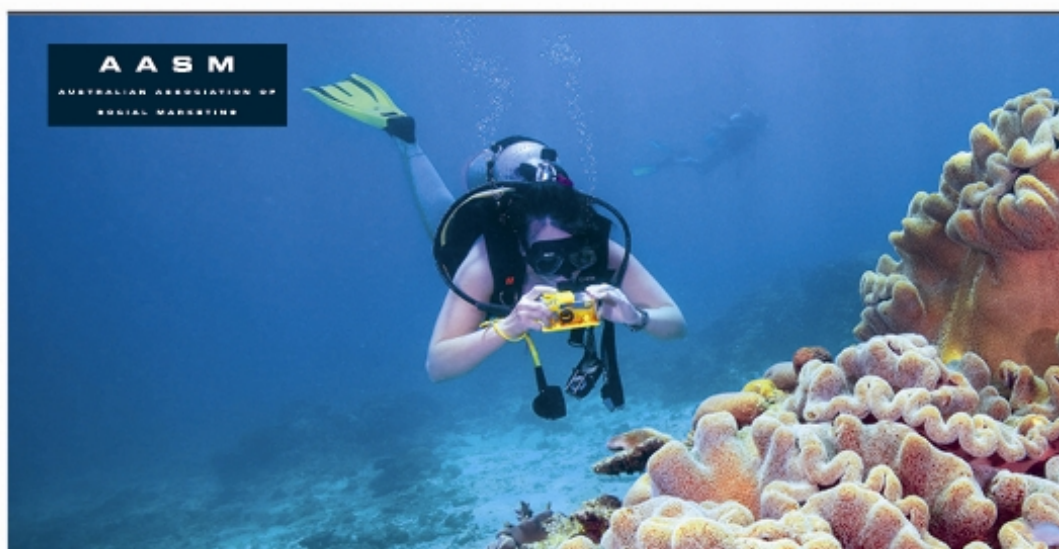


# 2012

## International Social Marketing Conference (ISM)

27-29 June | Department of Marketing, Griffith University | Brisbane

### Conference Proceedings | Delve deeper



Hosted by



[aasm.org.au/ism2012](http://aasm.org.au/ism2012)

**Published by:**

Department of Marketing  
Griffith Business School  
Griffith University  
170 Kessels Road, Nathan  
Brisbane, QLD 4111

**Telephone:** +61 (07) 373 56446

**Facsimile:** +61 (07) 373 57126

**Email:** s.rundle-thiele@griffith.edu.au

**2012 International Social Marketing Conference**

**Editors:** Krzysztof Kubacki and Sharyn Rundle-Thiele

**© 28-29 June 2012**

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic or mechanical, photocopying, recording or otherwise without the prior permission of the copyright owner. Copyright rests with the authors.

**ISBN:** 978-1-921760-68-6

**SILVER SPONSOR**



**BRONZE SPONSOR**



**Queensland University of Technology**  
Brisbane Australia

**BEST ACADEMIC PAPER**



**BEST CASE STUDY**



**DOCTORAL STUDENT PRIZE**



**PADS AND PENS SPONSOR**



## **WELCOME NOTE**

The growing popularity of social marketing to change behaviour is reflected in both the quality and quantity of submissions to the International Social Marketing 2012 (ISM 2012) conference. ISM 2012 covers a wide range of topics, with some papers delving beyond more traditional social marketing topics. As social marketing matures into an academic discipline in its own right, we are beginning to see diversity in the way social marketing is understood and implemented by governments, commercial organisations and third sector organisations in different parts of the world. For the 2012 International Social Marketing Conference we asked researchers and practitioners to delve deeper.

ISM 2012 draws together a blend of social marketing researchers, practitioners in the corporate and not for profit sector along with governments at all levels to delve into the challenges currently faced in social marketing. Over 60 academic and case study presentations on June 28<sup>th</sup> and 29<sup>th</sup> explore some of the most pressing social marketing issues. Real world case studies showcase how social marketing has been used to positively influence a wide range of behaviours, including (but not limited to) energy consumption, smoking, sun protection behaviour, physical activity, healthy eating habits, bottled water consumption, spread of the common cold, alcohol drinking, road safety, cyber bullying, breastfeeding, blood donation, domestic violence and HIV/Aids.

Other papers presented at ISM 2012 will advance social marketing knowledge by introducing alternative evaluation templates and behaviour influence models for social marketers to test and implement in the years ahead, discuss the lack of participation and empowerment of target audiences by current social marketing interventions, and challenge our thinking by debating “what exactly is social good?”.

At this point the organizing committee would like to thank submitting authors, reviewers, (in typical Brisbane style) our willing army of volunteers, the Griffith Business School and our event sponsors. First, our thanks go to the people choosing to share their research and practice with the ISM 2012 committee. We have enjoyed reading about a wide range of challenging research projects and the trials and tribulations faced by those in practice who seek to enact social gain. Your willingness to present and share your work at ISM 2012 will assist us all to reflect and improve social marketing practice in coming years. Second, the organizing committee would like to acknowledge the reviewers who gave up a considerable amount of time to review the academic papers and case studies submitted to ISM 2012. Your thoughtful comments and constructive feedback has been of great benefit to authors.

Thirdly, the organizing committee would like to thank the many volunteers who have willingly donated their time to assist in organizing ISM 2012. The time and effort contributed by these people has enabled us to keep event costs down. Some of our volunteers deserve a special mention. We would like to thank Cassandra Thatcher for her willingness to donate her event management expertise. Cass, you have taught us a lot! We wish to thank Alexandra Sundqvist whose efforts assisted to generate publicity for ISM 2012. We would like to thank Preethi Weerasinghe for her ongoing assistance and importantly, for her ready

smile. Preethi has assisted us to find the needle in the haystack and to achieve more than we previously thought possible. Finally, we would like to thank Janet Palmer for willingly donating her time and expertise to assist at various stages during the conference organizing process.

Fourthly, we wish to acknowledge the Griffith Business School for their continued support of the growing social marketing discipline. The Griffith Business School has provided the human and financial resource needed to grow our discipline in Australia. We would like to take this opportunity to thank the Griffith Business School for their ongoing support which has played a significant role in establishing the Australian Association of Social Marketing and to build the bi-annual International Social Marketing conference. ISM 2012 is the first social marketing exclusive event in Australia. We also wish to acknowledge the tireless efforts of Professor Rebekah Russell-Bennett whose energy has greatly assisted the discipline of social marketing in Australia.

Last but not least, this conference has been generously supported by our sponsors. Our sponsors deserve a special thank you. Our sponsor contribution ensures we can keep delegate costs as low as possible. ISM 2012 sponsors are:

**Silver Sponsor - Griffith Business School (GBS)**

**Bronze Sponsor – Queensland University of Technology (QUT)**

**Best Academic Paper - Wiley and Social Business: an interdisciplinary journal**

**Best Case Study - Social Business: an interdisciplinary journal**

**Doctoral Student Prize - Emerald Publishing**

**Pads and Pens Sponsor - Dejan Seo**

Enjoy ISM 2012 and your time in Brisbane. We look forward to seeing you at the 2<sup>nd</sup> World Social Marketing Conference in 2013 (see <http://wsconference.com/>) or the 2014 International Social Marketing Conference (see [www.aasm.org.au](http://www.aasm.org.au)).

