binge drinking as the equivalent of consuming five or more standard drinks on any one day for males and females (see Commonwealth of Australia, 2008).

Our review of the binge drinking literature shows that research on binge drinking remains US centric (e.g. Weschler *et al.*, 2000), suggesting that more research is required to extend our understanding beyond the American context. To date, while there are some qualitative studies e.g. Kubacki *et al.*, 2009), quantitative methods have been the dominant method used to examine binge drinking (examples include O’Hara *et al.*, 2008; Gunter *et al.*, 2009). Altogether, opportunities exist to extend our understanding of binge drinking beyond the US context utilizing qualitative research methods. The present study responds to these gaps in the literature.

Literature review

Our review of the existing literature on binge drinking suggests the emphasis to date has centred on understanding the individual, organisational, economic and political factors that lead to increases or decreases in binge drinking. For example, previous research shows that demographic variables such as age below 21 (Schulenberg *et al.*, 2001), male gender (Presley *et al.*, 1996), initial years in the university (Schulenberg *et al.*, 2001), white race (O’Malley and Johnston, 2002), residence on campus (Weschler *et al.*, 2002), fraternity membership (Alva, 1998) and lower academic performance (Weschler *et al.*, 2000) have all been associated with higher levels of binge drinking. Additionally, religiosity has been negatively associated with binge drinking among young people (White *et al.*, 2006). Among psychographic factors, trait anxiety (Martsh and Miller, 1997), social anxiety (Tran and Haaga, 2002), self-esteem (Larkins and Sher, 2006), neuroticism (Vicary and Karshin, 2002), thrill, adventure seeking, and impulsivity (Grant, 1998) have been associated with higher levels of binge drinking. Among related behaviours, alcohol consumption in high school (White *et al.*, 2006) and early onset of first binge drinking (Perkins and Berkowitz, 1991) positively influenced binge drinking among young people. Genetic reasons have been found to have a relationship with drinking among young people. Children of alcoholics reported increased rates of alcohol use (Kushner and Sher, 1993), and alcohol-related problems (Murgraff *et al.*, 1999) as compared to other children. Other factors that lowered the incidence of binge drinking on college campuses include involvement in sports (Weschler *et al.*, 2002) and volunteering (Weitzman and Kawachi, 2000).

In terms of economic and political factors, studies show that higher taxes on alcohol (Levitt and Porter, 2001) and effective control over its price (Weschler *et al.*, 2002) lead to reduced consumption. Wechsler and colleagues (2002) also pointed out that strict rules regarding the legal drinking age effectively curb young people’s binge drinking. Other restrictions, such as severe penalties imposed on vendors selling alcohol to minors cause similar consequences (Willner *et al.*, 2000). Further evidence indicates that social marketing campaigns can be

effective in reducing alcohol abuse amongst young people (Hanson, 2007; Yanovitzky and Stryker, 2001) as well as the number of incidents involving drink driving (Cismaru *et al.*, 2009). When it comes to organizational factors, schools have been shown to influence students' health-related behaviours, particularly in the areas of initiation to alcohol and its heavy use (Bisset *et al.*, 2007).

Research methods

Seven focus groups involving 36 participants were conducted in Poland and Canada. In Poland, 10 respondents were divided into two groups, one consisting of 4 males (all aged 23) and one group of 6 females (aged 22). In Canada, three focus groups were conducted, one with 8 male respondents (all aged between 20 and 24), and two with female respondents, one with 11 participants and one with 7 participants (aged between 20 and 40). The aim of the sampling procedure was to gain diversity in alcohol consumption levels, whilst still being conducted amongst the group described as having the highest frequency of alcohol consumption (Feliksiak, 2007). In order to increase validity of the findings, each researcher first analysed the transcripts separately in order to identify indicative findings. Then, the notes were compared and discussed, and the themes emerging from this stage were used to re-examine the data. Focus group data were transcribed and analysed.

Findings

To date the literature has viewed binge drinking as a single phenomenon. The use of qualitative research methods has shown however that binge drinking by college students is far more complex and multifaceted than the singular quantity based definition that is dominant in the literature. In our research three distinct types of binge drinking emerged; we termed these Initiation, Indulgence and Moderation. Each meets the definition of binge drinking behaviour as defined earlier in this abstract (Pratten, 2007; Wechsler *et al.*, 1994). Each type of binge drinking can be distinguished through different attitudes and drinking behaviours. For example, Initiation was a learning process characterized by rare alcohol consumption, treated by respondents as shared experience and a kind of rite of passage. In Indulgence, consumption became more frequent and heavier, more often associated with social identity of respondents, and treated as an expression of their independence. Finally, in Moderation alcohol consumption was also quite frequent but lighter than before, less often associated with social activities and centred on self-identity rather than the need to conform.

Our study is the first put forward the notion that binge drinking should not be defined as one thing, i.e. consuming 5 or more alcohol drinks in one day - binge drinking should be thought of as different types, involving different behaviours and attitudes. The proposition that there are types of binge drinking provides guidance for future research seeking to explore excessive alcohol consumption. The change in our understanding of binge drinking would suggest that different types of binge drinking may require different approaches from policy makers, health professionals and organizations aiming to minimize binge drinking. This, in turn, would have to translate into different social marketing campaigns and policies and programmes that are tailored to reduce different types of binge drinking.

Any observations made in this paper are restricted by the sample used and the methodology employed, and therefore cannot be uncritically generalised. The findings described in this paper should be used to further investigate the phenomena, in different contexts, with different

respondents and using different methods, in order to deepen our understanding of binge drinking.

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Generation energyY

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Introduction

Curbing Australia's electricity usage is a key challenge for governments, both now and in the years to come. In order to better target social marketing campaigns aimed at reducing electricity use, this study attempts to identify segments of the market that use the most electricity. The research problem is defined by four research questions: (1) do Gen Y headed households use more electricity than both households containing Gen Y and all other households?; (2) do Gen Y headed households have more multimedia appliances than both households containing Gen Y and all other households?; (3) do Gen Y headed households and households containing Gen Y state the same perceived causes of high electricity use?; and (4) do Gen Y headed households and households containing Gen Y adopt the same actions to reduce high electricity use?

Data Collection Methods

To investigate the research problem and respond to the research questions, the Victorian Utility Consumption Survey 2007 (Roy Morgan, 2008) data commissioned by the Department of Human Services was utilised. The Survey employed multi-stage stratified random sampling techniques, using a face-to-face survey methodology of 2,061 Victorian households, stratified according to location and specific household attributes (i.e. holders and non-holders of selected concession cards). Data obtained from utilities and councils contained consumption and billing information for the property associated with each respondent household for a 12-month period. Interviewer briefings commenced on 2 April 2007 and interviewing ceased on 21 October 2007 with 2,061 surveys obtained. The final report was published on the 10 April 2008.

Methodology

In this study, Gen Y is defined as any respondent aged between 18 and 28 at the time of the survey (2007). Furthermore, households are broken down into three categories: households headed by Gen Y individuals; households containing but not headed by Gen Y individuals; and households without Gen Y individuals. Out of the 2,061 households surveyed, 114 are headed by Gen Y, and 422 contain Gen Y but are not headed by Gen Y. The total number of multimedia appliances is defined as the total number of TVs, VCRs/DVDs, set top boxes, audio setups, computers, and printers/scanners in the household. These multimedia appliances were chosen from a list of household general appliances that respondents were asked if they owned. To answer the research questions, two regressions will be performed - a multiple linear regression and a Poisson regression.

Results and Discussion

The first regression output (Table 1) found that a large household size (HHSZ) has a significant positive impact on total electricity consumption. However, after controlling for HHSZ, it is found that Gen Y headed households (GENYHEAD) consume considerably more electricity than households without Gen Y individuals. On the other hand, electricity consumption of those households that include Gen Y individuals but are not headed by Gen Y

individuals (GENYINCL) appears to be no different from those households without Gen Y individuals.

Table 1: Total Electricity Consumption regressed on HHSZ, GENYHEAD, GENYINCL

Variable	Coefficient	Std. Error	t-Statistic	P-value
C	87.198	127.76	0.683	0.495
HHSZ	241.90	57.579	4.201	0
GENYHEAD	819.38	224.157	3.655	0.000
GENYINCL	-69.212	152.548	-0.454	0.650

According to the second regression output (Table 2), a large HHSZ is found to have a significant positive impact on the total number of multimedia appliances a household possesses, which is not surprising. More interestingly, in contrast with total electricity consumption, both GENYHEAD and GENYINCL are now found to be positive and significant. In other words, regardless of who heads the household, households that have Gen Y individuals on average own significantly more multimedia appliances relative to households without Gen Y individuals.

Table 2: Total number of Multimedia Appliances regressed on HHSZ, GENYHEAD and GENYINCL

Variable	Coefficient	Std. Error	z-Statistic	Prob.
C	1.332	0.026	56.514	0
HHSZ	0.195	0.010	19.971	0
GENYHEAD	0.091	0.037	2.430	0.015
GENYINCL	0.208	0.024	8.748	0

When the two regression results are viewed in conjunction, we can draw the following interesting conclusion: while GENYHEAD households both own more multimedia appliances and consume more electricity at the same time, GENYINCL households own more multimedia appliances but do not necessarily consume more electricity. A possible explanation is that Gen Y's living with their parents are likely to have their lifestyles restricted somewhat by their parents and, as a result, they are unlikely to be as wasteful in their electricity consumption as Gen Y's living on their own.

Respondents were then asked a range of questions around energy use and waste. 21.2% of Gen Y headed households consider lights or appliances left on as causing high energy usage or waste – significantly higher than other groups. Yet they are the least likely group to turn off appliances when not in use (36%) or to choose energy efficient appliances (7%).

Conclusion

The findings indicate that any state-wide social marketing campaign aimed at reducing electricity usage needs to target Gen Y headed households. Specific emphasis in social marketing campaigns needs to be placed on the importance of turning off appliances when not in use and purchasing energy efficient appliances. The findings also suggest that social marketers cannot ignore the role that parents play in curbing electricity usage. Any social marketing campaign should also take into account the complex mindset of Gen Ys (McCrindle, 2007), their preference for marketing strategies that require short attention spans and their need for a compelling call to action (Bartlett, 2004).

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A campus-based community garden to enhance economic, social and health promotion opportunities for African immigrants

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¹ The authors manage the one-hectare campus-based community garden at the Logan site of Griffith University. The garden has developed in response to expressed need of local groups of African humanitarian migrants. Engagement of families from Congo, Burundi, Somalia and Sudan has resulted in a vibrant and prolific food production resource which is emerging not only as a source of otherwise difficult-to-access ethnic African food, but as a hub for social, cultural and economic activity within these groups and the broader University community. Of particular note are the opportunities for training programs in horticulture, nutrition, landscaping, basic construction and assimilation into the Australian workforce.

Introduction

Refugee wellbeing continues to be a substantial challenge for global economic, social and cultural stability (Dualeh M and D. 2002; Dualeh and Paul 2002; Manandhar, Share M et al. 2006). Having been displaced from their homelands and forced into migration, refugees are recognised as one of the most marginalised and disadvantaged sub-populations in society (Grondin 2004; Sheikh-Mohammed, Macintyre et al. 2006). Conditions of social exclusion, poverty and barriers to adequate health services can compound existing health issues (Muecke 1992; Grondin 2004; Gushulak and MacPherson 2006; Sheikh-Mohammed, Macintyre et al. 2006). Subsistence agriculture (gardening) is an integral determinant of social, cultural, economic and physical well-being in indigenous African communities. However, once refugees reach industrialized settlement countries such as Australia, the importance of gardening for food security is somewhat ambiguous since the economic necessity of home food production is relatively subdued. Nevertheless, the cultural and social significance of gardening persists and may offer innovative means to facilitate the settlement process for humanitarian migrants.

In the context of industrialized nations, there is evidence that participation in community gardening has the potential to enhance health and wellbeing, and improve overall quality of life (QoL) of participants (Myers MS 1998; Armstrong 2000; Baker LE 2004; Wakefield, Yeudall et al. 2007). Community gardening influences physical activity and psychosocial fulfilment and has impacts on diet by increasing supplies of fresh nutritious food and influencing food choices (Somerset S, Ball R et al. 2005) (Armstrong 2000; Baker LE 2004; Austin EN, Johnston YA et al. 2006). Particularly important among disadvantaged and vulnerable populations such as migrants and people suffering mental illness, is the potential for community gardens to include marginalised populations in social, collective work where they can acquire skills, access nutritious and culturally appropriate food and enjoy the therapeutic benefits of nature in a healthy, safe environment (Schmelzkopf K 1996; Myers MS 1998; Armstrong 2000; Baker LE 2004; Austin EN, Johnston YA et al. 2006).

The Griffith University Community Food Garden was established as a community outreach initiative in 2005. It is now used predominantly by African refugees from the surrounding community. This resource presents a setting to investigate how the cultural tradition of gardening is reinterpreted in the context of an industrialized settlement country, and the potential for enhancement of economic, social, and physical well-being.

Methods

A total of 17 in-depth semi-structured interviews were conducted with gardeners (9 Africans), project workers (3), representatives of collaborating organisations (2) and university representatives (3). Informants were selected using a purposive sampling approach with on-going selection guided by the analysis of data collected (Dey, 1999; Strauss & Corbin, 1998). Direct observations of community garden steering committee reference group meetings were conducted along with observations of community garden planning and development activities such as a tour of other local community gardens, construction activities, working bees and the opening ceremony of the garden.

Thematic analysis was conducted on the data. Coding progressed from the identification of topics in recently collected data, through organising these into themes and culminating with solidifying the patterns of connections both between and within categories (Strauss & Corbin, 1990). Interim analyses occurred during the fieldwork as a means to identify and develop themes and categories, which in turn, served to guide and focus the on-going process of data collection. These early analyses, coupled with data collection, generated a cyclic process that

encouraged a constant interplay between data collection and analysis that is characteristic of qualitative research (Neuman, 2006; Strauss & Corbin, 1998).

Results and Discussion

Equity in health and well-being precipitate from well-defined environmental determinants, comprising access to health services, education, adequate housing and gainful employment. The community garden under study is located in Logan, an urban area with a low socio-economic profile and ethnically diverse population. The local community has substantial need for health promotion intervention, but is often difficult to access by conventional channels. This is particularly the case for the African migrants.

The garden has offered a diversity of opportunities for the migrants to become involved in activities familiar to them and to extend their skill set and social networks within their new home country. Several community gardeners participated in community training and employment programs to construct the garden. Participants in these programs developed skills and expertise in construction and horticulture and also had some opportunity to input into the garden design. A reflection of this input, and the building of a sense of ownership by participants, was the spontaneous construction of a traditional African hut in the garden, an open fire area and play equipment for children. Some participants progressed to full-time employment elsewhere on completion of the program.

Participants consistently expressed that they benefit from the social interaction and sense of community in the garden. Others have mentioned that the exercise from gardening is beneficial and appropriate for them. Self esteem and a sense of familiarity in their new country have also been key messages expressed by informants. Although plot sizes had been decided by a democratic process to include more people, the main negative comment from gardeners is that they do not have a large enough plot. This indicates the importance that participants place on gardening and the food they produce. Interest from media has resulted in various newspaper articles and negotiation for coverage in a television program on gardening. This media profile has in turn raised the profile of the garden further amongst potential participants and sponsors within the local community.

Conclusion

This case study highlights various factors of a campus-based garden contributing to inclusiveness, participation and equal partnerships with humanitarian migrants to promote health. These factors include: participatory decision making, partnerships with community organisations, providing a culturally accepting environments and acceptable communication, and allowing flexibility. Opportunities for social interaction and networks, cultural maintenance and exchange, skill maintenance and development, job training, reciprocal giving and participatory decision making, which are all evident in the community food garden. These activities all potentially contribute to social capital and to promoting health and equity. The contact with nature adds an environmental sustainability perspective that the many stakeholders are keen to embrace.

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Evaluation of the Effectiveness of Social Marketing Approach in Smoking Cessation and Promoting Health in Australian University Students

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Introduction

Reduction or cessation of tobacco use among university students is an exigent public health priority. Nearly 19% of university student smoke and incidence rates have increased in the past decade (AIHW, 2007). Tobacco use is the leading preventable cause of death in Australia and internationally (Collins and Lapsley, 2008; Wakefield, Freeman and Inglis, 2004); mortality is higher for cigarette smoking than for death cause by illicit drug use, automobile crashes, homicides, suicides and AIDS combined (AIHW, 2007; Siahpush, English and Powles, 2006).

Because smoking habits may be relatively less entrenched in younger smokers, behaviour change in a university age population may be easier to effect (Pier *et al.*, 1991). Student smokers may be disposed to quit smoking, as students are generally aware of the major health risk associated with smoking. In addition, 50% of university smokers have made previous quit attempts (American Cancer Society, 1991). The health promotion activities in smoking prevention programs from those that focus primarily on individuals and small groups using traditional methods have achieved limited success given the low penetration of the individual or group methods in many segments of the population including women, minority, and international student segments, and the limited resources that are usually available and the lack of appropriate techniques.

Program that targets whole communities, segments of society, or entire populations has brought with it that realisation that social marketing methods may be as applicable or effective in these larger contexts to prevent and quit smoking and promote health in university students. Social marketing principles are relevant to the task of translating necessarily complex educational messages and behaviour change techniques into concepts and products that will be received and acted upon by a large segment of the population.

This research project aimed to evaluate the effectiveness of social marketing approach in reducing incidence of smoking, knowledge and attitude changes in the university population, and behaviour change in smokers. The exchange theory of social marketing was used as the theoretical underpinning of the study (Kotler, 1975). According to exchange theory, individuals, groups or organisations have resources that they want to exchange for perceived benefits. The critical components of the social marketing approach in this study lies in marketing orientation towards benefitting consumers (smokers/potential smokers/non smokers) through the utilisation of health promotion techniques (health promotion idea dissemination, health promotion events and activities, health service provision) that facilitate *voluntary* exchanges between the consumer and the health promotion producer.