**The ISM 2012 Conference Organising Committee:**

Conference Chair: Associate Professor Sharyn Rundle-Thiele

Academic Chair: Dr. Krzysztof Kubacki

Event Chair: Joy Parkinson

## **E1 REQUIREMENTS**

ISM 2012 received 68 academic paper submissions from 17 countries, including Australia, New Zealand, US, UK, Ireland, Japan, Uruguay, Fiji, Canada, Denmark, Poland and Bulgaria. All 68 submitted academic papers were double-blind reviewed and 52 revised submissions were accepted for presentation and have been included in these Proceedings. Papers written by academic members of the ISM 2012 Organising Committee were double-blind reviewed, with particular precautions taken to protect the anonymity of authors and reviewers.

Due to a high quality of submissions many papers had to be rejected, giving a rejection rate of 23.5%. The academic papers conform with academic research conference guidelines as set down by Department of Innovation, Industry, Science and Research (DIISR), and other organisations. For Australian delegates, all papers presented in the Academic papers section have passed the competitive review process and were presented at ISM 2012. Proceedings are Category E, Conference Publications: E1 \* Full Written Paper \* Refereed. INSM 2012 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).

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 ISM 2012 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 ISM 2012 Conference papers or for any other purpose in connection with the ISM 2012 Conference.

The ISM 2012 Conference Proceedings are publicly available via the Australian Association of Social Marketing (see [www.aasm.org.au](http://www.aasm.org.au)).

International Social Marketing Conference 2012				Thursday 28th June			
08.00-09.00	Registration						
09.00	Welcome and Overview: Associate Professor Sharyn Rundle-Thiele, Griffith University, Conference Chair					S05_2.04	
09.10	AASM President's Address: Professor Rebekah Russell-Bennett						
09.15	Keynote Presentation: Doug McKenzie Mohr						
10.20	Discussion and Questions						
10.30	Morning Tea			Ship Inn			
	Room	S07_1.23	Room	S07_2.16/2.18	Room	S07_2.19	
	Session 1.1	Tobacco	Session 1.2	Social Issues	Session 1.3	Food Consumption	
	Session chair:	Janet Hoek	Session chair:	Sandra Jones	Session chair:	Wencke Gwozdz	
11.00-11.20	Jordan	Commune: A Case Study of a Social Marketing Innovation to Reduce Young Adult Tobacco Use in Bars and Clubs	Jones, Evers, Iverson, Caputi, Morgan, Goldman	Breathlessness is Not a Normal Part of Aging: Development and Testing of Asthma Awareness Messages for Older Australians	Henryks, Turner	Banning the Sale of Bottled Water: Choice Editing in Action	
11.20-11.40	Gendall, Hoek	An Analysis of Tobacco Packaging as a Promotion Medium	Beall	The Heart Truth® Campaign: 10 Years of a Powerful Idea	Pearson	Towards Environmentally Sustainable Diets: Engaging with Australian Consumers	
11.40-12.00	Singh	Nonsmoker: Why Amongst All Odds? From Youths Perspective	Parkinson	There's a Baby on the Way: How Parents Decide What to Do	Minniecon	Developing a social marketing campaign for Aboriginal and Torres Strait Islander Queenslanders	
12.00-12.20	Robertson, Hoek, Hammond, Wakefield, McNeill	Dissuasive Cigarette Sticks: A Logical Complement to Plain Packaging?	Jones, Phillipson, Barrie, Larsen-Truong	Preventing the Spread of Colds and Flu: A University Based Social Marketing Campaign	Gwozdz, Reisch, De Henauw, Lissner, Moreno, Pala, Tornaritis, Molnar, Siani, Veidebaum, Pigeot	Childhood Obesity: A European Cross-Geographical Analysis of Individual Factors Influencing Diet Quality & Obesity	
12.30	Lunch			Ship Inn			



	Room	S07_1.23	Room	S07_2.16/2.18	Room	S07_2.19
	Session 2.1	Young Consumers	Session 2.2	Social Issues	Session 2.3	Social Marketing: Policy and Regulation
	Session chair:	Phil Gendall	Session chair:	Lisa Schuster	Session chair:	Krzysztof Kubacki
13.30-13.50	Hoek, Maubach	The Paradox of Choice: Developing Smokefree Messages for Young Adult Smokers	Jones, Johnson, Phillipson, Hall, Robinson, Bonney, Telenta	Using Health Risk Assessments to Target and Tailor: An Innovative Social Marketing Program in Aged Care Facilities	Holden	Vaccination : Who's Right, and Whose Right to Say So?
13.50-14.10	Willcox, Walsberger, O'Hara, Dessaix	The Wes Bonny Testimonial Campaign: Increasing the Salience of the Susceptibility to Melanoma Among Young Adults	Jones, Telenta, McKay	"I Hope This Can be Shared with Everyone in Lots of Schools": A Novel Intervention to Improve Social Skills of Peers of Children with Autism	McHugh, Domegan	The Stone Versus The Bird: Social Marketing's Role in Co-Creating Science Policy
14.10-14.30	Mclver, Rock	Introducing the Sun Sound: A Creative Approach to Skin Cancer Prevention	Davidson, Pevreall, Young	Maximising the Benefits to Indigenous Community Members in the Social Marketing Exchange Statement	Kaufman, Curtis	Surprise Hit or the Blind Date from Hell? Complementarities and Conflicts in Strategies for Achieving Outcomes from Social Marketing and Modern Regulation
14.30-14.50	Maubach, Hoek, Gifford, Erick, Edwards, Newcombe	Smokers' Perceptions of the Tobacco Endgame: Implications for Upstream and Downstream Social Marketing	Schuster, Drennan	Delving Deeper into Maintenance Behaviour	Szablewska, Kubacki	Is There a Place for Human Rights in Defining the Social Good in Social Marketing
15.00-15.30	Afternoon Tea		Ship Inn			



	Room	S07_1.23	Room	S07_2.16/2.18	Room	S07_2.19
	Session 3.1	New Technologies	Session 3.2	Special Session: A Services Approach to Social Marketing	Session 3.3	Communities
	Session chair:	Debi Ashenden	Session chair:	Rebekah Russell-Bennett	Session chair:	Ahmed Ferdous
15.30-15.50	Alhabash, McAlister, Quilliam, Rifon, Richards	Between “Likes” and “Shares”: Effects of Emotional Appeal, Popularity and Viral Reach of Social Marketing Messages on Facebook	Russell-Bennett	Designing a Self-Service Technology to Increase Self-Efficacy and Maintain Breastfeeding	Miller, Pedersen	Using Social Marketing Initiatives to Address Disconnection in the Lockyer Valley Region
15.50-16.10	Werbeloff	Developing a Comprehensive Online Presence that Uses Social Media and Mobile Technology to Engage MSM	Hamilton	The Challenge of Service Extension as Part of a Social Marketing Strategy by a Not-For-Profit Organisation	Zangari	Using Social Marketing Principles to Develop a Community Based Program to Support a Mass Media Campaign
16.10-16.30	O'Sullivan	mBCC Field Guide	Smith	Moving from Medicine to Marketing: The Challenges of Adopting Service-Thinking to Influence Social Behaviours in a Medicalised Environment	Hodgson	Hero Rewards...The Choice is Yours
16.30-16.50	Ashenden	Looking at Socio-Technical Challenges Through a Social Marketing Lens	Previte	Applying Internal Social Marketing Thinking to Inform Sustainable Behaviour Change	Polonsky, Renzaho, Ferdous	The Theory of Planned Behaviour and Blood Donation: Does it Apply to CALD Communities?
19.00	Pre-Dinner Drinks		Brisbane Convention and Exhibition Centre – Sky Room			
19.30	Dinner		Brisbane Convention and Exhibition Centre – Sky Room			