Methods

A prospective intervention method was used for the project. An urban major university across five campuses in Brisbane to Gold Coast corridor was invited to participate in the study. Within the university, one campus was chosen as an intervention community, and two other campuses which were not exposed to the campaign were used as comparison communities. There were 18,000 students and staff in total were invited to participate in both pre intervention and post-intervention online survey. Random prize draws with 10 prizes of \$75 Woolworth Vouchers were offered as an incentive and one reminder was emailed one month after the initial emailing date in August 2009 through broadcasting email by Deputy Vice Chancellor in the University. The survey comprised the following sections, namely attitude and knowledge in health effect of smoking, cognitive appraisal of health message in smoking, and demographic information. The project has been approved by the university ethics committee.

There were 4062 students and staff responded to the pre intervention survey representing 22% of the response rate, 2332 participants responded to the post-intervention survey in November 2009. The setting-based approach as a context for implementing social marketing programs has been used to:

- gain community insight into smoking problems and their support for proposed solution.
- ensure the use of knowledge in relation to the smoking effect on health
- employ community communication channels including media, emails, website, and health promotion events.
- localise distribution of education materials and services and improving access and opportunities to engage in health behaviours, such as exercise and education program.
- helping build sustainable solutions by changing physical environment and social norms.

Results and Discussion

The key research finding of this project is that there was 6.4% smoking incidence reduction over two months of the intervention program, and over 50%-60% of people noticed, read, thought, and discussed the health messages on smoking using the social marketing campaign through idea dissemination by email, website, common computer lab, banner, public signs, and health information event; participants attending quit education session, and service delivery such as exercise programs and education sessions. The benefit of the social marketing approach to the participants has also been demonstrated in the changes of the perceptions of respondents regarding knowledge of health effect of smoking in the community, community attitude toward smoking, creation of a healthy work and study environment, and smokers' behaviour change. For instance, the intervention program has significantly changed communities' attitude and knowledge with over 80% of people thought smoking is harmful to health and over 75% of people took disapproval attitude towards smoking. Seventy-seven percent of smokers complied with the new smoke free campus policy and used the nominated smoking areas when they wanted to smoke, 60% of respondents agreed that intervention program has created a healthy physical environment, work and study environment, and 17% of smokers indicated that the intervention had helped them to quit or cut down smoking. Only 18% people in the intervention group in post intervention phase indicated they would probably smoke in the future with an 8% reduction in quitting smoking or cut down smoking. The significant differences between intervention and control campuses in the areas described above suggest that the intervention using social marketing approach was effective in reducing smoking incidence and prevention of smoking in university context, this program has reached the large population segment including those "Hard to Reach" groups such as women group, international student group, student who enrolled in off-campus mode study, and has significant effect on changing the whole community social norm in smoking.

Conclusions and Public Policy Implications

The results of this research show that an intervention program using social marketing approach is effective in reducing the smoking incidence in university students within the university context, preventing the potential smoking uptake, and helping smokers to quit and cut down the number of cigarettes. The finding regarding advertising campaign, delivering messages in health effect of smoking, information event held in a teaching week are consistent with predicting these changes in smoking prevalence. The premises underlying the analysis of the findings from this study suggest that non-smokers and smokers benefit from the health beliefs and attitudes changes. Evidence from the Smoke-Less Campaign identifies characteristics of an effective health promotion program for tobacco control. Such a program should use a combination of messages on prevention, cessation and protection from second-hand smoke, target the subpopulation segments including students and staff members and visitors, and include community promotion and media advocacy. The results of this study suggest that the single most inexpensive action a university can take to reduce smoking is to focus on the resource exchange that is inherent in idea dissemination, health promotion activity, and health service and seek to maximise the benefits to consumers and producers.

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“You don’t have to have them on display for people to know that you’ve got them”

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Introduction

For nearly two decades, tobacco control researchers have called for tobacco products to be removed from open display in retail stores. There is now considerable evidence that tobacco displays function as advertising (Thomson et al 2008), increasing the likelihood of smoking initiation, as well as movement from experimental to regular smoking (Slater et al 2009). Furthermore, exposure to in-store tobacco advertising and displays increases children's intention to smoke (Wakefield et al 2006) and the likelihood they will start smoking (Paynter et al 2009). Tobacco displays also affect impulse purchases. Wakefield et al (2008) found 25% of smokers surveyed reported purchasing tobacco products at least sometimes following exposure to point-of-sale displays (see also Carter et al 2009).

Several progressive governments, such as Canada, Iceland, Thailand, Ireland and five of Australia's eight states and territories, have responded to this evidence by passing legislation that will remove tobacco products from open display in retail stores. However, although the New Zealand Health Select Committee also recommended removing tobacco retail displays, the current government declined to act on this recommendation. An industry lobby group, "Stay Displays", claimed removal of displays would create a safety hazard and adversely affect business, arguments the government found persuasive, even though there is strong evidence that smokers are highly brand loyal and do not require retail displays to identify the brand they wish to purchase (Carter et al 2009). Furthermore, despite the concerns raised, some New Zealand retailers have voluntarily put tobacco "out of sight". These retailers' experiences provide an opportunity for testing the validity of claims made by the Stay Displays group. More specifically, we explored retailers' decision to take tobacco out of sight, their experience of putting this decision into effect, and the responses they received.

Method

A list of retailers who had stopped displaying tobacco products formed the sampling frame; contact was attempted with 26 retailers and 11 interviews were secured. Of these, all had removed tobacco from overt display, but still sold tobacco products. Store types ranged from dairies to mid-size supermarkets. A semi-structured interview protocol explored why participants had placed tobacco products out of sight, the practicality of doing so, and the costs and benefits, both material and social, of this decision. Interviews were conducted primarily by phone, due to participants' varied locations, and were recorded then transcribed and analysed for themes. This analysis followed Braun and Clarke's (2006) approach to thematic analysis, which views thematic analysis "...as a method for identifying, analysing and reporting patterns (themes) within data" (p. 79) and enables researchers to "...both to reflect reality and to unpick or unravel the surface of „reality“" (p. 81).

Results

Retailers identified two main reasons for removing tobacco products from open display in their stores: a desire to improve their overall store security and because they felt taking tobacco "out of sight" was socially responsible. Several of those who cited security as a reason linked their decision to past robberies and break-ins: *"we've had trouble with break-*

ins, because they're very visible from outside the store" and "It was quite a common sense thing to do because the tobacco .. could quite easily be stolen."

Even retailers who had not experienced theft felt open display of tobacco products created a security risk; for these people, covered storage logically reduced the risk of theft, if only because it would take prospective thieves longer to access the products. Those who had been burgled or robbed reported that the crime directed at their store had significantly reduced: *"We haven't had a robbery in seven and a half years. [...] definitely a deterrent"*. They attributed this to the fact that tobacco was no longer on open display: *"The temptation's there, isn't it, if it's left on the counter, the temptation's there."*

Social responsibility also emerged as a major theme; some retailers felt uncomfortable about selling tobacco: *"I wish we didn't sell cigarettes actually, they're a pain"*. Removing tobacco products from display enabled them to act in accordance with their own values: *"I suppose more of a personal thing, to say...well, that's not what we believe in, so we have to stock it, we might as well do it responsibly"* and feel they were not encouraging children to smoke: *"Most important was the fact that we are also trying to encourage our young people, our children, not to see it. Not to see it and not to smoke"*.

Reactions the local community had been positive: *"no negative consequences, in fact there have been a lot more positive things like the school principals and all that"*. Retailers suggested smokers did not respond negatively because they knew what they wanted: *"most people know what they want to smoke, so you ask them what they want"*. A small number reported that some infrequent customers had been unsure whether the store sold tobacco, but typically did not see this as problematic: *"No one's even commented. Most of them will just say: ..have you got? and we'll just say ...oh yeah, we've got that one"*. As one participant noted: *"You don't have to have them on display for people to know that you've got them"*. When asked whether their sales had declined, retailers generally reported neutral outcomes, in line with other trends: *"There might have been a slight drop in the sales of cigarettes, but I don't think that's due to being out of sight, I think it's the fact that people are giving up."*

Discussion and Conclusions

Industry lobby groups have claimed removing tobacco power walls would create security risks. Our results question this claim as retailers who had put tobacco out of sight often did so because they believed large tobacco displays created a security risk; removing these had increased store security and reduced their vulnerability to crime. Nor did retailers' comments support arguments that they would suffer a decline in trade. Most noted that tobacco did not generate high profit and was declining in importance to their business, and accepted that any losses that might result could be absorbed without causing serious harm to their business.

Although based on a small sample of retailers who have voluntarily taken a decision that differentiates them from other retailers, our sample was nevertheless varied and included retailers from different types of outlets. Even bearing this caveat in mind, the findings raise several questions about claims made by the Stay Displays group. Retailers who have voluntarily removed tobacco from display report quite different experiences to those predicted by the Stay Displays group and present an alternative view that policy makers should consider. Those who oppose the removal of tobacco displays should be asked to provide objective evidence to support their claims of potential security risks and a decline in sales.

Currently, their case relies on a small number of unsubstantiated assertions that can hardly be regarded as a reliable basis for policy making.

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Ten Years of 'Social Investment': WPP Group 1999-2008

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Introduction

Over the last ten years a number of major corporate ethical and financial disasters has resulted in organisations taking steps to improve their financial reporting, corporate governance, ethical practice and social responsibility (Agrawal and Chadha 2005). Corporate Social Responsibility (CSR) and CSR disclosure has been a growing interest in both accounting and marketing academic research (Gray, Owen and Maunders 1987; Luo and Bhattacharya 2006; Waller and Lanis 2009a). Companies can use communication tools like their website, the annual reports, CSR reports, and press releases, to voluntarily disclose non-financial information, such as ethical behaviour, to their various stakeholders, including shareholders, employees, customers, suppliers, media and the government, and to develop a particular brand image for the organisation (Berkey 1990; Judd and Timms 1991; Neu, Warsame and Pedwell 1998; Stanton and Stanton 2002; Murphy et al 2005). While marketing-related companies, like advertising agencies and media organisations, are often criticised for unethical practices, including controversial advertising images and inappropriate programming, it is important to see how these communicators view their social responsibility to the community (Waller and Lanis 2009a; Waller and Lanis 2009b). Also there has been an increased interest in pro bono work by advertising agencies, observing the benefits for this type of work (Henley 2001; Lister 2008; Rappoport 2008; Waller 2009). Therefore, the aim of this paper is to be a practitioner case study and observe the CSR activities of the world's largest ad agency holding company, WPP Group, by analysing the annual reports over a ten year period (1999-2008). In particular, the research objective will be to discover the amount of "social investment" that are reported over ten years of reports.

Background

As companies undertake CSR activities, there is also a desire to communicate these activities to the various stakeholders. CSR disclosure is where an organisation provides information on how it discharges its social accountability, typically using information in annual reports, special publications or socially oriented advertising (Gray, Owen and Maunders 1987), and is a way management can interact and influence external perceptions about their organisation (Deegan 2002). This interaction can include stakeholders, which, according to stakeholder theory, organisations have a responsibility to relate favourably with, and they should also be socially responsible in their business dealings (Murphy et al 2005). A number of advertising agencies report their CSR activities, including pro bono work, in their annual reports or CSR reports, listing the nonprofit organisations they have done work for and identifying the estimated cost of such work. Organisations such as WPP Group, Publicis Groupe, Dentsu and Havas have placed a significant amount of effort into this kind of "social investment" (Waller and Lanis 2009a). WPP identifies "social investment" to include pro bono work, donations to charity and employee volunteering. The context for this paper is the advertising agency holding company, WPP Group. WPP describes itself as "*the world leader in marketing communications services*" (WPP 2009), and comprises of more than 150 companies, including some of the best known advertising agencies, such as the Ogilvy Group, J Walter Thompson, Young & Rubicam, and Grey. There are over 135,000 people (including associates) who work for WPP companies out of 2,400 offices situated in 107 countries (WPP 2009). According to the Advertising Age list of top agencies, WPP was ranked number one with worldwide revenue of \$13.60 billion, followed by Omnicom Group, Interpublic Group, and Publicis Groupe (Advertising Age 2009). As a major force in global communications, a good corporate citizen, and an organisation that regularly provides CSR information to the public, WPP provides an excellent case example of what CSR activities are being undertaken by a corporation, as well as a benchmark for best practice.

Method

This paper uses a case study approach to observe the CSR activities in the advertising industry, as it focuses on the world's largest advertising agency holding company, WPP Group. The methodology used to obtain the data for this study was by a content analysis of the annual reports over a ten year period (1999-2008). The data gathered was financial information which was placed in a table form as well as a description of activities mentioned directly from the reports. All of the annual reports were available as a .pdf file from the website www.wpp.com. To find the appropriate information/sections a search was run using the terms "social investment", "pro bono", and "corporate responsibility". A list containing the value of "social investment" activities is found in Table 1.

Results

From the WPP annual reports it can be observed that there has been mention of their corporate citizenship and their charitable donations since 1999. However, since 2002 the amount of reporting has increased with details of pro bono work, including the financial value, identifying recipients and the publishing of a separate CSR report. The overall amount of social investment being 2% of pre-tax profit during the last two years. In reporting the pro bono activities, since 2003 WPP has identified the types of organisations that are the recipients. This increased reporting in the annual report coincides with changes in corporate governance rules as a response to numerous global accounting scandals (Agrawal and Chadha 2005). Also while in the body of the reports WPP has mentioned the arts and education as key beneficiaries of their social investment, according to the figures reported, the main type of recipient organisation was generally health, followed by local community, and then education, arts, and the environment. This analysis of WPP's annual reports has raised some important points in the area of CSR reporting. Firstly, stakeholder theory is clearly a strong practical framework to help understand CSR activities by large organisations, thereby confirming Murphy et al (2005). Discussion in the annual reports can be seen targeting the interest of certain stakeholders, and the first CSR report in 2002 identifies the main stakeholders. Secondly, WPP is an organisation that strongly believes in the value of social investment, which includes pro bono work and charitable donations. The benefits gained are not just for the charitable organisation, but WPP also recognises the benefits for staff. Thirdly, while WPP is a regular supporter of many charities, it is noted that the amount given in pro bono work is much larger than what is given in donations. Further, while donations are fairly constant in amount, the pro bono amount, while larger, is influenced by market conditions, such as busy workloads for regular clients, and the global financial crisis. Finally, as a major player in social investment, WPP can be seen as a benchmark on how to report CSR activities, for example, setting goals, identifying benefits, detailing figures, and presenting examples of pro bono work.

Conclusion

This research has contributed to the CSR literature by observing the reporting of CSR activities by one organisation, WPP Group, over a decade. It is also important to recognise that other advertising companies, like Publicis Groupe, and other industries, such as legal and accounting firms, also undertake a large amount of pro bono work. Further research is recommended in this area. As organisations recognise the win-win benefits of undertaking pro bono work and publicly communicate them, it is hoped that more organisations will be encouraged to do pro bono work for the community.

Table 1: CSR Activities Reported by WPP Group

Year of Report	Social Investment	% of reported pre-tax profit	Charitable Donations (Parent Company)	Charitable Donations (Total)	Pro Bono +
2008	£14.6 million	2%	£201,000	£4.3 million	£10.3 million
2007	£16.3 million	2%	£218,077	£3.5 million	£12.8 million
2006	£24.9 million	3.7%	£238,000	£3.9 million	£21.0 million
2005	£17.3 million	2.9%	£379,000	£3.4 million	£13.9 million
2004	£14.1 million	3.1%	£202,000	£2.7 million	£11.4 million
2003	£14.9 million	4.3%	£120,000	£2.6 million	£12.3 million
2002	£12.3 million	2.9%	£210,000	£3.6 million	£8.7 million
2001			£205,000		
2000			£191,000		
1999			£159,036		
1998			£138,928		

+ based on the fees the benefiting organisations would have paid for our work

Source: WPP (2000-2009)

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**Case Study in Academic and Industry Collaboration:
The development of an adolescent targeted sun protection intervention in NSW**

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Introduction

Academic and industry collaboration is increasingly identified as a critical element in the future health of Australians through linking theory and practice, with the major priority for academic institutions being the identification of new knowledge and the transfer of this knowledge into changes in policy and health services. Collaborations between academia and industry are increasingly encouraged in Australia by research funding schemes such as ARC-Linkage and, more recently, NHMRC Partnerships. While a recent US study suggests that such schemes have a moderate effect on academics' propensity to work with industry (Bozeman and Gaughan, 2007), industry groups have recognised the value of engaging in partnerships with academic institutions in joint knowledge production (Lam, 2007). However, it has been suggested that such collaborations are problematic as the two groups can have diverging agendas (Mitev and Venters, 2009); and differing priorities regarding the dissemination of findings (Welsh et al., 2007).

Background

The University of XXX's Centre for XXX has a research focus on social marketing and health. It also has a history of partnership with industry since its establishment in 2004; working with partner organisations to create a shared vision and delivering measurable results for both industry and academia. A significant partner of the Centre has been YYY; YYY was established in 1953 and is the leading cancer charity in NSW. Both organisations share a commitment to an evidence-driven approach to practice. In 2005, the Centre for XXX and YYY established a partnership to explore the use of social marketing theory and practice in campaigns to improve sun protection. A systematic review of the evidence provided the foundation for further collaborative activities. In 2008 the Centre for XXX and YYY jointly submitted and were awarded a second Australian Research Council (ARC) Linkage Grant to develop a social marketing program to improve the sun protection behaviours of NSW adolescents. Using this project as a case study, this paper explores some of the experiences of partnership between academia and industry. As partnerships are increasingly sought between industry and academia, understanding and exploring the experience of existing projects can assist future academics and practitioners in navigating these complex collaborations.

Partnership case study

The partnership between the Centre for XXX and YYY is now in the second year of a three-year commitment to the adolescent sun protection project (2008-2011). Since commencement of the project, both organisations have reassessed and adapted their approaches as organisational, operational and environmental factors have changed.