		International Social Marketing Conference 2012				Friday 29th June						
08.00-09.00		AASM                    AGM and Breakfast						S07_2.16/2.18				
08.00-09.00		Registration										
09.00		Welcome and Overview: Associate Professor Sharyn Rundle-Thiele, Griffith University, Conference Chair						S05_2.04				
09.15		Keynote Presentation: Professor Jeff French										
10.00		Discussion and Questions										
10.30		Morning Tea				Ship Inn						
		Room	S07_1.23			Room	S07_2.16/2.18			Room	S07_2.19	
		Session 4.1	Food Consumption			Session 4.2	Sustainability			Session 4.3	Enriching Social Change	
		Session chair:	Linda Portsmouth			Session chair:	Anne-Marie Hede			Session chair:	Aarti Sewak	
11.00-11.20		Reisch, Gwozdz, Barba, De Henauw, Lascorz, Konstabel, Pigeot	Associations Between Commercial Communication and Food Knowledge, Preferences and Diet: A Cross-European Study			Eagle, Case, Low	Climate of Change – Or Confusion?			Hussein, Manna, Cohen	Promoting Breastfeeding Behaviour: An Integration of Persuasive Communication and the Theory of Planned Behaviour	
11.20-11.40		Carins, Rundle-Thiele	An Examination of the Evidence Base for Social Marketing of Healthy Eating in Young			Eagle, Dahl, Low, Case	Behaviour Change Tools: Soft Versus Hard Options			Ahmad, Cuthbert, Arunachalam	The Readiness of Government Agencies to Effectively Implement Social Marketing Programs to Prevent Child Abuse in Malaysia	
11.40-12.00		Weir, Williams	OPAL: Using a Social Marketing Approach to Reduce Childhood Obesity			Rettie, Harries	Marketing Social Norms to Reduce Domestic Energy Consumption			Bulfin, Skroski	Goalpost: A Mobile Social Game for Behaviour Change	
12.00-12.20		Portsmouth, Donovan	Television Advertising of Fruit to Children: Promoting Anticipation of Great Taste and Constructing Memories of Great Taste to Increase Consumption and Purchase Requests			Hede	Motivations, Control and Barriers for Sustainable Living in CALD Households: Preliminary Findings			Sewak, Singh	Balancing the Act for Maximum Impact: Lessons from Systematic Review of Five Fijian HIV/AIDS Interventions using Social Marketing Criteria	
12.30		Lunch				Ship Inn						

	Room	S07_1.23	Room	S07_2.16/2.18	Room	S07_2.19
	Session 5.1	Alcohol	Session 5.2	Special Session: Missing Ingredients in Social Marketing: Participation and Empowerment	Session 5.3	Social Marketing: Evaluation
	Session chair:	Nuray Buyucek	Session chair:	Fiona Giles	Session chair:	Patricia McHugh
13.30-13.50	Sharma, Raciti, Ohara, Reinhard, Davies	Young Women and Their Peers Drinking Attitude	Werder	Convince or Engage: Improving Social Marketing to Sustain Desired Health Outcomes	Robinson-Maynard, Meaton, Amoo	Establishing an Evaluation Template and Grid
13.50-14.10	Barrie, Gordon, Jones	Alcohol Brand Websites: Implications for Social Marketing	Giles	'How Many Pieces of Chopped Up Carrot Can you See in this Video?!' Fear of Pleasure in Recent Alcohol Prevention Campaigns	Sebar, Lee	How Do We 'Measure Up'? A Critical Analysis of Knowledge Translation in a Health Social Marketing Campaign
14.10-14.30	Buyucek, Deshpande, Rundle-Thiele	Reducing Alcohol Drinking: An Examination of the Social Marketing Evidence Base	Mann	Transnational Advocacy Networks and the Social Marketing of 'Food Fears'	Matsubara, Miyauchi, Takimoto, Takemura	Reducing Garbage by Bringing About Citizen Action: Green Marketing in Nagoya, Japan
14.30-14.50	TBA		Goodwin	Reclaim "Social": How Technology and Participation Can Improve Social and Behaviour Change Communications	McHugh, Domegan	From Mechanistic Structures to Holistic Systems: How Social Marketing Captures the Bigger Picture Through System Indicators
15.00-15.30	Afternoon Tea		Ship Inn			

	Room	S07_1.23	Room	S07_2.16/2.18	Room	S07_2.19
	Session 6.1	Behaviour Change	Session 6.2	Change for the Better	Session 6.3	Alcohol
	Session chair:	Sameer Deshpande	Session chair:	Svetlana Bogomolova	Session chair:	Sharyn Rundle-Thiele
15.30-15.50	Davidson	Applying the Principles of Behaviour Change to Road Safety in South Australia	Bogomolova, Jarrat	Grocery Price Promotion Confusion – Is Better Social Marketing of Unit Pricing the Answer?	McAndrew, Russell-Bennett, Rundle-Thiele	Group Effects on Risky Drinking: Exploring Multifaceted Direct and Indirect Peer Pressure
15.50-16.10	Beall	Making America FloodSmart – Reducing the Personal and Financial Risk and Impact of Floods in the United States	Jordon	Debunking the Myths: When Commercial Marketing and Social Marketing Work Differently	Jones, Robinson, Barrie	Assessing Alcohol Consumption in Older Adults: Looking for a Solution to Inform Evaluation of Social Marketing Campaigns
16.10-16.30	Lafreniere, Deshpande	Social Behaviour Influence Model: Implications for Social Marketing			Rundle-Thiele, Deshpande	“Not Drinking is the Safest Option”: Communication Strategies Targeting FASD
16.30-17.00	Conference Close		S05_2.04			
17.00	Post Conference Drinks		Ship Inn			
<div><div><div>Thanks to our Silver sponsor:</div><div></div></div><div><div>Thanks to our Bronze sponsor:</div><div><div>Queensland University of Technology Brisbane Australia</div></div></div></div>						