Organisational Factors

Evidence driven practice has been a clear and consistent commitment by both organisations. The significance of social marketing as a specific strategic priority and approach however has been a key point of negotiation. A critical question to the overall project has been "are we committed to developing a social marketing program?" and this question has, in part, been driven by variations in the use of terminology and changes to the wording of the Strategic Plan of YYY, which now emphasises 'social change' (a concept which overlaps, but is not synonymous, with social marketing).

Successfully overcoming any ambiguities in the purpose of the project has been through extensive negotiation and discussion between the partners, primarily through a Management

Committee comprised of representatives from both organisations. Clarity of roles and intent has been greatly facilitated through the establishment of a memorandum of understanding (MOU) between the organisations. Within the MOU, items including the deliverables of the project, timelines and resources allocated by each party as well as overall intent of the project have been articulated in detail by both parties. While these items were addressed within the original project documentation, it is the ongoing specification and review through the MOU and Management Committee involvement that has been key to the project's success.

Operational Factors

The most critical operational element for success in this project has been the people. That is, the skill, time and commitment of the people working on this project. Numerous staff changes have occurred in both organisations since the commencement of this project. Critically, however, the commitment at an executive level in both organisations has been unwavering. Recruitment time, training and up-skilling individuals on the project have all required flexibility by both organisations; which has translated to an adjustment to timing of deliverables as well as changes to the allocation of tasks, while still maintaining the overall commitment to the project. The logistics of implementing a program across regions in NSW has also been a key operational factor. Given limited resources, a pragmatic approach has been taken to the allocation of intervention activities between organisations, with the Centre for XXX taking the lead in the communities which are receiving a more 'traditional' social marketing intervention; and YYY taking the lead in the communities that are receiving a more policy-oriented environmental intervention via council-driven planning and environmental change. This has enabled both parties to maximise the use of their respective resources and expertise.

Environmental Factors

The impact of environmental factors, such as the global financial crisis (GFC), on this project must also be acknowledged. Increased uncertainty and changing resources within both organisations has been a factor in future planning. The not-for-profit and academic sectors have both been affected by the GFC, meaning that this project has been implemented in a context of global financial uncertainty and insecurity. While the impact on operational factors on a day-to-day basis is minimal, it is an important contextual challenge for the partnership, in particular the way in which significant environmental factors can influence both parties in ways far beyond their control.

Results and Discussion

There is a substantial difference between the nature of the partnership as it was initially conceptualised and as it is today. The influence on the project of organisational, operational and environmental factors has each been significant thus far. This review highlights, however, that the process of partnership is about overcoming, and in some cases living with, the challenges. As an ongoing project, the ultimate success in terms of health outcomes and policy change is still to be determined. However this review highlights the importance of joint navigation by both parties through a complex partnership. The ultimate success of the project is perhaps less about the specific obstacles and challenges in the project and more about a clear commitment to the project and to problem solving as the project unfolds.

Conclusion and Public Policy Implications

Future collaborations between industry and academia should acknowledge organisational priorities, the complexity of the partnership and establish appropriate procedures, throughout the project, that ensure the changing nature of the partnership is captured.

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A Social Marketing Approach to Community Cohesion

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Introduction

This paper is a development of research presented at ANZMAC 2009 (Wood and Fowlie, 2009; Fowlie and Wood, 2009). It focuses on an intervention that was developed and implemented as a result of the application of a social marketing approach and model developed by Fowlie and Wood (2008). It is a case study of how one particular public sector organisation, The London Borough of Barking and Dagenham (LBBD), has addressed community cohesion issues through social marketing. The paper highlights how the critical elements of “developing relationships” and “understanding emotions” within a social marketing framework can be used to influence local government strategy and communications to improve community cohesion (Wood, 2008; Andreasen, 2003; Kotler and Zaltman, 1971).

Background

Under New Labour community cohesion has become a national and local priority (Department for Communities and Local Government, 2009). LBBD’s vision is “To work together for a better borough that is safe, clean, fair and respectful, prosperous and healthy, and where our young people are inspired and successful” (LBBD, 2009a). Underpinning this is the need to build a cohesive community where the diversity of people’s backgrounds and circumstances are appreciated; co-operation between different communities is encouraged; and good relations and mutual understanding exist. The borough is keen to ensure that all stakeholders play a meaningful role in developing a new community cohesion strategy. However, it is recognised that this it is very difficult to achieve this aim (McGhee, 2003) and therefore LBBD appointed The Campaign Company (TCC) to lead the community engagement work underpinning the development of the strategy.

The Social Marketing Approach

Of primary importance was ensuring members of the wider community had the opportunity to contribute (Cuthill and Fien, 2005) and this involved an exhaustive gathering of insight (Wood, 2008; Lefebvre and Flora, 1988; NSMC, 2008) to provide an in-depth understanding of the issues that concern residents of LBBD and how they perceive the council. The insight work enabled the project team to understand residents’ values, motivations and emotions. Some residents do not trust what the council is saying and believe their opinions and feelings are not being responded to. This has contributed to the dissemination of various negative myths amongst parts of the community, propagating negative, pessimistic and destructive opinions (LBBD, 2009b). Traditional approaches to “myth busting” are often flawed because they take a literal and factual approach to what is fundamentally an emotional response (McKenzie-Mohr, 2000).

Framework for Behavioural Change

To demonstrate the critical role of role of relationships and support networks - incorporating theories of emotional intelligence (Goleman 1998), social marketing and marketing communications and branding - Fowlie and Wood (2008) have developed a framework for behavioural change. According to this framework public sector service providers need to be emotionally intelligent and to utilise support networks and the marketing approach in an integrated way to achieve behavioural and perceptual change. Its application could help these organisations understand the links and relationships that underpin community cohesion.

The Intervention Programme

It was recognised that to address myths a suitable intervention to change behaviour was a staff development programme. Furthermore, all 1200 front-line staff would be given the opportunity to participate in the programme. Building on work by Goleman (1998), and following the model developed by Fowlie and Wood (2008), the programme enables front-line employees to understand residents' perspectives and emotions around key issues and to change the way they communicate and interact with them. It develops the skills required for "deeper conversations" and more effective communication by enabling staff to consider the emotional reality of the individual resident (Lings et al, 2008). The core skills are: active listening, uncovering the "real" issues as seen by residents and challenging mis-perceptions without confrontation (Cherniss et al 1998). Central to the programme is the adoption of a careful, open-listening and non-defensive approach where front-line staff aim to improve the quality of their relationships with residents (Walker, 1997; Fowlie and Wood, 2008). The programme follows the principles outlined by Cherniss et al (1998) which suggest that to develop emotional competencies training should include assessment, modelling, rehearsal, practice and reflection and follow three distinct stages. Its effectiveness will be reviewed in the light of evaluation work currently being conducted by the authors.

Discussion and Conclusions

Social marketing approach can be used to increase community engagement and change perceptions - particularly negative myths - of local authorities amongst residents, applying the theoretical framework developed by Fowlie and Wood (2008). The staff development programme was an intervention designed to enable front-line staff to communicate effectively, and have "deeper conversations", with residents. It was developed on the basis of deep insight work with staff and residents. Ultimately, this training should enable staff to build effective relationships with residents to support perceptual and behavioural change. A sample of staff who participated in the training will be interviewed and then invited to take part in focus groups. The aim is to explore the effectiveness of the training and its impact on longer-term behaviour. Following the evaluation stage recommendations will be made to refine and improve the training programme. The results of the evaluation stage will be available for the conference.

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**Examining the Philanthropic Component of Financial
Advising to High Net-worth Clients**

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Examining the Philanthropic Component of Financial Advising to High Net-worth Clients

This paper reports on a study on how financial advisors incorporate philanthropic advising into their consulting with their wealthy clients. The study explores the following issues:

- Motivations for assisting their HNW clients with philanthropy
- Perceived barriers in doing so
- Propensity to raise the topic of giving
- Extent to which they discuss philanthropy
- Extent to which they provide philanthropic strategies
- Perceptions of HNW client attitudes and behaviour
- Resources that would make it easier to assist clients with philanthropy

Introduction and Literature Review

Under growing pressure to lift their level of private donations, nonprofit organisations (NPOs) are increasingly focusing on individuals with the capacity to make larger gifts (Bendapudi, Singh, & Bendapudi, 1996; Giving Australia, 2005; Havens, Schervish, & O'Herlihy, 2003). The potential to lift the level of donations from those with means is substantial, with escalating personal wealth at the top end of the socio-economic strata, yet demonstrating relatively low levels of giving, particularly outside the US.

The World Wealth Report, an annual analysis of wealth patterns across the globe, describes the high net-worth (HNW) population as growing dramatically in numbers and in the accumulation of assets held, largely as a result of increases in GDP and market capitalisation across the globe, especially in emerging markets (Merrill Lynch/Capgemini, 2007). It calculates that, in 2006, 9.5 million individuals worldwide held personal wealth in excess of US\$1 million (apart from their primary residence), the largest number on record, with combined assets of US\$37.2 trillion, up 11.4% in just one year. Other sources confirm this trend of affluence for an elite (The Boston Consulting Group, 2006). While the U.S. has the largest HNW population, other countries also report surging numbers of wealthy individuals. Australia, for example, experienced one of the strongest growth rates of HNW in the world in 2005 and its HNW population is notable for its absolute numbers (not just per capita) and average level of wealth. Canada's HNW population, too, has experienced robust expansion in recent years (for example, recording growth rates of 7.2% and 6.9% in 2005 and 2006, respectively) (Merrill Lynch/Capgemini, 2007).

While those with higher incomes are more likely to make larger gifts (Bekkers & Wiepking, 2007), their average annual donations commonly represent a mere 1-2% of their income, and an even lower percentage among HNW individuals outside the U.S. (Madden & Scaife, 2008). The literature points to a range of barriers for wealthier individuals to give more, including not being sure how best to do so, believing that they could not afford it based on their lifestyles and concern for future needs, the desire to keep their wealth for themselves and their families, and perceived low affinity with causes or NPOs (Prince, 2000; Stone & McElwee, 2004; The Giving Campaign, 2003, 2004; Weems, 2002). Apart from motivational and engagement-related barriers, issues exist around the perceived affordability of philanthropy, such as how philanthropy could occur in a financially astute way that did not jeopardize the wellbeing of the individual, now or in the future.

It is in this space that financial advisors may play a key role (Johnson, 2005). The need for professional advice about philanthropy relies upon advisors' motivation and ability to assist their clients, based on an in depth knowledge of their clients' finances, personal and financial goals, family needs and values. Thus, their assistance to their HNW clients is potentially as a strategist as well as technical expert (Johnson, 2005). From the industry perspective, too, philanthropic assistance is part of a wider client-centered bundle of services (PricewaterhouseCoopers, 2007).

Despite the need for advisors to assist their HNW clients with philanthropic planning, prior research suggests that advisors can be reluctant to do so. Even in the U.S., where advisors have worked in this area the longest, there is evidence that some raise the topic only perfunctorily and may not re-engage clients over time to see if their interests have changed (Johnson, 2005; The Philanthropic Initiative, 2004). In the UK, advisors can be reluctant to raise the issue at all and when philanthropy is discussed, to rely upon particular philanthropic options with which they are most comfortable rather than that which best fits their clients' circumstances (The Giving Campaign, 2001; UK Giving, 2007). However, UK advisors are showing a greater willingness to discuss philanthropy with their wealthier clients and more knowledge about philanthropic options than they had previously (except for those with very wealthy clients).

While Canada has no known studies in this area, Australia has seen two studies to date. In 2002, advisors in that country showed deep reluctance to raise the subject of philanthropy with HNW clients. It was widely held that doing so was outside their professional role: philanthropy was commonly perceived to be a personal matter and the scope to assist was limited (Madden, 2004). However, by 2005, Australian advisors were more interested in assisting with philanthropy although a sizeable group still believed it was unnecessary and still others believed it was too difficult to do it well (Madden, 2006). This study adds to our understanding of financial advisors' philanthropic advice to their wealthy clients by examining a sample of Canadian financial advisors. This study will help researchers better understand Canadian advisors and how they compare to Australian financial advisors.

Methods

To develop a sample frame of Canadian financial advisors, the website of the Financial Advisors Association of Canada was used to identify financial advisors and obtain contact information. A list of 690 financial advisors in Canada's 50 largest cities claiming a specialty in estate, trust, and charitable gift planning was produced. A survey containing a cover letter, a three-page survey, and a prepaid return envelope was mailed to individuals on the list. An online survey was also created to give financial advisors the option of completing the survey online. An advance email was sent to financial advisors prior to their receipt of the mail survey. Two reminder email messages were sent to financial advisors after the mail surveys were delivered.

Of the 690 surveys that were mailed, 30 were returned undeliverable. There were 77 completed mail surveys and seven completed online surveys, resulting in 84 completed questionnaires for an approximate response rate of 13 percent. A small number of financial advisors were telephoned at random to better understand their response to the survey. We learned that financial advisors perceive themselves to be very busy professionals and that they receive requests to complete online surveys, usually through email requests, on a regular basis.

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Social Marketing: Its Theoretical Constraints Limit Its Applied Effectiveness

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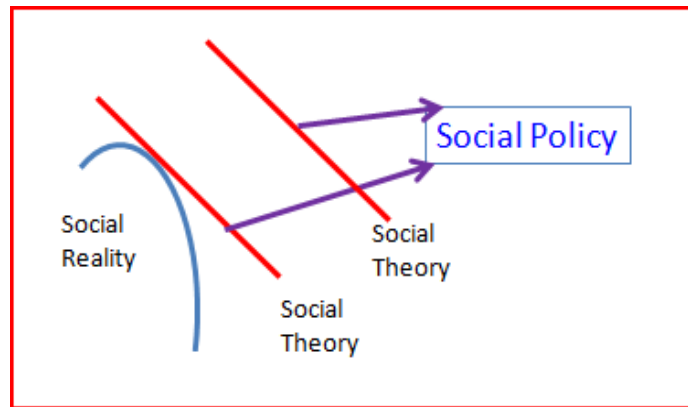
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Social Marketing: Its Theoretical Constraints Limit Its Applied Effectiveness

The central point of this paper is that the conceptual development of social marketing by the academic community has implicit assumptions. When applying social marketing concepts in areas in which these assumptions are met, social marketing is relatively effective. When applying social marketing concepts in areas in which these assumptions are not met, social marketing is ineffective. In order to improve the effectiveness of social marketing applications, conceptual development of social marketing is needed.

I will attempt to illustrate this point using Figure 1 below.

Figure 1



Social reality is represented as a curve because it changes, is complex, and is not bound by the assumptions of theory. Social theory (in our case, social marketing theory) is represented by a straight line because it cannot move beyond the limits of its own assumptions. While social theory is tangent to social reality, it can be a good guide for social policy. But, then, as social reality changes, the line of theory gets further and further from the curve of reality. Discrepancies develop between the result of policy based on the theory and those to be expected from the theory.

In some cases, social marketing theory is tangent to social reality and its application seems to be effective. In other cases, social marketing theory is distant from social reality and its application is ineffective.

By observing the social scientific and practitioner conceptualization of social marketing, I believe some basic assumptions about social marketing are:

- The root cause of problems to be addressed by social marketing is unhealthy individual behavior.
- These unhealthy behaviors tend to be habituated.
- Driving habituated unhealthy behavior is insufficient or incorrect knowledge, attitudes that reinforce the behaviors, or possibly a lack of healthy alternatives.
- Individuals have control over their behavior—individual volition.

Given this construal of social marketing theory, social policy or social marketing prescriptions are aimed at helping individuals to change their unhealthy behaviors to healthy behaviors. This is typically accomplished through educational campaigns to increase or correct individual knowledge of the target subject, and attitudinal campaigns to attempt to alter individual attitudes that reinforce unhealthy behaviors. In addition to these communication programs, social marketers sometimes offer individuals products to help them replace unhealthy behaviors with healthy behaviors (e.g., condoms).

In instances in which the social theory is correct, the social policy is generally effective. For example, the SunSmart Program in Australia and New Zealand has been relatively effective. Social marketers wanted to reduce the incidence of preventable skin cancer. Under the assumptions that some individuals were ignorant of the need to use sun block (knowledge deficit) and that some individuals were disinterested in the issue (unhealthy attitude), social marketers launched communication programs to educate and increase awareness. Many individuals can recite the slip, slop, slap and wrap slogan from the SunSmart Program.

However, there are cases of social reality in which social marketing theoretical assumptions do not fit. For example, what if the cause requiring a remedy is not under an individual's control? What if the cause of the problem is only partially under an individual's control? In these examples, social marketing theory is distant from the social reality, and its proposed social policy will be ineffective.

How has the social marketing community reacted to social realities in which social marketing theory is distant? Generally, there have been two responses. Sometimes, social marketers apply social marketing campaigns despite their ineffectiveness. In other cases, social marketers view the social problem as outside of the domain of social marketing and, therefore, it is appropriate to ignore the social problem.

Two examples will clarify this point. First, most cancers are caused by toxins and chemicals in our environment. Second, the increasing obesity problem is caused by an interaction of human biology with food industry marketing (includes product attributes) activities. (Please let the skeptical reader assume these examples to be true for purposes of the larger point being made.)

In the first example, most social marketing scholars and practitioners would view this as something other than a social marketing issue. Because of their self-imposed theoretical constraints, they are correct, from their point of view. If most cancers are caused by the ubiquity of chemical exposure, how can social marketers influence individual behavioral choices? Thus, because social marketers have chosen to constrain themselves to a narrow range of social problems, they have nothing to offer society in dealing with its greatest source of premature death and suffering.

In the second example, social marketers have been applying communication campaigns in order to help individuals avoid or reduce obesity. While some people will respond to an educational campaign, the evidence indicates that the social marketing campaigns are largely ineffective. Rather than develop a solution to societal obesity that deals with the social reality that obesity is a very complex problem that is largely due to the interaction of human biology with the food industry's offerings and marketing tactics, social marketers are approaching this problem as if their theory as discussed previously is tangent to the social reality. In this example, it is not.

The social marketing community must decide if (1) it's only going to address problems that conform to its social theory, (2) it's going to apply social marketing solutions ineffectively in cases in which its theory is distant from social reality, or (3) if it's going to evolve its theory for examples like the one's give here.

Why perform pro-social behaviours?
Understanding the key sources of perceived value in preventative health services

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Introduction

In maintaining quality of life, preventative health is an important area in which the performance of pro-social behaviours provides benefits to individuals who perform them as well as society. The establishment of the Preventative Health Taskforce in Australia demonstrates the significance of preventative health and aims to provide governments and health providers with evidence-based advice on preventative health issues (Preventative Health Taskforce, 2009). As preventative health behaviours are voluntary, for consumers to sustain this behaviour there needs to be a value proposition (Dann, 2008; Kotler and Lee, 2008). Customer value has been shown to influence repeat behaviour (McDougall and Levesque, 2000), word-of-mouth (Hartline and Jones, 1999), and attitudes (Dick and Basu, 2008). However to date there is little research that investigates the source of value for preventative health services. This qualitative study explores and identifies three categories of sources that influence four dimensions of value – functional, emotional, social and altruistic (Holbrook 2006). A conceptual model containing five propositions outlining these relationships is presented. This study provides evidence-based research that reveals sources of value that influence individuals' decisions to perform pro-social behaviours in the long-term through their use of preventative health services. This research uses BreastScreen Queensland (BSQ), a cancer screening service, as the service context.

Method

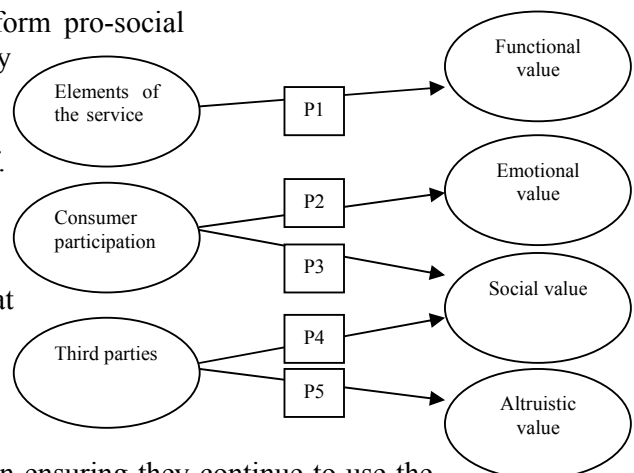
Individual-depth interviews were conducted in an exploratory qualitative study with 25 information-rich respondents who were selected using a purposeful sampling approach (Coyne, 1997). An interview guide was used but not followed with rigidity and was continuously revised based on the ideas that emerged during the interview process. The respondents were women between 50 and 69 years old, which is the primary target age group for BSQ (BSQ, 2009). The respondents must have used BSQ's screening services at least once at the time of their interview, and have never been diagnosed with breast cancer. The women interviewed were all current users of BSQ's screening services, although this characteristic was not actively sought in the sampling process.

Results and Discussion

Value source 1: Service sources

Service sources that influence individuals' to perform pro-social behaviours include all elements that are generated by the service organisation. In the context of BSQ, the data suggests that the most influential service source appear to be the service encounter itself. Within the service encounter, the most important aspects of the service encounter appear to be the interaction with the staff, and the efficiency and timeliness of the process. Other service sources that are also influential include support services outside of the service encounter and advertising. Of support services, BSQ sends reminder letters to its clients when they are due for another appointment. Many women rely on this letter and find it useful in ensuring they continue to use the

Fig. 1 Proposed model of sources of value in preventative health



service when required.

Advertising is another important activity generated from the service organisation as it is helpful in keeping the pro-social behaviour and its importance top-of-mind for individuals, especially when there is a long time-lag between each service encounter. This source of value appeared to relate to functional value (Proposition 1) as demonstrated by this woman who organised her appointment as a result of receiving the reminder letter, *“I made an appointment a week ago... it was triggered by the follow-up letter... you know how they send out a letter every 2 years?”*

Value source 2: Consumer sources

Consumer sources are those that are generated by the individual users of the service. This is related to their participation in the consumption process, both during the service encounter itself and outside of it. Consumer participation is described as the degree to which the consumer is involved in producing and delivering a service (Dabholkar, 1990, p.484) but in the context of pro-social behaviours, consumers' involvement is not limited to only the service encounter. One woman described a high level of mental effort in ensuring she organises her appointment, which relates to the level of cognitive effort required for value co-creation (Mathwick, Malhotra and Rigdon, 2001). Other women reported that they try to co-operate with the staff in order to achieve a more effective service by positioning their bodies as instructed by the radiographer and that being involved gave them emotional benefits. These results emphasise that consumers are jointly responsible for producing a satisfactory experience, and this has an impact on their likelihood to perform the behaviour again. This source of value appeared to relate to both functional (Proposition 2) and emotional (Proposition 3) types of value as shown by this woman, *“I don't have to go [for screening] if I don't want to... but I take this opportunity for my own benefit.”*

Value source 3: Third-party sources

Third-party sources are those that are not generated by the service organisation or the consumers themselves. In the context of preventative health services, this can include other health professionals such as general practitioners (GPs) or specialists. The influence of GPs in particular was very significant in initiating the pro-social behaviour for many of the women interviewed. Of the total sample, 15 women were *“well-women,”* meaning that they did not start breast screening as a result of some health issues (e.g. finding benign breast lumps). Of these *“well-women”* eight of them commenced breast screening on the advice of their GPs. Additionally, many women said they were regularly screened as a way of protecting their family, making sure they would be around in the future. This suggests that third-party influences are an important consideration in understanding why many individuals choose to perform pro-social behaviours, especially in preventative health. This source of value appeared to relate to both social (Proposition 4) and altruistic (Proposition 5) value as described by this woman, *“half of the motivation of wanting to stay well is that you are still around for the rest of your family and your friends.”*

Conclusions and Public Policy Implications

These results demonstrate that an individual's propensity to perform a pro-social behaviour in preventative health is not solely influenced by their experience with the organisation that provides the service. Governments must acknowledge that there is a need for an integrated effort in achieving societal goals to achieve sustained performance of pro-social behaviours. It is also evident that consumers derive different types of value from a preventative health service and marketers require this information to develop social marketing programs that meet

the variety of value requirements.

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*****INDUSTRY PAPERS*****

The Heart Truth[®] Campaign¹

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¹ [®] *The Heart Truth* and The Red Dress are registered trademarks of the U.S. Department of Health and Human Services (HHS).

Project Overview

The Heart Truth® campaign and its Red Dress icon have sparked a powerful national movement that has measurably changed the way American women look at heart disease. Created by the U.S. National Heart, Lung, and Blood Institute (NHLBI) and Ogilvy Public Relations Worldwide (Ogilvy) in 2002, the campaign aims to raise awareness among women that heart disease is their #1 killer and prompts them to take action to reduce their risk. This award-winning campaign introduced the Red Dress as the national symbol for women and heart disease awareness through a groundbreaking partnership with America's fashion industry in 2003, and there is growing evidence of interest in adopting or adapting the campaign to other countries.

Background

In 2000, only 34 percent of American women knew that heart disease was their #1 killer. Although heart disease kills more women than all forms of cancer combined, knowledge of the mortality rate and risk factors was low. Consumer research showed heart disease was perceived as a condition that overwhelmingly affects men, creating a significant hurdle for a campaign targeting women.

Theory

To guide development and implementation, the campaign used the social marketing process described in *Making Health Communication Programs Work* (National Cancer Institute, 2002). The process includes four main steps: planning and strategy development; creation and testing of concepts, messages, and materials; program implementation; and assessing effectiveness/ making refinements. The campaign also drew on relevant constructs from behavior and social change theories and models that support the development of effective strategies for influencing attitudes and behavior, including theories focused on determinants of behavior (Health Belief Model; Theory of Reasoned Action/Planned Behavior; and Social Learning Theory) as well as the Transtheoretical Model of stages of individual behavior change.

Customer Orientation

The Heart Truth® evolved through extensive primary and secondary formative research:

- A comprehensive analysis of mid-life women: demo- and psychographics, geographic and socioeconomic factors, heart health knowledge, attitudes and behaviors, media preferences;
- A literature review of 200+ research articles on cardiovascular health and women;
- Eight focus groups in four cities across the country to test creative concepts and messages; and
- Materials review by the campaign's core government and community organization partners.

This research informed a range of elements in the planning process, including target audience, message and materials development, channel and activity selection, and partner recruitment.

Insight

Ogilvy realized that changing women's perceptions about heart disease—getting them to understand their personal risk and getting them to take action—was critical to reducing its impact on women's health. *The Heart Truth*® needed not only to increase awareness, but also give women an urgent wakeup call about their personal risk of heart disease and steps they could take to reduce or manage their risk.

Exchange

The centerpiece of the campaign, The Red Dress[®], proved to be a very powerful symbol to convey heart disease awareness messages. It reminds women of the need to care for both their outer (appearance) *and* inner (health) selves and inspires them to take action. The campaign also identified and addressed barriers to managing heart disease risk factors (e.g. by doing just four things—eating right, being physically active, not smoking, and keeping a healthy weight—you can lower your risk of heart disease by as much as 82percent).

Segmentation

Primary audience: Women aged 40 to 60, especially those who have at least one risk factor for heart disease and who are not taking action but who attach importance to their health and healthy appearance. Tailored efforts also are targeted to African Americans and Hispanic Americans.

Secondary audiences: 1) Women of all ages, as heart disease develops over time and can start as early as the teen years and it is never too late for women to take action to lower their heart disease risk and 2) Physicians and other health professionals.

Behaviour

The Heart Truth[®] continually aims to achieve the following objectives:

- Increase awareness that heart disease is the #1 killer of women;
- Increase awareness of the risk factors that can lead to heart disease, disability, and death; and
- Encourage women to talk to their doctors, learn their personal risk factors, and take action.

Competition

Recognizing that the target audience has many competing lifestyle demands, the campaign harnesses commercial marketing techniques to reach women where they live and shop via messages on product packaging such as Cheerios, articles in popular women's magazines such as *Woman's Day* and *Glamour*, and at local heart health screening events in shopping malls. The campaign messages and imagery is designed to be clear and compelling, to grab attention, and to break through the clutter of an already crowded health environment.

Methods Mix

The campaign strategy continues to be based on implementing a brand-driven social marketing mix of community-level interventions and national programming, including:

- Creative design using **compelling photos and stories of real women's struggles with heart disease**, putting a face on women's heart disease and providing consistent branding;
- **Educational materials**—including a 100-page *Healthy Heart Handbook for Women* and a Speaker's Kit (with a 10-minute video and PowerPoint presentation);
- A **Web site** with ideas and materials to help audiences plan events, (www.hearttruth.gov).
- National **public service advertising** (print, radio, and television);
- **Signature programming**—including *The Heart Truth* Road Show (a heart health exhibit), Red Dress Collection Fashion Shows and Champions (train the trainer) programs;
- **Partnerships with national non-profit organizations** reinforced at the local level, including the American Heart Association, WomenHeart, and the Association of Black Cardiologists;
- **Corporate and media partnerships** with Mercedes-Benz Fashion Week, IMG Fashion, *Glamour*, *Newsweek*, *Essence*, Diet Coke, Johnson & Johnson, and General Mills; and

- **Social media activities** including Facebook fan pages, online banner PSAs, blogger outreach, countdown widgets, and twitter feeds.

Evaluation and Results

The Heart Truth[®] has ignited a powerful movement rallying the women's health community, major corporations, local and regional community groups, and the national media toward a common goal of greater awareness, action, and better heart health for all women. As a result of the efforts of *The Heart Truth*[®] and its many public-private partnerships, which are significant in number and far-reaching in impact, awareness among women that heart disease is their leading cause of death has risen to nearly 70 percent, compared to 34 percent in 2000. The campaign has garnered a significant list of additional results, highlights of which include:

- **17,000 fewer deaths of women** from heart disease from 2003-2004 and the number of women who die from heart disease shifted from 1 in 3 women to 1 in 4 (February 2007 NIH Announcement).
- **The Red Dress**[®] **has been adopted as the national symbol for women** and heart disease awareness across the U.S.; the Red Dress has also been recognized and is being adopted internationally. In the U.S., **68 percent of women recognized the Red Dress in March 2009** as the symbol for women and heart disease, up from 25 percent in 2005.
- Corporate partners driving **billions of impressions** across product packaging and online, print and broadcast advertising, including the 2010 Winter Olympics with Diet Coke. In-kind promotional support, including from the fashion and celebrity industries, is conservatively valued at more than \$100 million.
- Broadcast, newspaper, magazine, and online placements—all contributing to **nearly 3 billion media impressions** thus far (no multipliers or pass-along rates).
- *The Heart Truth*[®] campaign has **won all major health communications and PR industry awards** in its class for its creativity and success in marketing heart health awareness to women across America. The campaign was recognized and analyzed in a special edition of *Social Marketing Quarterly* in 2007.

EatSmart Restaurants: Create Health When People Eat Out

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Project Overview

Eating out is a way of life for Hong Kong people. However, unhealthy diet is a major risk factor for chronic diseases. In line with the World Health Organization's Global Strategy on Diet, Physical Activity and Health, the Department of Health (DH) collaborated with local restaurants in launching the EatSmart@restaurant.hk Campaign. By offering and labeling at point of purchase five or more dishes which are made up primarily of "fruit and vegetables" and/or are "low in salt, sugar and oil", EatSmart restaurants (ESR) provide more healthy dishes, making healthy eating choices easier for customers.

Case Study Benchmark Criteria

Customer orientation

- Over 50% adults ate out for lunch at least five days a week
- Yet, more than 90% wished to be offered healthier dishes when eating out
- An inter-sectoral taskforce was set up to oversee a pilot project
- Pilot testing showed that the project was feasible and accepted by the trade

Insight

- EatSmart@restaurant.hk Campaign provides great opportunity for free publicity, boosting corporate image and generating business
- To qualify as an ESR, staff training and changes in business practice are required

Behavioural Goals

- Restaurants to produce more healthy dishes and label them for customers to choose from
- Customers are prompted to order healthy dishes

Segmentation

- On the demand side, the campaign primarily targets the working population (especially female sedentary workers) who eat out most days of the week
- On the supply side, all registered food premises are invited to enroll as ESR

Exchange

- Restaurants and customers perceive healthy dishes as less tasty or more expensive (wrongly equated with organic food)
- To make healthier dishes, ESR need to learn about food and nutrition, explore new recipes and adapt new methods of cooking
- ESR need to designate staff for training, management and supervision

Competition

- Promotion of EatSmart dishes competes with those for Christmas, New Year, and so on
- The number and variety of non-EatSmart dishes exceed those of EatSmart dishes

Methods mix

- EatSmart@restaurant.hk Campaign is branded as a trendy healthy eating movement driven by socially responsible restaurants that are capable of preparing delicious dishes
- Generate demand for ESR by: public education, community building programmes, mass publicity (electronic, web and printed media), cooking competition with public voting, thematic website with ESR search function, discount coupons to dine at ESR, having more ESR
- Increase the number of ESR by: setting 'low' entry requirements, recruitment drives, free enrolment/re-enrolment and training, free publicity, public events, sample recipes, regular visits and enquiry hotline by DH, appreciations and rewards, thematic websites

Theory

- Stage of change theory for customers and social-cognitive theory for ESR

Evaluation and Results

A pilot study in 2007 conducted among 50 ESR involving 200 staff and 500 customers found an increase in the demand and sales of EatSmart dishes. Nearly all staff (98%) interviewed considered the EatSmart@restaurant.hk Campaign a feasible mode of operation. Among customers who had ordered EatSmart dishes, 99% supported the notion that restaurants should offer healthier choices, 95% indicated satisfaction with the dish served and 75% said they would patronise the restaurant again for healthy dishes. After the pilot phase, the programme was rolled out. As at end 2009, the number of ESR reached 582. Overall, 897 restaurateurs and chefs received nutrition training.

**Throwing Conventional Government Harm Minimisation Campaign Approaches
Out the Window to Successfully Reduce Risky Drinking Behaviour in
Young Queensland Females**

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- Queensland Department of Emergency Services
- The Great Barrier Reef Marine Park Authority
- Australian Greenhouse Office
- Queensland Department of Aboriginal and Torres Strait Islander Policy
- Cairns Water
- Queensland Transport
- Ergon Energy

Peter has guest lectured on advertising strategy at both The University of Queensland and Griffith University. He has been Queensland chairman and a national board member of the Advertising Federation of Australia.

Project Overview

In 2004 the Queensland government launched a social marketing campaign designed to reduce risky drinking levels of Queensland women aged 18-22. Underpinned by a seven stage research process, the “Becky’s not drinking” campaign moved away from the traditional “negative consequences” approach practiced by many government marketers (and still in play with the current federal government “don’t turn a night out into a nightmare” approach) to deliver results so beyond stakeholder expectations within just six months they needed additional verification.

Background and Policy Context

National research had highlighted that more Queensland women aged 18-22 consumed alcohol at long-term risky levels than their counterparts in other states. Young women were more vulnerable to both acute and chronic effects of alcohol misuse than men and although their absolute alcohol consumption was less than their male peers, physiologically their risky levels of consumption were much higher. The Queensland Government was seeking to reduce the potential harmful short- and long-term effects of risky drinking within this cohort.

Behavioural Goal

Measurable behavioural objectives for this campaign were as follows:

- Address the current decline in women aged 18-22 years taking action to reduce their alcohol consumption (1998, 57% - 2001, 53%) by increasing the number beyond the 53% recorded in 2001 National Drug Strategy Household Survey (Source NDSHS 1998/2001).
- Maintain or increase the number of Queensland women aged 18-22 years who claim to have reduced the amount of alcohol they drink at any one time – currently 35% (NDSHS 2001).
- Maintain or increase the number of Queensland women aged 18-22 years who claim to have reduced the number of times they drink – currently 38% (NDSHS 2001).