## 2012 International Social Marketing Conference

### Table of Contents

<b>ACADEMIC PAPERS.....</b>	<b>16</b>
The Readiness of Government Agencies to Effectively Implement Social Marketing Programs to Prevent Child Abuse in Malaysia .....	17
Between “Likes” and “Shares”: Effects of Emotional Appeal and Virality of Social Marketing Messages on Facebook.....	22
Looking at Socio-Technical Challenges through a Social Marketing Lens .....	26
Alcohol Brand Websites: Implications for Social Marketing .....	30
Grocery Price Promotion Confusion – is Better Social Marketing of Unit Pricing the Answer? ...	34
Reducing Alcohol Drinking: An Examination of the Social Marketing Evidence Base.....	38
Examining the Social Marketing Evidence Base: How Can Healthy Eating be Improved in the Australian Defence Force? .....	43
The Relationship Trust & Commitment Model of Social Marketing .....	48
Climate of Change – Or Confusion? .....	55
Behaviour Change Tools: Soft versus Hard Options.....	60
An Analysis of Tobacco Packaging as a Promotion Medium .....	65
‘How Many Pieces of Chopped Up Carrot Can you See in this Video?!’ Fear of Pleasure in Recent Alcohol Prevention Campaigns .....	71
Reclaim “Social”: How Technology and Participation Can Improve Social and Behaviour Change Communications .....	75
Childhood Obesity: A European Cross-Geographical Analysis of Individual Factors Influencing Diet Quality & Obesity.....	78
Motivations, Control and Barriers for Sustainable Living in CALD Households: Preliminary Findings .....	83
Banning the Sale of Bottled Water: Choice Editing in Action .....	87
The Paradox of Choice: Developing Smokefree Messages for Young Adult Smokers .....	91
Vaccination: Who’s Right, and Whose Right to Say So?.....	95
Promoting Breastfeeding Behaviour: An Integration of Persuasive Communication and the Theory of Planned Behaviour.....	100
Assessing Alcohol Consumption in Older Adults: Looking for a Solution to Inform Evaluation of Social Marketing Campaigns .....	105
Breathlessness is Not a Normal Part of Aging: Development and Testing of Asthma Awareness Messages for Older Australians.....	110
Using Health Risk Assessments to Target and Tailor: An Innovative Social Marketing Program in Aged Care Facilities .....	114
Preventing the Spread of Colds and Flu: A University Based Social Marketing Campaign .....	118
“I Hope This Can be Shared with Everyone in Lots of Schools”: A Novel Intervention to Improve Social Skills of Peers of Children with Autism.....	122
Surprise Hit or the Blind Date from Hell? Complementarities and Conflicts in Strategies for Achieving Outcomes from Social Marketing and Modern Regulation .....	126
Social Behaviour Influence Model: Implications for Social Marketing.....	132

Transnational Advocacy Networks and the Social Marketing of 'Food Fears' .....	136
Smokers' Perceptions of the Tobacco Endgame: Implications for Upstream and Downstream Social Marketing .....	139
Group Effects on Risky Drinking: Exploring Multifaceted Direct and Indirect Peer Pressure.....	144
From Mechanistic Structures to Holistic Systems: How Social Marketing Captures the Bigger Picture through System Indicators.....	149
The Stone versus The Bird: Social Marketing's Role in Co-Creating Science Policy.....	153
Using Social marketing Initiatives to Address Disconnection in the Lockyer Valley Region .....	157
Towards Environmentally Sustainable Diets: Engaging with Australian Consumers .....	162
The Theory of Planned Behaviour and Blood Donation: Does it Apply to CALD Communities?	166
Television Advertising of Fruit to Children: Promoting Anticipation of Great Taste and Constructing Memories of Great Taste to Increase Consumption and Purchase Requests .....	171
Associations Between Commercial Communication and Food Knowledge, Preferences and Diet: A Cross-European Study .....	176
Marketing Social Norms to Reduce Domestic Energy Consumption.....	182
Dissuasive Cigarette Sticks: A Logical Complement to Plain Packaging?.....	187
Establishing an Evaluation Template and Grid .....	192
"Not Drinking is the Safest Option": Strategies Targeting FASD.....	198
Special Session: A Services Approach to Social Marketing Programs .....	203
Delving Deeper into Maintenance Behaviour .....	207
How do We 'Measure Up'? A Critical Analysis of Knowledge Translation in a Health Social Marketing Campaign .....	211
Balancing the Act for Maximum Impact:Lessons from Systematic Review of Five Fijian HIV/AIDS Interventions using Social Marketing Criteria .....	215
Young Women and Their Peers Drinking Attitude.....	221
Nonsmoker: Why Amongst All Odds? From Youths Perspective .....	227
Is There a Place for Human Rights in Defining the Social Good in Social Marketing? .....	231
Convince or Engage: Improving Social Marketing to Sustain Desired Health Outcomes.....	236
<b>INDUSTRY CASE STUDIES .....</b>	<b>239</b>
The FloodSmart Campaign.....	240
<i>The Heart Truth</i> ® Campaign: 10 Years of a Powerful Idea .....	245
Goalpost: A Social Mobile Game for Behaviour Change .....	251
Applying the Principles of Behaviour Change to Road Safety in South Australia .....	253
Hero Rewards...The Choice is Yours: An Aboriginal and Torres Strait Islander Healthy Lifestyle Social Marketing Strategy .....	256
Commune: A Case Study of a Social Marketing Innovation to Reduce Young Adult Tobacco use in Bars and Clubs.....	264
Reducing Garbage by Bringing about Citizen Action: The Mayor's Retrospective Discussion on Green Marketing in Nagoya, Japan .....	270
Introducing the Sun Sound: A Creative Approach to Skin Cancer Prevention.....	276
Developing a Social Marketing Campaign for Aboriginal and Torres Strait Islander Queenslanders. ....	281
mBCC Field Guide - A Resource for Developing Mobile Behavior Change Communication (BCC)Programs .....	289

<b>OPAL: Using a Social Marketing Approach to Reduce Childhood Obesity.....</b>	<b>292</b>
<b>Developing a Comprehensive Online Presence Using that Uses Social Media and Mobile Technology to Engage MSM.....</b>	<b>297</b>
<b>The Wes Bonny Testimonial Campaign:Increasing the Saliency of the Susceptibility to Melanoma Among Young People .....</b>	<b>303</b>
<b>Establishing a Social Marketing Framework for Implementing Social Marketing Messages and Community Based Obesity Prevention Programs.....</b>	<b>307</b>

# **ACADEMIC PAPERS**



## **The Readiness of Government Agencies to Effectively Implement Social Marketing Programs to Prevent Child Abuse in Malaysia**

*Yarina Ahmad<sup>1</sup>, Professor Denise Cuthbert\*, Associate Professor Dr Dharma Arunachalam*

Sociology Department, School of Political and Social Inquiry  
Faculty of Arts, Monash University, Clayton, Australia

Email: [yahm1@student.monash.edu.au](mailto:yahm1@student.monash.edu.au)

Email: [dharma.arunachalam@monash.edu.au](mailto:dharma.arunachalam@monash.edu.au)

\*RMIT University, School of Graduate Research  
Melbourne, Victoria

Email: [denise.cuthbert@rmit.edu.au](mailto:denise.cuthbert@rmit.edu.au)

---

<sup>1</sup> Yarina Ahmad is a staff member of Faculty of Administrative Science and Policy Studies, Universiti Teknologi MARA (UiTM) Malaysia and a PhD student at Sociology Department, School of Political and Social Inquiry, Faculty of Arts, Monash University. Her main interests are focused around enhancing the effectiveness of social marketing programs to create public awareness and prevent child abuse.