Customer Orientation

Existing research provided significant information relating to young women’s alcohol consumption: where, when and at what levels they were drinking, their justification for drinking and their levels of concern over it. But it didn’t give the full picture. We were yet to understand where alcohol fitted within their lives and lifestyles. To that end we undertook what we termed “life values” qualitative research in order to understand as much as we could about them - their current situations, attitudes, needs, motivations and aspirations. This research allowed us to paint a much more complete picture of the target market. In particular it highlighted their desire to be in control and the importance of sharing good times with friends – dynamics we exploited to great effect in the campaign creative executions.

Insight

We acted on three clear insights. The first came from our “life values” research. This was that our target identified two areas of importance in their lives: 1) a strong desire to be in control and 2) sharing quality time with friends - and that as they matured in their approach to drinking they were more likely to encounter internal conflict in relation to balancing these priorities. Our challenge was to address both of these priorities in the communication, demonstrating how they could have one, without necessarily losing the other.

The second insight was our observation of how severely the maturation process was hampered by social and cultural influences that encouraged excessive drinking as normal and desired behaviour within the cohort, and how sensitive to this pressure our “reluctant drinkers” were. This sensitivity produced a barrier to behaviour change we referred to as the Cultural Hurdle. We sought to lower this hurdle by undermining the folly on which it was based.

The third insight was developed following focus group testing of storyboards for negative consequences based advertisements. There was a high level of agreement within the groups that these executions accurately depicted the downside of a night of excessive drinking. However, we concluded that focus group endorsement of these messages actually meant we had not gone far enough with the messaging. The ads provided no new information, no replacement behaviour and no potential to take the target to the better place they were seeking (where alcohol was an accompaniment to a good night out with friends rather than the reason for it). Young women were already living with the short-term negative consequences of risky drinking every week and they were not interested in the long-term consequences, so a consequences-based campaign would have merely restated what they already knew or had previously dismissed. So, unlike many government health promotion campaigns (such as today’s federal government’s “don’t turn a night out into a nightmare”) we moved away from either the short- or long-term health consequences for our target and focused on the cultural and personal issues they needed to address in order to reduce their drinking.

Theory

The target market identified as most readily being able to be influenced by a communications campaign was a group of young women we referred to as “reluctant drinkers”; a cohort that wanted to drink less but had yet to find a way to behave in this fashion. As such there were two relevant social marketing models that we considered: 1) DiClemente et al’s Stages of Change and 2) the Sheth-Frazier Segmentation Model.

Within the Stages of Change model we identified our target as “contemplators”; they knew the desired behaviour but there were some psychological barriers they couldn’t overcome.

Sheth-Frazier segments potential targets based on their attitudes and behaviours in relation to their propensity to undertake a desired behaviour. Our target was positive towards the behaviour but was not yet undertaking it for personal reasons and as such fell within Cell Three, which advocates finding the most appropriate ways to convert attitudes into actions.

Ultimately, for both models, the challenge was the same: overcome the psychological barriers that exist for a group favourably disposed to behaviour change. To achieve this we used a variety of tools accessible within advertising communication theory, ranging from creative briefs through to target audience media usage analysis.

Segmentation

We developed a segmentation model that divided young women into four groups based on where they sat in their progression to what we called “mature drinkers”:

1. Novice Drinkers: those with an experimental attitude towards alcohol consumption;
2. Immature Drinkers: those that enjoyed engaging in heavy drinking behaviour and intended to do it again soon;
3. Reluctant Drinkers: those with a reluctant attitude towards engaging in heavy drinking behaviour, but for whom social and cultural pressures formed a hurdle they had difficulty getting over;

4. Mature Drinkers: those who wanted to maintain control of their drinking behaviour at all times, even if it meant becoming a lighter drinker.

We used this model to identify the group most likely to be influenced by behaviour change messages and deemed it to be the “reluctant drinkers”. We also considered that the campaign would resonate with the “mature drinkers” segment, given their behaviour was being validated as the desired behaviour for the entire cohort.

Exchange

“Reluctant drinkers” were conflicted based on what they considered they might have to give up to move to the desired behaviour:

- Am I ready to leave behind the fun and freedom of regularly getting drunk?
- Can I actually have a good time without getting smashed?
- Will I seem so sober and boring that nobody will notice me?
- How will my friends react if I stop getting drunk with them?
- Will I have to stop seeing some of my friends?
- Will I end up with no social life? Am I getting old before my time?

For young women who had cited sharing quality time with their friends as extremely important, the move to more mature drinking offered a whole new set of risks.

Competition

The desired behaviour competed head-on with a culture that encouraged and normalised excessive drinking. Environmentally, young women had never had more access to beverages or outlets catering to their tastes. They were encouraged to drink more from an early age through the introduction of products designed to appeal to younger palates such as alchopops (consumption of pre-mix spirits among female drinkers increased from one in seven in 2000 to one in two 2002). Their socialising had become more gender neutral and they were far more likely to gather at locations that a generation earlier were more the domain of their male counterparts. Licensed facilities valued their patronage and regularly geared their marketing towards them. What’s more all of this was taking place amidst continuously increasing spends from alcohol marketers determined to increase market-share through the promotion of alcohol as a key ingredient to any good night out.

Attitudinally, they were very accepting of the drinking culture in which they resided. Pre-campaign research indicated that only three percent of females 18-24 were concerned about the effects of drinking too much and very few questioned the role of alcohol in society or its impact on themselves. Alcohol was likely to be considered the driver of, or reason for, a good night out, rather than a harbinger of negative consequences. They were suspicious of messages from government and did not want to be controlled, especially by politicians.

Communication Methods Mix

Whilst Queensland Health engaged a network of stakeholders in this project, intervention methods as they relate to this case study were primarily communication based. It was a strategic decision to use a communication campaign to deliver messages of empowerment to our target market at key times and places. Cinema and television advertising was produced, outdoor and point of sale material was displayed in and around licensed premises and magazine advertising ran.

Evaluation

The six-month campaign exceeded all expectations:

- Against stated campaign objective “maintain or increase the numbers taking action to reduce consumption” - 63% vs objective of 53%;
- “Maintain or increase numbers reducing the amount they drink” – 38% vs objective of 35%;
- “Maintain or increase numbers reducing the times they drink” – 42% vs objective 38%.

Significantly, there was clear evidence that those exposed to campaign messages (81% of the market) were more likely to undertake behaviour change:

- 65% of those who saw the campaign reported positive behaviour change vs 41% of those that did not see campaign;
- 40% reported reducing the amount of alcohol they consumed vs 29% of those that did not see the campaign;
- 17% drank more low alcohol drinks vs 5% of those that did not see the campaign.

Short-term risky drinking (when five standard drinks are consumed in a day) was reduced from 53% pre-campaign to 43% post-campaign, dramatically reversing a five-year trend. Short-term low risk drinking increased dramatically from 45% to 57%.

Long-term risky drinking (when three or more standard drinks are consumed in a day) was reduced from 76% pre-campaign to 67% post-campaign. Long-term low risk drinking increased from 24% to 33%.

This evidence led us to conclude that our desire to accelerate the maturation process was working; young women had not stopped drinking, they had merely reduced the number of drinks they were having. They were taking control and drinking more maturely.

So remarkable, and against risky drinking trends, were the initial research findings that Queensland Health commissioned a third party to scrutinise the results to ensure their integrity.

Lessons Learned

1. The seemingly default position of government advertisers to focus on negative consequences to drive behaviour change has a very potent alternative if marketers are prepared to invest in identifying insights that empower prospects to move into better behavioural territory.
2. Communication campaigns can effect behaviour change quickly when they are targeted at the market segments most likely to be influenced by advertising, rather than adapting a one size fits all approach.
3. Research needs to be robustly interpreted by government marketers when dealing with behaviour change, because it is too easy for research respondents to simply endorse storyboards that reflect a behaviour they know to be a problem. These responses, when considered in isolation and without regard for whether or not the communication adequately delivers any appropriate tools for change, increase the risk of advertisers running campaigns that lack insight and are heavy on showing the problem but light on delivering a solution (ie, new behaviour or the key to a new behaviour).

Cloncurry Waterwise Service: Motivating behaviour change through a service offering

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Project Overview

The Cloncurry Waterwise Service (the Service) was implemented between January and June 2009 on behalf of the Department of Local Government, Sport and Recreation (now the Department of Infrastructure and Planning) and was delivered by Local Government Infrastructure Services. The Service was a Queensland State Government funded business and residential water demand management program in the town of Cloncurry. The Service included shower, tap and toilet retrofits, leak fixes and a personalised one on one education service. In addition, businesses were offered rebates and subsidies to purchase water efficient equipment (i.e. washing machines and toilets) or to undertake water efficiency projects.

Background and Policy Contexts

While the Shire of Cloncurry in far west Queensland, Australia, was accustomed to living with seasonal extremes, in mid 2008 the Cloncurry Shire was experiencing severe drought conditions not seen before. This severe drought imperative required that an urgent and unique demand management program be developed. Limited water consumption and production data, aggressive take up targets and a short delivery timeframe driven by the urgency of severe drought, geographical isolation, a regional demographic profile and behavioural change barriers created by this unique environment all contributed to the design and logistics challenges.

Case Study Benchmark Criteria

Research

Considerable primary market research was available on consumer's attitudes and behaviour around water use in South East Queensland, but there was no consumer research available about remote regional markets in Australia. To inform the specific approach required for the Cloncurry environment qualitative market and desk top research, in conjunction with environmental scanning was undertaken to determine the triggers and barriers of Cloncurry residents to taking up the Service. This research also provided insight into the best way to communicate the service offering. The research showed that the Cloncurry community had developed local ways to cope with the long term water situation, that were independent of outside (out of town) intervention. They also had considerable insight into their water use and the circumstances they found themselves in, yet lacked the extensive demand management knowledge necessary in these new drought conditions. While Cloncurry residents understood that they were in the midst of a 'water shortage crisis' and understood what behaviours generated unnecessary high water use they continued to adopt inefficient water use behaviours. The research indicated that the key factors contributing to inefficient water use were:

- the potential lack of compliance with mandated restrictions on outdoor water use
- the belief that alternative water sources, primarily bore water, 'don't count' when considering water conservation, and
- evidence that garden irrigation was normalised behaviour in the community.

The research also showed that the majority of the Cloncurry community were in the pre-contemplation phase of their behavioural change journey. High uptake of the Service and preliminary phases of behavioural change could only be achieved if the Service design began to increase awareness about the importance of water efficiency in their environment and commence re-calibration of community norms about water efficient behaviours, all while respecting their independence.

Research targeting the business community indicated that support from business was extremely positive and in fact higher than from residents, perhaps due to the cost savings to be made and the higher number of areas where water can be saved. The key concerns to Cloncurry businesses were disruption to the business and lost revenue. This was particularly true of motel owners who were concerned that their motel rooms may not be rentable for a certain period of time. There was also concern over who would pay for the maintenance of the fixtures. The research found that uptake could be enhanced by:

- providing good information as to possible disruption times
- minimising disruption and associated costs to the business
- negotiating fully with businesses to arrange appropriate times for the service to occur
- promoting that they will be doing their bit for the Cloncurry community and their future, and
- ‘selling’ the benefits of the Service as a way to save money.

Behavioural Objectives

The Service had two high level objectives. First to deliver immediate, high impact, structural water savings by achieving 90 per cent (stretch target) uptake of the retrofit element of the Service. Second, to immerse the entire community over a short period of time via the education and promotional elements of the Service to fast track the commencement of behavioural change. More specifically the behavioural change objectives were to:

1. to commence the re-setting of community norms
2. to raise awareness of the imperative to be water efficient in and around the home
3. to start the process of re-setting the expectations and obligations for businesses to use water efficiently, and
4. to achieve the first stages of behavioural change.

Method Mix

The Service was offered over a short and intense six week period for residents and 12 weeks for business. The financial barrier to uptake was removed with the basic retrofit elements of the Service being free. Businesses also received a range of rebates and subsidies for larger impact projects. The key marketing message was ‘Help us make Cloncurry even more waterwise’ to recognise the efforts already undertaken by the community. Awareness raising and call to action press and radio advertising and direct mail were used to warm the market. Community based and direct response channels such as community group bulk bookings, mobile kiosks, plumber referrals, and door to door visits contributed to the majority of residential bookings. Critical to the campaign was the community awareness program that supported the booking process. Community based promotional activities such as participation in ‘Cloncurry Day’, use of community leaders as advocates, a commitment board at the local supermarket, press and radio editorials and paid advertising were used to inform the community of the Service and to commence recalibration of community norms. The use of the Internet and online booking tools were intentionally not used due to low usage of Internet technology in Cloncurry.

Business bookings were highly personalised with direct telephone calls generating 88 per cent take up. Key to this high uptake was a call made several weeks before the commencement of

services to gain a detailed water use profile of the businesses. This combined with a community awareness campaign, that included business advocates and business-specific press editorials, was critical to ‘warm’ businesses prior to requesting a booking.

It was a unique feature of this Service that a dedicated water efficiency advisor attended each service with the plumber. The water efficiency advisor conducted an audit of the business or residents’ water use, attitudes and behaviours. On completion of the audit, the resident or business was provided with a personalised water efficiency printed plan that outlined an estimate of their daily household water use, recorded what products were installed, leaks repaired and identified further water savings opportunities customised to the household or business.

Evaluation and Results

Satisfaction with the service and water and energy savings were evaluated by specialist third party agencies. The Service achieved a residential take up rate of 85 per cent with an overall background satisfaction rating of 93 per cent. The water savings to residences as a direct result of the Service were estimated to be 37.4 ML per annum, representing a 4.6 per cent saving in total residential water use. A take up rate of 88 per cent was achieved for businesses with an overall background satisfaction rating of 93 per cent. The water savings to business as a direct result of the business retrofit services was estimated to be 9.5 ML per annum, representing a 5.1 per cent saving in total non-residential water use.

Post Service research showed preliminary indications of behavioral change. The main reason for taking up the service for both businesses and residents was reported as ‘wanting to be to do their part to help with the long term water shortage’. The majority of households and businesses (81 and 88 per cent respectively) found the customised report provided by the Water Efficiency Advisor to be effective as a reminder to conserve water.

Lessons learnt

Despite the low/no cost offering, achieving the high uptakes rates in a remote regional location was challenging. The Service owed its success to:

- its high energy, short, immersion approach that generated great community momentum
- the pursuit of community engagement at all levels, but particularly the use of community leaders (civic and civil) as advocates
- the use of very personalised, low technology, face to face and community based marketing
- an ‘on the ground’ presence by the project team enabling a dynamic approach to marketing and the establishment of strong relationships with key local stakeholders, and
- the deployment of dedicated Water Efficiency Advisors to provide personalised on site advice and collect qualitative water consumption data that was otherwise not available.

It was found that take up by business of the major project subsidies and equipment rebates was low. To achieve greater participation of businesses in water saving projects in remote regional towns, consideration needs to be given to alternative funding strategies such as greater government subsidy or private sector sponsorship.

**Counter-Marketing Tobacco at Bars and Clubs:
A Hipster Young Adult Case Study in San Diego, California**

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Project Overview

The tobacco industry aggressively targets young adults. During young adulthood, many people initiate tobacco use and most smokers establish regular use. The industry's marketing efforts promote the image of smoking as a normal part of adult social life. Commune is a hard-hitting club-and-bar based counter-marketing program in San Diego, CA founded on the Social Branding® model. The intervention utilizes the industry's own promotional strategies to promote a tobacco-free lifestyle among "Hipster" young adults.

Background and Policy Context

Tobacco use among young adults continues to be a major health problem. Even in California, which has among the lowest smoking prevalence in the USA (14% of adults in 2005), young adults had the highest smoking rate of any age group at 18% (California, 2006). In addition, about one third of California's young adults attended bars or clubs at least sometimes in 2002, and attendance is associated with increased smoking (Gilpin, et al. 2003), despite the fact that California has had smokefree bar policies since 1998 (Magzamen and Glantz, 2001).

The tobacco industry has conducted research on young adult smoking behaviors that informed the development of marketing campaigns targeted to "psychographic" segments (segments based on common attitude and lifestyle profiles) of the young adult population (Ling and Glantz 2002). This industry understands that identity and culture can motivate young adults to behave in ways that may seem illogical, particularly when performing risky behaviors. The tobacco companies have extensive experience developing campaigns tailored to different groups of young adults that promote attractive smoker identities within social environments such as bars and nightclubs (Sepe, et al. 2002; Katz and Lavack, 2002; Sepe and Glantz, 2002). Fortunately, these market research strategies can be counter-engineered to develop tailored young adult anti-smoking programs.

A formative research study was conducted to measure tobacco use amongst different young adult psychographic groups. Subcultural affiliations, level of social concern (the importance of status amongst peers), and 30-day smoking prevalence were measured. Factor analysis identified four major subcultures based on psychographics: Mainstream (52%), LGBT (20%), Urban (21%), and Hipsters (17%). Hipsters had the highest smoking prevalence (50%). Multivariate logistic regression controlling for demographics showed Hipster affiliation was significantly associated with current smoking (OR 2.36 95% CI [1.13, 4.92]. High levels of social concern were also significantly associated with smoking (OR 2.86, [1.50, 5.44]).

Social Branding® is a progressive innovation of social marketing, utilizing the identity of specific young adult sub-populations to change behavior. Commune, a Social Branding® intervention based in San Diego bars and clubs, was designed to reach young adults within the Hipster subculture using cultural experiences, social leaders, and values-driven messaging.

Case Study Benchmark Criteria

Methods mix: Experiential: Branded bar & club events (direct experiences that associate a tobacco-free lifestyle with highly valued cultural characteristics), social activities (activities designed to increase socializing in order to associate fun and socializing with a tobacco-free lifestyle), Community based: brand ambassadors (trendsetter young adults recruited and trained to represent Commune in their social environments), Communications: direct mail, poster, and web promotions.

Customer orientation: Formative research included both quantitative surveys and focus groups to measure socio-cultural group affiliations using pictures and bar/club preference ratings,

level of social concern, and smoking behavior. Concept testing and pre-testing was also conducted with key informant interviews with trendsetters to finalize intervention materials.

Insight: Hipster smokers had low levels of perceived threat, highly valued personal freedom, highly valued the creative arts, perceived their community as tightly-knit, and had negative attitudes towards health messages and capitalism.

Behavioural goal: to reduce tobacco use among young adults 18-25 years old who identify with Hipster subculture in San Diego, CA.

Segmentation: Young adults 18 – 25 who identify as Hipsters, and who currently smoke or are likely to smoke.

Exchange: The major perceived barrier was the belief that most Hipsters smoke, and that smoking was part of membership in the Hipster community. The solutions were to promote aspects of smoking that were at odds with core Hipster values (tobacco industry contributes to world hunger, global warming, and co-opts local artists), and to promote authentic Hipster social experiences and peer leaders that were tobacco free.

Competition: tobacco-sponsored bar and club nights and addiction to nicotine.

Theory: Social Cognitive Theory constructs such as reciprocal determinism, outcome expectations, observational learning, and facilitation were considered. Diffusion of Innovations Theory informed recruitment of key trendsetters from the local community to be brand ambassadors to demonstrate the relative advantage of a tobacco-free Hipster lifestyle, and compatibility with Hipster subcultural values.

Partnerships: included local artists, bands and fashion designers to be brand ambassadors and produce artwork or be sponsored at Commune events to showcase budding artists and affirm that the Hipster subculture is evolving to be tobacco-free. Branded bar-and-club events use experiential marketing to associate a tobacco-free lifestyle with identity and cultural characteristics highly valued by Hipster young adults. Messaging incorporates Hipster language, images, style, and color. Direct mail flyers, web and street marketing reinforce messaging between events.

Evaluation and Results

A random venue-based sampling strategy was utilized to gather cross-sectional samples of Hipster club-and-bar goers at baseline (N=1,200), 10 month (N=1,200), and 22 months (N=300). Data is analyzed in three categories: all subjects, Hipsters only, Hipsters with high social concern (HSCHs). Campaign exposure and liking Commune is significantly higher amongst Hipsters and HSCHs. HSCHs rate Commune as having high social status, are most likely to go to Commune events, and are most likely to agree that Commune takes a stand against the tobacco industry. At 22 months, HSCHs have shown a reduction in smoking from 79% to 70%. By 30 months, this intervention aims to further reduce HSCH smoking to 60%, and Hipster smoking from 60% to 52%.

Lessons Learned

First, populations socializing in bars and clubs have extremely high risk profiles and this setting should be a priority for health interventions. Second, messages need to be framed in a manner that is consistent and relevant to the psychographic population's beliefs, attitudes, and values. Hipster message appeal increased when tobacco facts were framed in social justice context, such as global warming, animal cruelty, and minority targeting. These strategies can be disseminated in many social environments.

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**Peer Group Segmentation to Reach High Risk Youth:
A Case Study of African-American Teen Segmentation in Virginia, USA**

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Project Overview

Tobacco-related diseases disproportionately affect African Americans. Reducing teen tobacco use amongst African American populations can significantly reduce tobacco-related morbidities and mortalities. Despite numerous campaigns and programs targeting youth smoking, prevalence rates among youth have not decreased since 2005. Many studies link peer smoking status and peer influence to teen tobacco use. Perceived social image of these prevention strategies could be deterring high risk youth from participating. However, limited research has focused on understanding the specific relationships between distinct youth peer groups and tobacco use to inform tobacco prevention strategies. This project is designed to identify a more effective segmentation strategy using peer group research in order to design an intervention that more effectively appeals to high risk youth.

Background

Tobacco-related mortality amongst African Americans is significantly higher than any other ethnic group (DHHS, 1998), with lung cancer as the leading cause of death (ACS 2009). Social influences have been consistently correlated with tobacco use and violent behaviors amongst other risk behaviors (Derzon and Lipsey, 1999; Conrad et al., 1992; Snethen and Van Puymbroeck, 2008). Despite the presence of youth-targeted interventions in the United States, youth smoking prevalence remains relatively high at 20%. This may be attributed to the fact that high-risk youth are not responding to interventions that are typically designed to reach all youth at once. In addition, growing evidence suggest that tobacco use prevalence amongst African American Teens (AATs) is underreported because they do not consider little cigars, such as Black & Milds-brand cigarillos, as a cigar or cigarette (Malone et al., 2001; Page and Evans, 2003). A study conducted by the Office of the Inspector General found that little cigar use was higher among predominantly AATs compared to White teens (DHHS 1999).

Adolescence is a critical development period as a youth begins developing a sense of self-identity (Erikson, 1968). During this period, parental influence decreases while peer influence increases, which has been linked to risk behaviors (Hoffman et al., 2007). This suggests that peer group identification serves as a natural support system for adolescents without adult supervision (Gotlieb, 1975). The perceived value, or lack of value, of smoking and violence are shaped by youth's experiences in his/her peer group, thus making the peer group a key variable to consider in intervention development and evaluation.

Case Study Benchmark Criteria

Methods Mix: Experiential: Youth social events (direct experiences that associate a tobacco and violence-free lifestyle with highly valued cultural characteristics), social activities (activities designed to increase socializing in order to associate fun and socializing with a tobacco-free and violence-free lifestyle), Community based: brand ambassadors (trendsetter youth recruited and trained to represent the intervention in their social environments), Communications: radio promotions, direct mail, flyer, and web promotions.

Customer Orientation: 727 adolescents between the ages of 13 and 20 completed an online survey to measure demographics, peer group identification, tobacco use and fighting behaviors and attitudes, and perceived peer and friend risk behaviors. Five focus groups were conducted with 47 youth for qualitative insight.

Insight: Three predominant peer groups in Virginia were identified; hip hop, preppy, and mainstream. Each peer group had different attitudes regarding tobacco use, violence, the tobacco industry, and varied in perceived peer and friend tobacco use. The hip hop subculture was most at-risk based on reported prevalence rates, attitudes about tobacco and the industry,

and perceived high tobacco use and violence among peers and friends. Among the hip hop peer group, tobacco use and physical fighting are perceived to achieve the desired image of being perceived as tough, mature, and socially successful.

Behavioral goal: to reduce tobacco use and violence, such as physical fighting, among teens ages 13 – 20 in the state of Virginia, USA.

Segmentation: Teens 13 – 20 who identify with Hip Hop culture and currently smoke, are currently violent, or are at high risk of either behavior.

Exchange: Although other interventions exist in the area, high risk hip hop youth did not participate. The perceived barriers of being involved in existing interventions include a 1) perception that interventions are “uncool”, 2) belief that most peers are engaging in the risk behaviors, and 3) belief that smoking and fighting are intricately linked to hip hop culture. To overcome these barriers, the intervention will 1) engage key trendsetters in local hip hop culture to disseminate intervention message, 2) promote tobacco-free and violence-free messages in hip hop style to disassociate the risk behaviors from hip hop culture (for example, these youth identify with tough-looking images, necessitating that a tough image be associated with a non-violent lifestyle in order to reach these youth), 3) execute social events specifically for youth who identify with hip hop culture to reinforce healthy behaviors.

Competition: Other teen hip hop events in the area, hip hop mass media (music, videos, etc.), and living in low socio-economic neighborhoods.

Theory: The theory of social contagion states that risk behavior adoption process is facilitated by mutual social contacts, which then creates a cycle of confirmation and affirmation of a behavior’s social meaning (Kahan, 1997). Accordingly, risk behaviors are both a symbol and a function whose meanings vary depending on the culture. Based on this, we set out to identify prevalence of different peer groups in Virginia among AATs, design a qualitative measure for youth to self-identify with peer groups, and self-report risk behaviors.

Partnerships: Community liaisons were established between police, schools, and community leaders to ensure support for the intervention and safety at events.

Evaluation and Results

Research identified that significantly more AATs who identified with the hip hop peer group used tobacco (27.69%) compared to AATs in the preppy (16.84%) or mainstream (16.76%) peer groups. ($p < .01$), as well as more positive attitudes about tobacco and the tobacco industry, and higher perceived tobacco use amongst peers (55.8%) than preppy (40.7%) or mainstream AATs (42.4%) ($p < .0001$). A logistic regression analysis indicates that being hip hop significantly increases the odds of having smoked in the past 30 days by 97% compared with being mainstream ($p < .05$). In order to overcome this disparity, youth peer group affiliation was documented at intervention events. Five events have attracted over 1,700 teens, of which over 80% identified with Hip Hop culture. Having successfully attracted the high risk culture, this intervention is now focused on reducing 30-day tobacco use and 30-day fight prevalence by 20%.

Lessons Learned

Peer group analysis can provide meaningful data to inform youth tobacco prevention efforts. By identifying that hip hop teens are significantly more likely to smoke tobacco, prevention efforts can learn from this segmentation process and improve their strategies to reduce the currently stabilized youth tobacco use rates. In implementation, intervention needs to garner support from police and community members to ensure that the events are safe and unique. However, blatant support from adult community members is not encouraged as it could seriously undermine the social value of the intervention and the events, in particular.

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**Moving Beyond the Myth of the Rational Individual:
New Foundations for Social Marketing**

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Abstract

The early days of social marketing began with the notion that the same techniques used to sell commercial products and services could be used to sell new attitudes and behaviours. Like commercial marketing, this approach to social marketing is largely focused on the needs/wants of the individual and still relies on conventional assumptions regarding the individual as a rational decision maker.

Over the past decade, conventional thinking within commercial marketing has begun to fundamentally change—with new approaches at once more personalised and more socially-grounded. Similarly, fascinating new research and new thinking has seriously eroded the idea of the individual as solely a rational decision maker.

Given that the nature of the change decisions sought through social marketing is often highly complex, the time is ripe to develop new foundations for social marketing that rely more heavily on socially-grounded strategies and factor for the ‘predictability’ of irrational decision making.

This paper and presentation will:

- synthesise recent research papers and popular books from the fields of marketing, social psychology, and consumer behaviour in an attempt to highlight new foundations for thinking about social marketing, and
- use case examples from practical field experience to illustrate many of the points highlighted.

Specifically, the research synthesis will draw heavily on work by Ori and Rom Brafman, Chip and Dan Heath, Mark Earls, Dan Ariely, Jonah Lehrer, and Barry Schwartz. Topics covered will include the theory behind and practical applications around the principles of:

- Loss aversion
- Commitment
- Compensation versus social obligation
- Quid pro quo versus reciprocity
- Value attribution
- Individual behaviour versus mass behaviour

The case examples will draw from UrbanTrans’ work internationally leading sustainability-oriented behaviour change programs—including both strategy development and large-scale program delivery. The primary field examples used will be:

- A strategy for the Moreland Energy Foundation in Melbourne to recruit 5,000 households, 500 businesses, and 50 community organisations to the Zero Carbon Moreland project.
- The marketing approach for a new ridesharing initiative being run by the non-profit organisation Access Melbourne, an organisation founded by both private corporations and government entities to improve sustainable transport for Melbourne’s CBD.

Valuing Community Participation in Water Management: A Not for Profit Organisation Reflects on its Consulting Relationship with a Local Government

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Introduction

The Ethos Foundation is a not for profit (NFP) organisation focused on sustainability and learning, based in South East Queensland (SEQ) and Northern New South Wales, Australia. Its mission is to help create a more deeply sustainable and socially-just society with a particular interest in delivering activities and programs that encourage participatory community engagement and learning communities. This paper outlines some of the Ethos Foundation's reflections about its consulting relationship with Gold Coast Water (GCW) within the context of the Ethos Foundation's NFP mission (Gold Coast City Council & Ethos Foundation, 2009). GCW is one of the Ethos Foundation's core consulting clients. Over the past six years the Ethos Foundation's consulting service has been engaged by GCW to assist with a number of community engagement projects that have focused on participatory, long-term strategic planning for the Gold Coast's water supply, most notably the Gold Coast Waterfuture Strategy 2006-2056 (2006a) and the draft Gold Coast Recycled Water Strategy (2008). The authors also apply the INSM's (2010) eight Benchmarking Criteria (BC) to the case study description.

GCW's Approach to Community Engagement: Responding to the Challenges

GCW's community engagement focus emerged in the late-1990s as part of its commitment to improving customer satisfaction and its emerging understanding about the importance of effective demand management to create a sustainable water future for the city. Initially its efforts focused on developing community education and conventional marketing programs, such as 'WaterWise' and 'Watch Every Drop', which aimed to raise awareness in households and key business sectors about the importance of water and to reduce their water usage. This work evolved into a more comprehensive, long-term demand management and drought response strategy by 2002. It culminated in the development of the Gold Coast Waterfuture Strategy (2006a), which aimed to address both water demand and supply in a long-term, integrated triple bottom line manner.

GCW identified that a key measure of success of the Gold Coast Waterfuture Strategy development process was its community engagement practices. The aim was to generate a shared vision for council and the community for water supply and demand management in Gold Coast City over the next 50 years, i.e., from 2006 to 2056 (*BC 2 - Behaviour*). This was achieved through detailed stakeholder analysis to develop a robust understanding of the Gold Coast community and key stakeholders' needs and perspectives (*BC 1 - Customer Orientation*). Based on this analysis, a multi-disciplinary advisory panel was established that represented the diverse interests in water management and enabled the Ethos Foundation and GCW to gain a better understanding of what "moves" and "motivates" them to embrace the strategy (*BC 4 - Insight*). The panel included: scientists, ecologists, public health specialists, environmentalists, developers, representatives from business and government, community leaders and young people. The development of the Waterfuture Strategy 2006-2056 (2006a) required an understanding of very complex issues and computer modelled scenarios. The Ethos Foundation guided the development of an open integrated framework which provided credible guidelines for engagement, whilst also enabling a flexible approach that can be tailored to meet the objectives of the process (*BC3 - Theory*). The Spectrum presents in order, an increasing level of public involvement from: (1) inform; (2) consult; (3) involve; (4) collaborate; and (5) empower. By GCW's own admission, and in alignment with the Ethos Foundation's later assessment, its participatory community engagement work usually falls within the "collaborate" process meaning that the aim is, "To partner with the public in each

aspect of the decision including the development of alternatives and the identification of the preferred solution” (IAP2, 2004). The ability to fully “empower” the stakeholders and community in the engagement process is limited as the Queensland State Government is the final arbiter in the decision-making process under the Queensland Local Government Act.

The Ethos Foundation’s consulting role focused on the publication of community information materials relating to both the strategy itself and the community engagement process. Mixed methods of communication were employed from public forums and meetings, to online and printed information brochures, to enable key stakeholders and the general community to access the appropriate level of information and engage in the strategy making process (BC 7 – Segmentation). Recommendations and targets developed by the panel were communicated to the broader community and the community’s feedback influenced further panel deliberations. During this process, GCW and the Ethos Foundation facilitated participants to consider key exchanges (BC 5 - Exchange) and competing agendas (BC 6 - Competition), particularly in terms of trading financial and economic costs with environmental and social benefits. In some instances, this required compromise and agreement between parties previously considered enemies (e.g., environmental groups and developers). After many months of consultation, the final community-based Waterfuture Strategy was adopted by Gold Coast City Council (Gold Coast Water, 2006a; Gold Coast Water, 2006b).

Learning In and From Action

As exemplified by this case study, the majority of the Ethos Foundation’s consulting work is grounded in participatory community engagement visioning and planning processes, particularly with local governments in SEQ. The Ethos Foundation’s Board and staff are involved in formal and informal conversations about, not only the type of consulting work the organisation undertakes, but also the interface between the Ethos Foundation’s consulting service and its public learning and sustainability mission. One of the primary concerns for the Ethos Foundation is devising means to better align its commercial consultancy services to the Ethos Foundation’s learning mission to enable greater coherence between its consulting activities and its mission. Ideally, the Ethos Foundation aims to play a consulting role that is a ‘critical friend’ to its clients in order to develop and embed a process of *collaborative learning in action* between consultant and client. In reality though, power imbalances, commercial imperatives and constrained timelines within the traditional client/consultant relationship can make this critical friend role unusual or unlikely.

As a sustainability learning organisation, the Ethos Foundation is continually immersed in developing new understandings and skills about this field of work, and there are times when marketing the foundation’s work as a consultant and meeting clients’ traditional expectations about the role of ‘consultant as expert’, provoke a sense of soul-searching among Ethos Foundation consultants. To the team, sustainability is a work-in-progress with a focus on collaboratively designing and evolving long-term outcomes. Yet the commercial consultant’s role is assumed to be that of an expert solutions provider and is often focused on short-term deliverables. Consistent with its mission, the Ethos Foundation has declined GCW (and other) consulting work at times when it felt proposed projects were lacking a commitment to transparent participatory engagement or integrated sustainability. In these situations, the relationship between the Ethos Board and its staff is vital in order to clearly discuss how each project aligns with the organisation’s objectives. Ongoing conversations between the Board and the staff of Ethos are an important learning and decision making environment for the organisation.

Conclusion

This paper has addressed some of the questions and dilemmas that arise for a NFP learning organisation engaged in providing a sustainability consulting service as a core part of its business model. The Ethos Foundation's consulting relationship with GCW in particular, has provided fertile soil for important critical reflection about the theory and practice involved.

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**Using Smarter Technologies and Methodologies to Help Achieve Sustainable Outcomes
for the Larger Community**

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Executive summary

Achieving sustainable outcomes for the purposes of social awareness and travel behaviour change for large populations is an ongoing struggle yet admirable goal for many governments, departments, organisations, businesses and communities. To achieve such high levels of effective marketing to create change for the better, and for other similar project endeavours, it takes creative planning, project preparation, strategic implementation and ongoing monitoring. It was, therefore, the goal of Urban Trans ANZ to plan, develop and implement a community's Individualised Marketing project on the Sunshine Coast funded by the Department of Transport and Main Roads. With a large-scale project target of 72,000 households to contact, segment and distribute sustainable transport material tools to, we had to rethink the methodologies we would use to scope, develop, implement and then assess our project's effectiveness in order to maximise the efficiency of such a project to achieve the overall behaviour change aspirations of the Queensland State Government.