## **Introduction**

Social marketing has proved an effective strategy that has had a profound, positive impact on a wide range of social issues (Kotler & Lee, 2008; Andreasen, 1995). Recently, more emphasis has been given to the application of social marketing to tackle child abuse around the world, due to the growing awareness that this social issue needs to effectively engage all the parties involved (Horsfall, Bromfield & McDonald, 2011; Pollard, 2006; Boehm & Itzhaky, 2004). As child abuse has been an issue of significant concern for the Malaysian government since the Seventh Malaysia Plan 1996-2000, until the recent plan (Tenth Malaysia Plan 2011-2015); various programs, activities and campaigns have been undertaken to deal with this issue. Despite all efforts by the government to address this issue, the rising number of reported cases of child abuse (Department of Social Welfare, 2010), calls for more research into the problem, its causes and its solutions. While a number of possible factors might be identified as limiting the effectiveness of government efforts to prevent child abuse, this paper focuses on one of these—the readiness of government agencies to effectively implement social marketing programs to prevent child abuse in Malaysia.

## **Methodology**

The three most prominent child abuse prevention programs undertaken by the three main agencies dealing with child abuse in Malaysia were identified as the main focus of this study: The Suspected Child Abuse and Neglect Team (SCAN Team) based at the General Hospital Kuala Lumpur; the Child Protection Team (CPT) undertaken by the Department of Social Welfare; and the Child Protection Unit (CPU), placed under the authority of the Royal Malaysian Police. An explanatory design of mix-method approach is adopted for the purpose of this study. Integrating quantitative and qualitative methods is suggested as a more perfect union in social marketing research, which provides a more complete picture of assessing the effectiveness of social marketing program (Weinreich, 1996). This study begins with quantitative research—Social Marketing Child Abuse Prevention Programs Survey (2010) [SMCAPP (2010)], participated in by a nationally representative sample of 900 members of the general public in Kuala Lumpur; and was subsequently supported with qualitative research—seven in-depth interviews with members of the general public, and three in-depth interviews with focal persons representing the three agencies that undertake different child abuse prevention programs. The adoption of explanatory design is well suited with this study, where the qualitative data helps explain initial quantitative results (Creswell & Clark, 2007). While the findings of SMCAPP (2010) has revealed the social patterns of awareness of the three programs, and their influence on public knowledge, attitudes and perceptions of child abuse; in-depth interviews among the focal persons are expected to response to these findings, in relation to the implementation of their social marketing programs. Additionally, the focal persons are delved about their understanding of social marketing, and issues and challenges in the implementation of their social marketing programs—these responses were seen as the readiness aspects of the three government agencies to effectively implement social marketing programs to prevent child abuse in Malaysia.

## **Results**

Although the three respective agencies were authorised with different roles and responsibilities in dealing with child abuse issue and prevention, inquiries into the understanding of social marketing and it application in their programs revealed several similar results.

### **Understanding Social Marketing Concept and Principles**

The finding of this study suggests that an incomplete understanding of social marketing concepts continues to exist, despite the agencies' ostensible efforts to provide social marketing programs to prevent child abuse in Malaysia. This appears to be due to inadequate training and education about social marketing and its application. The incomplete understanding of social marketing was seen in how the social marketers themselves understood "social marketing", which was often equated with "advocacy" and "media advocacy". This is possibly due to the location of child abuse issue itself, which is often seen as a public health issue; where advocacy and media advocacy are widely used to promote public health goals (Martin, 2010; Donovan & Henley, 2010). In addition, the three focal persons interviewed for this study frequently equated social marketing with the word "selling" and referred to "selling the services". Similarly, this confusion is evident in the social marketing literature (Grier & Bryant, 2005; Fox & Kotler, 1980; Laczniack & Michie, 1979; Luck, 1974). This misunderstanding is presumably due to intertwining the definitions of "marketing", "social marketing" and "public sector marketing". Regardless of this confusion, this study argues that social marketing remains the best strategy for tackling child abuse issues, since the aim of social marketing is to promote social change for the benefit of society.

### **Issues and Challenges in the Implementation of Social Marketing Programs**

The first issue found is in relation to the application of the "Marketing Mix", which was seen to be poorly applied for "Product", "Price", and "Place". The findings of this study have only revealed the application of "Promotion"; however, it was suggested to be slightly effective across the three programs. Dann, Davidson and McMullan (2001) discovered a similar finding of marketing application in the Queensland public sector, where the total marketing concept was not fully implemented; and it appeared to rest upon communication function, yet it is still argued to be limited. The second issue is in relation to the "micro-environment" forces, where this study reveals that financial support was the biggest barrier to the implementation of social marketing programs in all three agencies, and thus hindered the programs' effectiveness. In addition, human capacity in terms of lack of staff, expertise and training were found to be the main challenges across the three agencies. The "macro-environment" forces discovered from the analysis of this study were cultural forces due to the diverse ethnic groups in Malaysia, demographic trends, and technological changes. These forces must be dealt effectively, as micro-environment may have impact on the effectiveness of the social marketing program (Dann & Dann, 2005); meanwhile, macro-environment forces may influence the social marketers and target audience, now or in the near future (Kotler & Lee, 2008).

### **Conclusion**

In order to effectively implement their social marketing programs, the central concerns for the three government agencies studied are capacity and readiness. The overall finding of this study suggested an incomplete understanding of social marketing; nevertheless, it is suggested to be an initial step towards the implementation of more effective social marketing programs. Fostering a more thorough understanding of social marketing concepts in the government agencies is essential so that the programs can be implemented effectively; this can be done by providing the agencies with more education and training by social marketing experts. Assessing the readiness of government agencies is presumed to be a critical aspect of the programs' success, and this study is a milestone in measuring the true effectiveness of social marketing programs to create public awareness and prevent child abuse in Malaysia.

## References

- Andreasen, A.R. (1995). *Marketing Social Change*. Washington DC: Jossie-Bass.
- Boehm, A., & Itzhaky, H. (2004). The social marketing approach: A way to increase reporting and treatment of sexual assault. *Child Abuse & Neglect*, New York, 3, 253-265.
- Creswell, J.W., & Clark, V.L.P. (2007). *Designing and Conducting Mixed Methods Research*. Thousand Oaks: Sage.
- Dann, S., & Dann, S. (2005). *Insight and Overview of Social Marketing*. Queensland: Queensland Government. Retrieved 1 March 2012, from [www.premiers.qld.gov.au/.../assets/social-marketing-final-report.pdf](http://www.premiers.qld.gov.au/.../assets/social-marketing-final-report.pdf)
- Dann, S., Davidson, C., & McMullan, T. (2001). *The Use and Acceptance of Marketing in the Queensland Public Sector*. Queensland: Queensland Government. Retrieved 1 March 2012, from [www.ipaa.org.au/01\\_cms/details.asp?ID=134](http://www.ipaa.org.au/01_cms/details.asp?ID=134)
- Department of Social Welfare (2010). *Statistics Profile*. Malaysia: Department of Social Welfare, Malaysia.
- Donovan, R., & Henley, N. (2010). *Principles and Practice of Social Marketing as International Perspective*. Cambridge: Cambridge University Press.
- Fox, K.F.A., & Kotler, P. (1980). The marketing of social causes: The first 10 years. *Journal of Marketing*, (pre-1986), Fall 1980, 44, 24-33.
- Grier, S., & Bryant, C.A. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339.
- Horsfall, B., Bromfield, L., & McDonald, M. (2010). Are social marketing campaigns effective in preventing child abuse and neglect?. *National Child Protection Clearinghouse (NCPC) Issues*, 32, 1-28.
- Kotler, P., & Lee, N.R. (2008). *Social Marketing: Influencing Behaviours for Good*. (3rd ed.). Thousand Oaks: Sage.
- Laczniak, G.R., & Michie, D.A. (1979). The social disorder of the broadened concept of marketing. *Academy of Marketing Science*, (pre-1986), Summer 1979, 7, 3, 214-232.
- Luck, D.J. (1974). Social marketing: Confusion compounded. *Journal of Marketing*, (pre-1986), October 1974, 38, 70-72.
- Martin, C.L. (1985). Delineating the boundaries of marketing. *European Journal of Marketing*, 19, 4, 5-12.
- Pollard, P. (2006). Marketing Sexual Abuse Prevention. *Behavioural Healthcare*, 5, 8-9.
- Seventh Malaysia Plan 1996-2000. Malaysia: Economic Planning Unit, Malaysia.
- Tenth Malaysia Plan 2011-2015. Malaysia: Economic Planning Unit, Malaysia.

Weinreich, N.K. (1996). A more perfect union: Integrating quantitative and qualitative methods in social marketing research. *Social Marketing Quarterly*, 3:1, 53-58.

## Between “Likes” and “Shares”: Effects of Emotional Appeal and Virality of Social Marketing Messages on Facebook

*Saleem Alhabash, Anna R. McAlister, Elizabeth Taylor Quilliam,  
Nora Rifon\* & Jef I. Richards<sup>\*2</sup>*

Assistant Professor  
Department of Advertising, Public Relations, & Retailing  
Michigan State University  
Email: [sa@msu.edu](mailto:sa@msu.edu)  
Email: [annamc@msu.edu](mailto:annamc@msu.edu)  
Email: [quilliam@msu.edu](mailto:quilliam@msu.edu)

\* Professor  
Department of Advertising, Public Relations, & Retailing  
Michigan State University  
Email: [rifon@msu.edu](mailto:rifon@msu.edu)  
Email: [jef@msu.edu](mailto:jef@msu.edu)

---

<sup>2</sup> Jef I. Richards is Professor and Chair of the Department of Advertising, Public Relations & Retailing at Michigan State University. He was a Professor of Advertising at The University of Texas at Austin, 1988-2010, serving as Department Chairman 1998 to 2002. His research includes advertising regulatory issues, and he has published more than 80 articles, books, and book chapters. He serves on editorial boards of the *Journal of Advertising*, the *Journal of Current Issues & Research in Advertising*, the *Journal of Advertising Education*, the *Journal of Public Policy & Marketing*, the *Journal of Consumer Affairs*, the *Journal of Interactive Advertising*, the *Advertising & Society Review*, and the *International Journal of Electronic Business*. He also is associate editor of the *International Journal of Internet Marketing and Advertising*. In 2008 he was President of the American Academy of Advertising, and he is a member of the Advertising Educational Foundation’s Board of Directors. In 2012, Dr. Richards was named Fellow of the American Academy of Advertising, the Academy’s highest award.

### **Introduction: Facebook As A Social Marketing Tool**

In recent years use of electronic media as weapons, particularly by and against children and adolescents, has shone a spotlight on the potential power and danger inherent in these electronic tools. This “cyberbullying” has reached into the lives of many young people, sometimes with disastrous effect. While the Internet is integral to the problem, it also may offer some means to the solution, combining social media with social marketing.

Social marketing uses marketing tactics to effect pro-social attitude and behavior changes. As the second-most popular website worldwide after Google (Alexa.com, 2012), Facebook boasts of 845 million registered users, making it a potentially attractive media vehicle for social marketing messages. Approximately 46% of users are ages 13 to 25, accounting for 65 million in the U.S. alone (Facebook.com, 2012). Marketing and advertising professionals have capitalized on the wide popularity of Facebook employing it as a major strategic tactic (Scott, 2011). Moreover, Facebook and other social media sites have been heavily used in health-related social marketing campaigns (Eckler, Worsowicz, & Rayburn, 2010). The current study investigates the effectiveness of anti-cyberbullying messages on Facebook, as a function of the messages’ emotional appeal and popularity. Anti-cyberbullying can be considered a social marketing initiative, since its goals are to improve society by using messages to create awareness and change behaviors.

### **Cyberbullying Tools For Adolescents And Young Adults**

Cyberbullying is defined as “using the Internet or mobile devices to send or post harmful or cruel text or images” (Ad Council, 2007). Also known as *electronic aggression*, the Centers for Disease Control (Hertz & David-Ferdon, 2008) define it as, “any type of harassment or bullying ... that occurs through e-mail, a chat room, instant messaging, a website (including blogs), or text messaging.” Cyberbullying can have serious psychological and physical consequences for children and adolescents. Middle school children who were victims or perpetrators displayed more suicidal thoughts than those with no cyberbullying involvement, and victims experienced more suicidal thoughts than perpetrators (Hinduja & Patchen, 2010). Over one million children have reported being harassed or bullied on Facebook alone (Consumer Reports, 2011).

As this form of aggression grows, so do the number of anti-bullying media messages and web resources, many lacking certification of authority or credibility. How can children, parents, and educators sort through the tools? Is there a way to efficiently pass on feasible recommendations? One way that the success of anti-cyberbullying tools can be evaluated is by examining the “word of mouse” and viral affordances of Facebook and other social media. Signaling theory offers some insights into potential efficacy of such approaches, providing a new theoretical map to aid in constructing effective social marketing messages.

### **Theoretical Framework: Signaling Theory and LC4MP**

Information is an important input for decision making, not only for individuals as consumers of online messages, but also as distributors of viral messages. In practice, however, viewers of online messages often know relatively little about the messages they view. Users rarely have genuine insights into the message source, credibility, or intent, before deciding whether or not to interact with the message. Signaling theory acknowledges the inefficiencies involved in acquiring complete information and suggests that signals serve to fill the gaps of missing information (Krebs & Dawkins, 1984). In terms of online messages, we argue that the number of “likes” and “shares” serve as signals to inform a potential viewer of the quality of the message and whether or not it is worth viewing. Importantly, these signals work because they meet two of the conditions for signal utility, namely, the costly-to-fake principle and the full disclosure principles (Krebs & Dawkins, 1984).

The limited capacity model of motivated mediated message processing (LC4MP, Lang, 2000; 2006) assumes that humans have limited cognitive capacity to process external stimuli, and are in a state of constant appraisal of the environment. Processing becomes pertinent to the activation of the appetitive and aversive motivational systems, whereby motivational relevance of the stimuli – detected by sensory channels (eyes, ears, touch) – determines the encoding, storage, and retrieval of information presented in mediated messages. Bolls and colleagues argue that operationalizing emotional appeal should follow the dimensional view of emotion as a bivariate construct with two components: valence (negative, positive) and emotional intensity (arousal; positive, negative, or coactive) (Bolls, 2010; Potter & Bolls, 2011).