Project delivery

The project can be divided and described by several key provision layers. Some of these typically comprised of;

- Defining the key tasks and workflows for the overall project,
- Defining and implementing IT technologies to meet the goals for such a large scale project,
- Implementing warehouse and delivery models that helped reduce energy usage, while acting as an advertisement to the greater public,
- Motivating staff and the overall cooperative environment so that goals were met as individuals, in partnership with other community and government stakeholders, and as an overall team, and
- Using project delays to our advantage, further achieving additional sustainable outcomes.

Solutions

The solutions we deployed, equally, used key methodologies to help achieve our goals of sustainable outcomes, namely;

- Before any implementation strategy was deployed, it was the strategy itself that was tested, retested and constantly evaluated. This took the shape of "*Task Bundles*" which identified key processes, key people, key savings, and overall workflows that could be deployed effectively, efficiently and repeatedly.
- Making use if the internet, a Customer Relationship Management (*CRM*) system, a workflow engine that could be constantly refined without having to redeploy or rebuild sub-systems, a Content Management System (*CMS*), Voice over IP (*VoIP*),

network “*piggy backing*” protocols, and smart reporting, we were able to achieve a highly efficient IT infrastructure layer that could be reproduced from project to project and define our reporting and evaluation plan.

- Using efficient packing and storage mechanisms coupled with a delivery chain using bicycles and smart routing, we were able to distribute materials, quickly and effectively.
- Spending time training (and retraining) staff in all aspects of the project which also incorporates our ‘train the trainer’ philosophy including;
 - Overall outcomes and their individual contributions to the overall outcome, helping instil a sense of personal stake in the project’s positive outcomes,
 - Working with *Task Bundles*, so that high levels of efficiency were always being maintained, and consistent implementation was continued throughout,
 - Role-play through acted scenarios, so that staff participated and anticipated the probable issues and outcomes.
- Projects delays are a common occurrence in any project lifecycle. Refining processes, systems and enhancing relationships between all the interested parties during delays were crucial to getting personal involvement in the overall outcomes. Regularly involving all groups and individuals to help refine the project deliverables while delays inevitably occurred which we used to help maintain focus and even greater commitments to common sustainable project outcomes.

Current measurement data

Contained within the table below (Table 1) is a snapshot of some of the current figures for the TravelSmart project as taken directly from the IT systems. The numbers demonstrate a participation rate above 50% which, we believe, can clearly attributed to the personalised approach we are able to give each household member despite this being such a large scale project. The second to none IT system, workflows and the detailed task bundles that have been developed, have enabled the TravelSmart project to excel in more ways than one. With the tools and solutions we have deployed, we are able to track the whole project “lifecycle”, from first contact through to delivery and quality control. Furthermore, using advanced data mining approaches, each record and household interaction can be followed from start to finish which significantly reduces the project risks and increases the ongoing quality control aspects of the project, while continuously improving the average delivery time to the household. Finally, we are able to provide rich reporting, real-time dashboard tools and status updates directly to management PDA devices.

Table 1: A Project Summary Snapshot

Outcomes	Approx Numbers	Weeks	Per Week	%*
Contact HH to Delivery Timeframe	3.5 days			
Total number of HHs in the database (to date)	17400	8	2175	12.5
Participated	9947	8	1243.38	57.2
Interested	3425	8	428.13	19.7
TravelSmart Plus	272	2	136	6.25
Email TOMs	729	8	91.13	4.19
Postal TOMs	2308	8	288.5	13.3
Completed by Phone	66	3	22	1.01
Packs Delivered	1225	8	153.13	7.04

** % of overall target of 72,000*

Above and beyond

Aside from the common practice of being internally energy efficient and sustainable in our travel behaviour as a workforce, we also spent many sessions developing collateral and marketing materials to help households make positive changes in the way and frequency they used public transport, including producing smarter personalised bus route maps including closest bus stop location mapping, focused questionnaires where one question could achieve multiple outcomes and most of all, making the use of these materials, fun and rewarding so that the recipient became engaged quickly and easily into the program outcomes.

In this forum will aim to demonstrate these practices, the processes we underwent to help deliver these refinements, and the technologies we used to implement to help achieve positive movement towards sustainable behaviour change for the larger community.

The Hello Sunday Morning: Using Blogs to Change Drinking Norms

Chris Raine¹

FRESH and Groundswell Communications

¹ Chris Raine began his career in social marketing in 2007 as a creative director at FRESH – a youth advertising agency in Brisbane. At FRESH he oversaw campaigns produced for Queensland Health, Queensland Transport and the Queensland Police Service relating to a diversity of social issues. In 2009 Chris left Fresh to form building Groundswell Communications - a consultancy that both will continue the Hello Sunday Morning project and other digital communication projects.

Project Overview

Hello Sunday Morning (or www.hellosundaymorning.com) (HSM) is a project that commenced as an area of interest by Fresh advertising, an agency that specialises in social marketing and Gen Y campaigns. The key model behind the initiative is that an individual chooses to abstain from drinking for an extended period (3, 6 or 12 months) and in that time, Hello Sunday Morning provides a forum for them to blog about their experiences as they strive to achieve specific life goals they have set for that period. This initiative used an online blog over a period of seven months to document the influence that one person's reduction in alcohol consumption can have on people in their immediate circle of influence and those in their remote circle of influence. This project resulted in 200 people being influenced by the blogger.

Background and policy context

Australia's national binge drinking culture is estimated to cost the country over \$15 billion and is responsible for the death of over 260 young Australians each year (Australian National Health Survey, 2007). Binge-drinking has thus become a major issue for governments around the country with a great deal of funds being invested in strategies to curb drinking behaviour. In addition to policies such as increasing alcohol taxes and nightclub curfews, government uses mass media campaigns to communicate the dangers of binge-drinking (e.g. the 2009 'Don't let your night out turn into a nightmare' campaign). However these campaigns (specifically fear-based) appear to be largely ineffective in reducing binge-drinking as there has been a rise in the reported levels of binge-drinking. The Hello Sunday Morning project was designed to tap into the root causes of the binge-drinking culture rather than the symptoms. The traditional approach to changing drinking behaviour in Australia has been through policy and legal restrictions or social advertising. While these are effective at creating legal barriers and awareness of the dangers of heavy drinking, they do not fundamentally address the cultural status that drinking has in the Australian culture. Until social norms support moderate drinking and discourage heavy drinking, drinking behaviour in Australia will not change in any dramatic way. This project used an innovative method that takes advantage of the Gen Y preference for online technology and is aimed directly at changing behaviour.

The 8 Social Marketing Criteria

Behavioural Goals: The aim of the HSM project was to be more effective in influencing people's positive drinking behaviour than current government mass media campaigns within a 12 month period. The benchmark measure was to be determined through the evaluation survey.

Customer orientation: This program was designed from the customers perspective using a first person perspective. There were no organisational orientations in the design, it was purely to satisfy customer needs of a product that was more relevant than current government offerings.

Insight: This program drew on the existing knowledge that FRESH about Gen Y in that they don't want to be told what to do by the government, they want to be involved in the solution and the solution needed to be peer-to-peer.

Segmentation: This program identified Australian young people as the overall segment and in particular targeted the age group of Gen Y.

Exchange: Many people drink excessively because they believe the benefits outweigh the costs associated (financial, physical and social). The exchange identified in this program was that the perceived barriers to reducing alcohol consumption needed to be decreased through personal example and the benefits of reduced alcohol intake needed to be increased.

Competition: The competition for the audience's time, attention, and inclination to change was identified as the target market's current drinking behaviour, lack of interest in changing and promotional efforts by alcohol companies to increase drinking.

Theory: The theories we have identified as relevant are Diffusion of Innovation (Rogers 2005) and market mavens (Solomon et al 2010). We used the notion of a market maven (Chris) to create change in social networks and in turn people in these social networks were encouraged to become mavens to their own networks. Specifically we used the notion of market mavens to diffuse the concept of moderate drinking amongst the readers of the blogs' immediate and remote circle of influence. Market mavens are specialists in a product category, they are the 'go to' people when others seek advice and every social group has one. There is substantial evidence in commercial marketing that shows that adoption of an idea requires the social leadership of these opinion leaders in order for the majority of people to change. If alcohol consumption is to be changed in a meaningful way, diffusion of the idea of moderate drinking needs to occur and market mavens are an ideal way to do this. The adoption curve (Rogers 2005) demonstrates that for a product or idea to be adopted by the majority of people, the innovators and early adopters (market mavens) need to embrace the idea first. It is only when the early adopters adopt the idea and tell other people that tipping point is reached where the majority of others will then also adopt the idea.

Marketing Mix: The product was an online blog site – www.hellosundaymorning.com.au which was started by one of the Fresh employees, Chris Raine as a personal initiative. Chris made the decision on 31 December 2008 to give up drinking for a 12 month period and then blog about his experiences. This was a first-person perspective which aimed to discover what it would personally take for a young Australian to limit, control and be genuinely non-reliant on alcohol in their life, emotionally, socially and psychologically.

The price that people paid to be involved was low, with no financial cost involved, access to the website was free and private so people could read the blogs without any concern of who knew they were involved.

The place that people accessed the product was online and therefore was highly convenient (24/7).

The promotion of Hello Sunday Morning was initially largely through word of mouth that spread from Chris' experience. The secondary promotion occurred through the media promotion of the blog which drew in people to undergo a Hello Sunday Morning that were previously unaware of its existence.

Evaluation and results

The website attracted a following of over 1000 people and over the course of 2009, it evolved to represent a community of Australian bloggers aged from 18 to 35 with 15 individuals joining Chris in reducing alcohol intake and recording their experiences, from all over Australia. There are now 65 HSM bloggers. Some of the bloggers are interested in improving their health, some their careers, whilst others were simply looking to learn how to be confident socially without needing to drink.

The Hello Sunday Morning team conducted primary research into both the psychological drivers behind a person's choice to drink and what it would take (at a core level) to change those behaviours. An online survey and qualitative conversations were conducted in 2009

with over 1545 young people and resulted in three themes that represented the motivations for the Australian drinking culture amongst young people:

Confidence – 61% of surveyed young people stated that it was their primary belief that alcohol is responsible for the confidence they require to achieve desired social outcomes as opposed to being *self-confident*.

Identity – A young person's identity is manifested from any number of social behavioural norms. In their minds, to drink is to be 'Australian', to be 'young', to be 'free', to be 'social'. To *not* drink often is a contradiction against these established identities and the behavioural norms that create them.

Emotional Intelligence – In Australia, young people learn from a young age to deal with their emotions with a constant buffer of alcohol.

The individuals who were reading the blogs were segmented into two groups:

Inner Circle

The inner-circle of HSM has a population of around 150 people who all have varying degrees of contact with Chris and 86% of those tested in the inner circle said that reading the blog had made them question their own drinking behaviours. If we compare this figure to the 9% of the respondents who stated that the current government communication made them think about their drinking behaviours, it can be seen that this method appears to be more effective. Examples of qualitative comments were:

"I have dramatically changed my drinking behaviours from being in close proximity to Chris. It also makes me more aware of a wide array of choices I make in society, and how social conditioning effects me. I have cut down the amount I drink, and how often, and I find enjoyment in the experiences that I have, and don't rely on alcohol for that anymore."

Outer Circle

The blog's influence on the outer circle (with a population of around 550 - 700 people) really measures the validity of HSM as a communication model. These are mainly people that have come into contact with the blog without having a significant amount of regular contact with Chris or knowing him personally. In this group, 84% said that reading the blog had made them think about their own behaviours, again this was more than the 9% that described government communication as effective in changing their behaviour. 42% of the respondents stated that reading the blog directly influenced their drinking behaviours. Examples of comments are:

"A group of friends and I have now started the Lost Weekend Society. We take turns to plan an active challenge one weekend a month. It's just a small way of reclaiming our weekends from just hitting the pub on a Friday night."

"I've stepped back a little and looked at the reasons why I drink, and if I like the person I am when I drink."

"Made me think about what I am getting from drinking, and that I could change myself and behaviours to get the same things I was previously getting from drinking without having to consume alcohol."

Lessons learned

No two people drink for exactly the same reason. Just like no one solution is going to work universally. HSM created a platform of communication that is self-learning, self-regulating and self-perpetuating. The more people that gradually get involved, the more solutions and

ideas become available from one young person to another young person. From our research so far, we have identified that there are three core reasons why this model is effective with young people:

1. Commitment

Those that undergo a Hello Sunday Morning process do so by committing to the thousands of people that read the blog and furthermore to their respective social networks. As such they are held accountable for their personal growth and change.

2. Community

Both an online and offline community of like-minded individuals is fostered through Hello Sunday Morning. Young people get the support they need to change. Moreover, they support others in their change. Through Hello Sunday Morning, they gain acceptance for behaviour change as opposed to being ostracised for it.

3. Relate-ability

HSM communicates and records real experiences by real young people. The real challenges that young people face when choosing to change their drinking behaviour are highlighted in their communication, not just those that are assumed by society. As such, individuals can connect with individuals of a similar background and predisposition to drinking to see how they themselves can go about changing their own behaviour.

Conclusion

We have a vision to create a digital space providing young people with access to every possible and relevant resource available to address their individual needs and thereby facilitating change in their dysfunctional drinking patterns and encouraging them to achieve, and be accountable for, their personal goals. We are developing resources and partnerships to build a space where business, government and conceivably the alcohol industry itself have the opportunity to assist young people in going through their own 3/6/12 month Hello Sunday Morning process.

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Appendix

The process of blogging consisted of three stages:

Stage 1 – Initiation

- The individual commits to an extended period of no alcohol (3/6/12 months)
- They choose their level of communication involvement (blog/vlog etc)
- They commit to their personal goals for the period
- They go through a training workshop on how to use the media effectively

Stage 2 – HSM Process

- The participants are provided with opportunities to attend weekly HSM activities
- The participants are then required to submit weekly blog/vlog posting about their experiences without alcohol
- This communication of transformation to peers via social networks

Stage 3 – Post-HSM

- Graduation and reflections on learning through the experience
- The participants then post about experiences of being able to drink again



Understanding the Connections in Young Women Between Alcohol Consumption and Venues

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¹ Dr Emma Saunders is co-founder of Empathy Limited, an insight and strategy company. As principal researcher and strategist, Emma uses a range of innovative research and analysis techniques to truly understand people's mindsets, motivations, attitudes and the context of their lives; to uncover the reasons why people behave the way they do. She then translates the uncovered insights and uses them as the basis for meaningful and valuable tools and strategies, to help achieve an organisation's goals and to drive community change. Empathy calls the process Insight R&D. Emma has a PhD in Psychology from one of the UK's top universities. It honed her research and analysis skills, which have been used in many projects since. She has lead Insight R&D projects for Alcohol Advisory Council of New Zealand, Statistics New Zealand, Ministry of Economic Development, Mountain Buggy, McDonalds franchisees, and Sony (Europe).

Case Study

Introduction

This case study specifically relates to the ‘insight’ benchmark criterion. It discusses a project that aimed to generate a deep and true understanding of the factors causing young women to drink alcohol while socialising in certain places. The insights that were uncovered will be used to guide and inform the development of resources, interventions and campaigns.

True and accurate insight is critical in social marketing, social innovation and social movement work. If successful outcomes are to be achieved, the approach to understanding the customer ‘in the round’, and to generating the necessary focused insights, must be appropriate to the audience of interest and must mitigate risk of ‘mistruths’.

This project illustrates highly effective insight research. The success of the project was in large part due to the range and complementary nature of the chosen research activities.

Background and Policy Context

The Alcohol Advisory Council of New Zealand (ALAC) was established in 1976 by Act of Parliament, to encourage responsible use of alcohol and to minimize alcohol misuse.

Work commissioned by ALAC (e.g., Litmus, 2009), and as well as work undertaken by the Law Commission (e.g., Law Commission, 2010), has suggested that the place in which young women drink alcohol has an impact on how they drink. Consequently, ALAC recognised that changing the behaviour of young women in certain places might be key to reducing alcohol-associated harms.

Before designing a strategy and set of initiatives to address that area of concern, ALAC wanted to truly understand the target group and the factors influencing behaviour. They created a project with the specific purpose of gaining deep insight into ‘alcohol-related socialisation points’ of women aged 18 to 30.

Project Aims and Objectives

The overall aim of the project was to increase ALAC’s knowledge and understanding of the alcohol-related socialisation points and associations of young women aged 18 to 30.

The specific objectives were to:

- Understand where young women drink alcohol with other people (‘alcohol-related socialisation points’)
- Understand why they drink alcohol at those places
- Understand the associations that young women have with those places.

Methodology and Participants

A range of qualitative research methodologies was used. The activities allowed us to get a deep understanding of the topic, and to uncover interesting and valuable insights.

Many of the activities revolved around a core group of nine participants, who were brought together in a panel representing the audience of interest. The panel met three times within the project, and the members were treated as trusted advisors. Participants for the panel were carefully recruited to provide a mix of ages, ethnicities and geographic locations (size and location of local community). The panel participants then each recruited about three friends, who they socialise with, to take part in other activities. Yet more activities involved observations of young women who were not aware of the project or the role of the researchers.

We conducted:

- A small literature review
- Interviews with subject matter experts
- Deep dive and participatory design workshops with the panel of representatives
- Workshops groups with friends of the panel representatives
- A 'txt or pxt your whereabouts' initiative
- Rapid ethnography through behavioural observations
- Rapid ethnography through 'fly on the wall' observations
- Short impromptu video interviews with yet more women in their early 20s
- 'Fly-on-the-wall' Facebook observations.

There is value in discussing each of those activities, as each has different strengths and uses. For example, holding workshops with groups of friends is a great way to converse with younger age groups. Friends are never shy in confirming what is true or highlighting what is false. It's easy to get people to relax in the sessions, as people already know each other and the size of the group facilitates the dynamics of human conversation.