### **Hypotheses and Research Questions**

We hypothesized that positive messages will evoke the most positive attitude toward the status update, attitude toward the issue of cyberbullying, and viral sharing intentions, followed by coactive and negative messages, respectively. In addition, expanding on Eckler and Bolls' (2011) study, we manipulated two elements related to message virality: explicit affective evaluation (e.g., the number of likes) and viral reach (e.g., the number of shares). Based on signaling theory, we hypothesized that attitude toward the status update, attitude toward the issue of cyberbullying, and viral sharing intentions will be higher for ads that are highly liked and highly shared. We asked whether the interaction between affective evaluation, viral reach and emotional appeal would affect participants' attitudes and behavioral intentions.

### **Method**

This study used a 3 (emotional appeal: positive vs. negative vs. coactive) x 2 (affective evaluation: low likes vs. high likes) x 2 (viral reach: low shares vs. high shares) x 3 (message repetition) mixed factorial design. Emotional appeal and message repetition were manipulated as within-subjects factors, while affective evaluation and viral reach were manipulated as between-subjects factors. Participants ( $N = 365$ ) were randomly assigned to one of four treatments in an online experiment. They evaluated Facebook status updates of a fictitious anti-cyberbullying nonprofit organization using adaptations of ad effectiveness measures (Choi, Miracle, & Biocca, 2001; Muehling, 1987), and a refurbished measure of viral sharing intentions (based on Eckler & Bolls, 2011).

### **Results & Discussion**

Results indicated that emotional appeal had a significant main effect on attitudes toward the status updates ( $F(1,364) = 66.03, p < .001, \eta^2_p = .15$ ), attitudes toward the issue ( $F(1,715, 364) = 23.42, p < .001, \eta^2_p = .06$ ), and viral sharing intentions ( $F(1.885, 364) = 15.38, p < .001, \eta^2_p = .04$ ). Positive messages received the highest ratings on all three measures. Results also showed that the combination low like and low shares and high likes and high shares lead to more favorable attitudes. There was a significant 2-way interaction between affective evaluation and emotional appeal ( $F(1,361) = 6.89, p < .01, \eta^2_p = .02$ ), such that the number of likes only mattered and led to more favorable attitudes when status updates were negative. Finally, a significant effect of the 3-way interaction between affective evaluation, viral reach, and emotional appeal on anti-cyberbullying attitudes ( $F(1,361) = 6.48, p < .05, \eta^2_p = .02$ ) showed that messages with high number of likes almost consistently lead to higher anti-cyberbullying attitudes for most emotional appeals. Taken together, our findings suggest that positive messages are most effective in terms of influencing attitudes and behavioral intentions. Finally, our results also indicate that visible affective evaluations might be a factor that facilitates positive attitudes and behavioral intentions. Both findings constitute significant contributions to the theory and practice of social marketing on different social media sites.



## References

- Ad Council (2007). *Cyberbullying Prevention*. Retrieved from <http://www.adcouncil.org/default.aspx?id=42>
- Alexa.com (2012). *Facebook.com*. Retrieved from <http://www.alexa.com/siteinfo/facebook.com>
- Bolls, P. D. (2010). Understanding emotion from a superordinate dimensional perspective: A productive way forward for communication processes and effects studies. *Communication Monographs*, 77(2), 146-152.
- Choi, Y. K., Miracle, G. E., & Biocca, F. (2001). The effects of anthropomorphic agents on advertising effectiveness and the mediating role of presence. *Journal of Interactive Advertising*, 2(1).
- Consumer Reports (2011, June). Online Exposure: Social Networks, Mobile Phones, and Scams Can Threaten Your Security. *Consumer Reports Magazine*.
- Eckler, P., & Bolls, P. D. (2011). Spreading the virus: Emotional tone of viral advertising and its effect on forwarding intentions and attitudes. *Journal of Interactive Advertising*, 11(2), 1-11.
- Eckler, E., Worsowicz, G., & Rayburn, J. W. (2010). Social media and healthcare: An overview. *PM&R* (11), 1046-1050.
- Facebook.com (2012). *Fact Sheet*. Retrieved from <http://newsroom.fb.com/>
- Hertz M. F., & David-Ferdon, C. *Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers*. Atlanta (GA): Centers for Disease Control.
- Hinduja, S., & Patchin, J. W. (2010). Bullying, Cyberbullying, and Suicide. *Archives of Suicide Research*, 14(3), 206-221.
- Krebs, J. & Dawkins, R. (1984). "Animal signals: Mind reading and manipulation," in J. Krebs and N. Davies (eds.), *Behavioral ecology: An evolutionary approach*, 2<sup>nd</sup> ed., Sunderland, MA: Sinauer Associates.
- Lang, A. (2000). The Limited Capacity Model of Mediated Message Processing. *Journal of Communication*, 50(Winter), 46-70.
- Lang, A. (2006). Using the Limited Capacity Model of Motivated Mediated Message Processing to Design Effective Cancer Communication Messages. *Journal of Communication*, 56, S57-S80.
- Potter, R. F. and Bolls, P. D. (2011), *Psychophysiological Measurement and Meaning*, New York: Routledge.
- Scott, D. M. (2011). The new rules of marketing and PR: How to use social media, online video, mobile applications, blogs, news releases & viral marketing to reach buyers directly. Hoboken, NJ: John Wiley & Sons, Inc.

## Looking at Socio-Technical Challenges through a Social Marketing Lens

*Debi Ashenden*<sup>3</sup>

Dept of Informatics & Systems Engineering  
Cranfield University  
Shrivenham, Swindon, UK  
Email: [d.m.ashenden@cranfield.ac.uk](mailto:d.m.ashenden@cranfield.ac.uk)

---

<sup>3</sup> Debi Ashenden is a Senior Lecturer at Cranfield University in the Dept of Informatics & Systems Engineering. Her research focuses on socio-technical issues in general with a specific interest in cyber security, particularly human behaviour online, information sharing, risk assessment and cyber security awareness. Debi has had a number of articles published, presented at a range of conferences and has co-authored a book for Butterworth Heinemann '*Risk Management for Computer Security: Protecting Your Network & Information Assets*'. She is a Principal Investigator on VOME (Visualisation and Other Methods of Expression) a three-year research project examining issues of privacy and consent in online identity management. VOME is supported by the Technology Strategy Board; the Engineering and Physical Sciences Research Council and the Economic and Social Research Council [grant number EP/G002347/1].

## **Introduction**

To demonstrate how social marketing could take a broader role in addressing social change issues Andreason & Herzberg (2005) retrofitted social marketing to an economic reform project. This paper follows their example by examining a three-year research project looking at the socio-technical issue of managing identity online. The research outlined explores the challenge of building individuals' confidence in online identity management. It describes the analytical approaches used to determine the target audience likely to be most receptive to social marketing interventions in this area. Furthermore it highlights the value of using a qualitative, discourse analytic approach to develop an understanding of the potential target audience. The paper concludes that building individuals' confidence in managing online identity information is likely to increase the effectiveness of online social marketing interventions.