As another example, panels of representatives really empower their members. They will allow members to act as agents of change and play a significant part in shaping the future of their peers. As such, they are valuable in the research phase and when resulting initiatives are rolled out.

Case Study Benchmark Criteria

The project specifically focused on the 'insight' benchmark criterion.

We went beyond describing behaviour, and provided explanations of the factors underpinning behaviour. We unlocked and enabled an understanding of motivations and mindsets at multiple levels: Physical, Emotional, Cultural, Cognitive and Social.

The project is a case study for how insight underpins the other benchmark criteria.

Evaluation and Results

The research activities employed enabled us to uncover valuable insight. They allowed us to:

- Identify the places in which young women are socialising
- Understand the likelihood that alcohol is consumed in those places
- Identify the key places in which alcohol is consumed while socialising ('alcohol-related socialisation points')
- Uncover the reasons why young women drink alcohol while they socialise ('social motivations')
- Map social motivations to alcohol-related socialisation points
- Uncover the emotional connections that exist between each social motivation and the various satisfying locations, which drive decisions about where young women will socialise, and which usually exist sub-consciously ('emotional connections')
- Understand the role of alcohol in satisfying each of the social motivations, and so in forming emotional connections with different alcohol related socialisation points.

By outlining the specific role that alcohol plays in the emotional connections associated with locations, we provided a powerful platform for the development of effective policies and interventions to reduce unhealthy drinking in young women.

Lessons Learned

The project reinforced three key lessons in insight research.

First, direct questions asked in initial meetings do not often lead to true and meaningful answers. In initial conversations, participants reported levels of drinking that were vastly less than observed behaviour, and reasons for drinking that were cursory and secondary triggers.

Second, a suite of research activities facilitates a true understanding, as it allows cross-reference of results and convergence of insights. The success of the project was in large part due to the range and complementary nature of the chosen research activities.

Third, careful use of core panels builds trust and enables the uncovering of buried insight. Through the process the core participants become invested in the research and at-least with the researchers. They opened their lives and let down emotional barriers, which enabled us to dive deep into the potentially thorny issue of alcohol use and misuse.

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**The *Response Ability* Project: Integrating communication about suicide
and mental illness into public relations curricula**

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² Marc Bryant has many years' experience working in and with the media, both as a journalist in the UK and in media and communications for the National Health Service (UK) and the South Australian Health Department. For the Institute, Marc plays a leading role on several projects funded under the *Mindframe* National Media Initiative, including *Mindframe* Media and Mental Health Project; and *Response Ability* (Public Relations).

Background to *Response Ability* for Public Relations

For many years there has been international interest in the portrayal of suicide and mental illness in the media. Research shows that certain representations of suicide may increase the risk of copycat behaviour among vulnerable people (Pirkis & Blood, 2001). There is also concern that people living with a mental illness are predominantly portrayed by the mass media in a negative and stereotypical way (Francis, Pirkis, Dunt & Blood, 2001), which may increase stigma and discrimination.

On behalf of the Australian Government the Hunter Institute of Mental Health (Institute) manages the *Mindframe* National Media Initiative (Initiative), which aims to address the ways suicide and mental illness are portrayed in the media. While aspects of the Initiative focus on media professionals and key sources of information such as the mental health sector, police and courts, the first landmark project was a collaboration between Australian mental health professional and journalism educators. Known as the *Response Ability* project, flexible, problem-based curriculum materials were developed and are now being used in some capacity at all relevant Australian universities. In late 2008, the project team at the Institute expanded the *Response Ability* project to also focus on public relations education. Directions for the project and resources were guided by public relations educators, industry professionals through Public Relations Institute of Australia, as well as mental health and suicide prevention experts.

Why public relations?

There are many aspects of public relations practice where the responsible management of communication about mental illness and suicide are relevant. In particular, studies on the effect of public relations on the media have found that almost half of the articles published in major metropolitan media were the result of public relations activity with some trade, specialist and suburban media content as high as 70%. Given this, it is important for public relations practitioners to be aware that their practice could impact on important health and social issues such as suicide and mental illness, where inappropriate communication techniques can contribute to perpetuating stereotypes, myths and stigma and be harmful to vulnerable members of the community.

About the curriculum resources

The *Response Ability* for Public Relations resources are based online at www.responseability.org and are designed specifically for public relations educators and their students. While the resources specifically focus on communication about suicide and mental illness, they are based on the core components and skills of public relations practice. The materials are relevant to topics such as crisis communication, issues management, media relations, event management, stakeholder management, campaigns and many more. The package includes lecture slides and notes, six interactive case studies, related fact sheets and discussion questions for both lecturers and students. The flexible nature of the resource design ensures that lecturers are able to utilise the resources either as a whole or as independent resources during different stages of a public relations course and subjects.

Evaluation outcomes

During semester one, 2009, six institutions and technical colleges accepted an invitation to pilot the *Response Ability for Public Relations* resources. The aim of the pilot was to determine the acceptability of the curriculum resources to educators and students, the impact on student knowledge and attitudes to suicide prevention and mental illness, and to identify areas of resource improvement.

Key results from interviews with educators revealed:

- Each resource component was used by at least one educator and materials were used as lecture material, for tutorial activities, and as the basis for an assessment task;
- Educators found the curriculum materials and the website useful, accessible, of high quality, and well presented;
- Educators reported that exposure to the resources increased their knowledge of appropriate communication about mental illness and suicide, and increased their confidence in teaching about these issues;
- Educators indicated they felt support from the project team and 100% of educator participants reported they would use the resources again.

Key results from surveys from students included:

- Students rated the information contained in the resources as interesting, relevant, and reported that they increased their confidence in communicating about mental illness and suicide;
- Students' responses reflected that they understood the influence of public relations practice on perpetuating stereotypes and stigma associated with mental illness and suicide;
- Only a small percentage of student participants used the website, however, those who had had found it useful and accessible.

Resource dissemination

The online Response Ability for Public Relations resources are now being promoted and disseminated to all relevant Australian universities and technical colleges. The project team is working with an advisory group of educators to ensure that the resources remain current and relevant to the sector.

More information on the Response Ability for public relations resources are available from you www.responseability.org or contact the project team on 02 4924 6904 or mindframe@hnehealth.nsw.gov.au

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Txt 4 Safe Sex

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Project overview

Marie Stopes International developed the Txt 4 Free Condomz social marketing initiative with the aim of: encouraging condom usage and address rising STI rates; overcoming the embarrassment and cost issue of buying condoms; and promoting a safe sex message using a medium and language that resonates with youth. The campaign was launched in 2007 with mobile phone users sent two free condoms in plain packaging when they text messaged their name and address details to 19 SEXTXT (19 739898). Text message costs were 55c. The campaign was repeated in 2008 and extended to target all sexually active Australians in 2009.

Background and policy context

Chlamydia notifications have hit an all time high in Australia, with the annual total for 2009 exceeding 60,000 (National Notifiable Diseases Surveillance System, 2010). Over half of these notifications were in the 15-24 year old age group.

Research has found that although 61% of teens rate their knowledge of sexual health issues as good/excellent, nearly half (45%) were not aware that they could be infected with Chlamydia but have no symptoms (Marie Stopes International, 2008). In addition, youth have admitted that they don't use condoms every time they have sex, with 43% of sexually active students reporting that they only used condoms sometimes when they had sex (Smith et. al, 2008). In fact, approximately 1 in 10 sexually active students reported using the withdrawal method at the last sexual encounter (Smith et. al, 2009).

When it comes to purchasing condoms, Marie Stopes International's client feedback has indicated that a number of young people are embarrassed to go to the supermarket, convenience store or chemist, or they simply don't have the money to do so.

On the communications front, an estimated 83% of Australian teenagers own a mobile phone (Haddo Research, 2009) and they send an average of 5 messages per day, using SMS as one of their main forms of communication (Patterson, 2007). The average age for under-18s to begin using mobile phones is 13, and the reason for text messaging's popularity is that it is direct and immediate, discreet, less confrontational and usually cheaper than a phone call.

From a marketing perspective, the group referred to as Generation Y is savvy and informed, having grown up online (Heaney, 2007; Cui et. al. 2003). As consumers, they have a particular preference for marketing strategies that require short attention spans, showcase core brand values and utilise a soft sell (Bartlett, 2004, Morton, 2002).

Case Study Benchmark Criteria

Customer Orientation

In developing the campaign, analysis of existing research conducted by both Marie Stopes International and La Trobe University (2003) was used to develop an understanding of the customer. Online surveys hosted on Marie Stopes International's sexual health websites – www.likeitis.org.au and www.sextxt.org.au – and one-on-one discussions with clients in the

target audience were also conducted at a centre and call centre level to gain an insight into their characteristics and needs.

Behaviour

Behavioural analysis utilising Marie Stopes International and La Trobe University (2003) research, in addition to published journal articles (Rissel et. al., 2003; Dunne et. al., 1994; Lindsay et. al., 1999; Agius et. al., 2006) was conducted to gain a picture of current behavioural patterns and trends, for both the problem behaviour and the desired behaviour.

Specific behavioural goals for the campaign were established, being to:

1. establish an understanding of the importance of condom usage;
2. reinforcing the behaviour of using condoms; and
3. ultimately achieving a changed behaviour of ongoing condom usage.

Theory

The Health Belief Model was used to inform and guide development of the campaign (Hochbaum, 1958). The model rests on the theory that personal belief influences health behaviour. It also suggests that a person's willingness to change their behaviour is based on perceived susceptibility, perceived benefits, perceived barriers, perceived seriousness, cues to action, self efficacy and any personal factors that may affect whether the new behaviour is adopted.

Insight, Exchange and Competition

Online surveys on Marie Stopes International's sexual health websites – www.likeitis.org.au and www.sextxt.org.au – and one-on-one discussions with clients in the target audience were conducted to help guide the campaign development. In conducting this research, a clear analysis of the full cost to the consumer in taking up the offer and achieving the proposed benefit was completed. In addition, marketing journal articles and research focused predominantly on media consumption were reviewed to gain an insight into what competes for the time and attention of the audience.

Segmentation and Methods Mix

In an effort to reach as many youth as possible with the vital safe sex message, males and females aged 15 – 24 nationally were broadly targeted in the marketing effort. The campaign was launched to coincide with Schoolies week and the low budget methods used to target the group included direct marketing via a postcard drop, SMS marketing, online marketing, Schoolies event promotion and public relations.

Evaluation, Results and Lessons Learned

In Year 1 of the campaign (2007), 1,036 youth text messaged for free condoms. A positive response was received from youth, and messages of support for the service from parents. Extensive media coverage was generated for the campaign. In Year 2 of the campaign (2008), 1,595 youth text messaged for free condoms. In 2009, based on the success and feedback of previous years, it was decided to expand the campaign to target all sexually active Australians in an effort to encourage condom usage as part of Sexual Health Week.

The key lesson gained from the campaign was the role media coverage plays in impacting campaign awareness levels. Positive and negative media coverage was received for the campaign and both increased awareness.

Timing the campaign to coincide with Schoolies Week was also crucial to ensure a relevant media hook and to take advantage of the promotional opportunities available.

It is vital that for campaigns of this nature the communications clearly state that the mobile phone bill payer must give permission for the request to be sent. It is also important that text messaging costs are kept at a minimum so as not to deter requests.

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BreastScreen Queensland: Breaking down the Barriers

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Project Overview

The BreastScreen Queensland (BSQ) Participation Project: *Breaking down the Barriers* aimed to identify, implement and evaluate health promotion and communication strategies to address barriers related to eligible women's participation in the BSQ Program. The project incorporated three phases including (a) research and development, (b) implementation, including a social marketing mass media campaign and a BSQ Program re-branding exercise, and (c) evaluation using qualitative research.

BSQ Program Background and Policy Context

Since the establishment of the BSQ Program in 1991, a range of health promotion and communication strategies have been implemented to inform women of the importance of regular breast cancer screening. Recent research has identified that more clarification of breast cancer facts is required before women in the target age group (50-69 years) can be motivated to participate in the BSQ Program. Additionally, negative media publicity during 2006-2007 indicated that the BSQ social marketing campaign needed to address public perception of the quality of services provided by the BSQ Program. These views were reflected in the Program's lowered participation rate. Before the campaign was launched in Queensland, less than 60% of the target population (women aged 50-69 years) were having regular breastscreens.

The BSQ Participation Project: *Breaking down the Barriers* and the social marketing campaign incorporated health and wellbeing initiatives from the *Queensland Women in the Smart Directions Statement 2003-2008*, *Smart State Health 2020 Directions Statement* and *Population Health Plan 2007-2012*. The Project highlighted screening targets in the Ministerial Portfolio Statement and the Queensland Government's Steady State Targets, which is based on population projections and indicates the BSQ Program needs to screen 256,952 women aged 50-69 years by 2012/13.

Case Study Benchmark Criteria

Program Challenges

Women living in South-East Queensland and women living in areas with a higher socio-economic status (SES) have recorded lower participation rates than regional women and those living in areas with a lower SES. Current data shows the metropolitan areas recorded a lower participation of 55.8% compared to 60.8% in rural and 60.5% in remote Queensland in 2003-04. The lower participation rates, particularly for Brisbane have impacted on the States' overall participation rate. The expected growth in the target age group by 33% over the next five years due to interstate migration and the ageing population presents a major challenge for the BSQ Program in increasing screening participation rates in order to effectively reduce mortality from breast cancer.

Insight

In 2005, the BSQ Program commissioned external agencies to carry out extensive formative qualitative and quantitative research into women's knowledge, attitudes and behaviours of breast cancer screening in the Queensland context. Findings from this research provided a substantial body of information for developing the current social marketing mass media campaign. Three key insights from the research process informed the campaign design and

implementation, and introduction of a new BSQ brand, these included: (1) negative publicity around the BSQ Program which had muddied the waters for those women who had dropped out of the Program in recent times; (2) the target audience did not wish the information around the breastscreen procedure to be sugar-coated and women wanted to hear the facts about BSQ from a credible source; (3) breast cancer was a significant health issue for the target group, however, many women had outdated knowledge, or lacked factual knowledge about screening and the BSQ Program. Based on these research insights, the social marketing mass media campaign was designed to deliver factual messages, highlighting the professional and high quality services provided by BSQ's Program, and also linked the campaign to a new BSQ Program trademark/brand to help restore public confidence.

Behavioural Goals

- To increase eligible women's awareness and knowledge of the importance of (breast cancer) screening in the BreastScreen Queensland Program.
- To increase the percentage of new women participating in the Program by 2009/10.
- To increase the percentage of women returning for first round rescreening to (more than) 75% by 2009/2010.
- To increase the percentage of women returning for second round rescreening to (more than) 95% by 2009/2010.

Branding Strategy

Brand recognition was an important focus in the new BSQ social marketing mass media campaign. The strategy focused on providing a fresh image of BSQ to women in Queensland, with the aim of communicating a contemporary, softer and more feminine look and feel. The re-branding exercise involved updating eleven BSQ Service signage, service stationery, promotional resources, BSQ website, internal documents (eg: clinical assessment forms), staff uniforms, fax sheets and the development of campaign service scripts for all BSQ Services to utilise to ensure consistent messages were being communicated to women when they made an appointment for a breastscreen. The branding strategy also included the development and implementation of consistent key messages for continuous use in local level and statewide health promotion and communication strategies by service staff and Health Promotion Officers to create brand awareness.

Communication Mix

Three television commercials (TVCs) were developed for the campaign as many women in focus groups aged 50-69 years indicated TVCs as the main source of information. Roy Morgan research also showed that women in the target age group were heavy consumers of television and were high to medium level consumers of magazines and newspapers. In addition, increasing numbers of women in the target age group were using the internet to gain health information. These insights informed a creative approach involving television and press advertising, and the identification of a credible source, Ms Jana Wendt, to deliver the BSQ social marketing mass media campaign messages. To sustain continuity of the campaign, three additional creative elements were launched: (1) targeted direct mail to unscreened women and late/lapsed attenders to create a relationship and personalise letters that addressed the barriers and included call to action information; (2) press shells to reinforce campaign messages which carried white space to place service specific information (eg: location details

of nearest BSQ Service), and (3) general purpose collateral (posters for convenience advertising, floor banners and brochures for community events).

Evaluation and Results

A range of qualitative and quantitative measures have been used to track women's participation rates following the campaign launch. Survey results showed that over 70% of respondents could recall the 'facts' television advertisement and almost 50% could recall the latest 'excuses' television advertisement (only on air for 4 weeks prior to post-campaign research being undertaken). Nine out of the 10 campaign messages were recalled by over 70% of the respondents and the most popular source of information recalled by over 70% of respondents was television, followed by television programs (22% of respondents). When asked what they like about the BSQ Service, respondents noted: the quality of service (82.9%), quickness (80.0%), cost being free (79.4%), convenience (79.3%), accessibility (76.5%) and one-on-one appointment with a female health professional (72.7%).

Evaluation results also indicate that the BSQ campaign had been successful in encouraging women who had not been screened to attend. Some 916 new women in regional Queensland booked an appointment, an increase of 26.9% compared to the same period in the previous year. During the 2006-2007 two-year period, the BSQ Program participation rate was 56.5% in the target age group of women. This increased to 57.3% during the 2007-2008 two-year period. This is the largest increase in participation recorded this decade and represents an increase from 248,379 to 260,790 women aged 50-69 years - almost 12,500 women.

Lessons Learned

Three key lessons from this campaign will inform future social marketing practice in the BSQ Program. (1) Social marketing, including multi-layered mass media, is an effective strategy to reach women in the community who have not been screened for breast cancer; (2) formative research is critical; as it enabled women from the target group to inform the design of BSQ's key messages, highlighting the importance of identifying barriers, influencing attitudes through providing factual knowledge, and including a "call to action" that was simple. Together, these resulted in increased participation by a targeted group, and (3) clear branding and service information is central to supporting service staff and Health Promotion Officers in the delivery of a new social marketing campaign.

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