### **Managing Identity Online: A Socio-Technical Challenge**

VOME is a three-year applied research project between three UK Universities and two industry partners to explore how people manage their personal identity information online. Using Andreason's (2006) description of problem recognition, online identity management is high on the policy agenda in the UK mainly due to a move to put Government services online in order to achieve financial and service delivery efficiencies (Cabinet Office, 2005). It is not, however, as high on the public agenda.

An individual can be exposed to a variety of threats by releasing personal information online, from fraud and economic harm through to exclusion and discrimination (Solove, 2008). That said, individuals want control over their information rather than complete secrecy (Solove, 2007). Consumer research has shown though that there is a privacy paradox between the concerns that individuals express about the privacy of their personal information and the behaviours in which they actually engage when online (Norbert et al, 2007). This has implications for social marketing.

The Internet is increasingly being used to deliver online social marketing interventions but Cugelman et al (2008, 2009) have identified issues around the impact of web site credibility and trust on the success of such interventions. They conclude that improving credibility and trust of web sites delivering online interventions is not only likely to increase the level of behaviour change offline but will also reduce online costs (Cugelman et al, 2008). One way of mitigating the lack of credibility and trust in a web site is to build the confidence of individuals in the way they interact with it – particularly around the management of personal identity information.

### **Deciding on a Target Audience**

Online interventions for behaviour change have tended to be analysed quantitatively (Cugelman et al, 2008 & 2009). Early research in this project, however, demonstrated the importance of understanding online identity management as a dialogue between individuals and providers of online services (Bogdanovic et al, 2009). The problem space of online identity management is emergent and socially constructed and, as Smith (2000) has pointed out, we need to understand the concerns of individuals as they make decisions about their personal information in specific social contexts. For this reason we decided that a qualitative approach would yield the most useful data to help us understand the dialogue.

Firstly, as the issue of online identity management was already high on the policy agenda we decided to evaluate the methods of engagement that the UK Government was currently using

for this problem space (Barnard-Wills & Ashenden, 2010). This helped us understand the upstream influences (Hastings et al, 2000). Our theoretical approach to the analysis was driven by political science and used political discourse theory through the framework of governmentality (Dean (2010) and Miller & Rose (2008). Governmentality examines how governments seek to shape citizens through the policies they implement. The research drew upon a number of public information campaigns and analysed web site content, publications and press releases. It concluded that government is seeking to make individuals responsible for protecting their own online identity information but that there was likely to be significant confusion arising from the messages that were being communicated.

We then commissioned an analysis of online discussions around identity management over a six-month period from June to December 2009. This used a traditional market research approach and sourced content on the Internet and in offline media. The material was analysed and coded using a combination of automated search and analysis tools and human content analysis to determine themes, sentiment, media platform, type of stakeholder. This highlighted a range of concerns that individuals have about managing identity information online. The specific groups that were believed to be most at risk were children; particularly in respect of high risk, online behaviours such as 'sexting'. There was significant support expressed for initiatives to educate young people and parents.

This led us to look at the training that children receive in schools around being secure online. We analysed 299 feedback forms from young people who had participated in e-safety training. Again the analysis was qualitative taking the responses to questions as descriptive and reporting the perspective of the respondents, rather than taking them as representative of their age group or gender as a whole. This demonstrated that young people have varying levels of awareness of online safety issues but are generally receptive to online safety messages. There was a strong demand for practical advice on how to manage technology to protect personal information and we learned that relatively detailed advice is well received. We concluded that young people are likely to be receptive to interventions that will improve their confidence in managing their personal information online.

### **Implications for Social Marketing**

The substantive contribution of the research has been to identify identity management as a way of improving confidence in online interactions. This has implications for improving the effectiveness of online social marketing interventions. By building the confidence of individuals some of the credibility and trust barriers will be overcome. The methodological contribution has been to demonstrate the effectiveness of taking a qualitative, discourse analytic, approach to understanding online behaviour and framing the interaction as a dialogue between individuals, technologists and policy makers. The use of political science theory to understand the upstream influences of government in this area has highlighted the issues of power that come into play and that attempt to shape online behaviour.

**References:**

Andreason, A. R., & Herzberg, B., (2005). Social Marketing Applied to Economic Reforms. *Social Marketing Quarterly*, 11:2, 3-17.

Andreason, A. R., (2006). *Social Marketing in the 21<sup>st</sup> Century*. California: Sage.

Barnard-Wills, D., & Ashenden, D., (2010). *Public Sector Engagement with Online Identity Management*. *Identity in the Information Society*, Springer, 3, 657-674.

Bogdanovic, D., Crawford, C., & Coles-Kemp, L., (2009). The need for enhanced privacy and consent dialogues. *Information Security Technical Review*, Elsevier, 14, 167-72.

Cabinet Office, (2005). *Transformational government: enabled by technology*. Available online: [http://webarchive.nationalarchives.gov.uk/20100304104621/http://www.cabinetoffice.gov.uk/cio/transformational\\_government/strategy.aspx](http://webarchive.nationalarchives.gov.uk/20100304104621/http://www.cabinetoffice.gov.uk/cio/transformational_government/strategy.aspx) (last accessed 14<sup>th</sup> February, 2012).

Cugelman, Brian, Thelwall, Mike & Dawes, Phil, (2008). Website Credibility, Active Trust and Behavioural Intent. *Persuasive 2008*, eds., Oinas-Kukkonen, H., et al, Springer-Verlag, Berlin, pp 47-57

Cugelman, Brian, Thelwall, Mike & Dawes, Phil, (2009). The Dimensions of Web Site Credibility and Their Relation to Active Trust and Behavioural Impact. *Communications of the Association for information Systems*, Vol 24, No 1, Article 26.

Dean, M., (2010). *Governmentality: power and rule in modern society*. 2<sup>nd</sup> ed. London, Thousand Oaks, Delhi: Sage.

Hastings, G., MacFadyen, L., & Anderson, S., (2000). Whose behaviour is it anyway? The broader potential of social marketing, *Social Marketing Quarterly*, 6:2, 46-58

Miller, P., Rose, N., (2008). *Governing the present: administering economic, social and personal life*. Cambridge & Malden: Polity Press.

Norbert, P. A., Horne, D. R., & Horne, D. A., (2007). The Privacy Paradox: Personal Information Disclosure Intentions versus Behaviours. *Journal of Consumer Affairs*, Vol 41, Issue 1, 100-126.

Solove, D. J., (2007). *The future of reputation: gossip, rumour and privacy on the internet*. New Haven & London: Yale University Press.

Solove, D. J., (2008). *Understanding Privacy*. Harvard: Harvard University Press.

Smith, B., (2000). There's a Lion in the Village: The Fight over Individual Behaviour versus Social Context. *Social Marketing Quarterly*, 6:3, 6-12.

## Alcohol Brand Websites: Implications for Social Marketing

*Lance Barrie<sup>4</sup>, Ross Gordon & Sandra C. Jones*

Centre for Health Initiatives  
University of Wollongong, Australia  
Email: lanceb@uow.edu.au  
Email: rgordon@uow.edu.au  
Email: sandraj@uow.edu.au

---

<sup>4</sup> Lance Barrie commenced with the Centre for Health Initiatives since 2007 as a casual research assistant. He is now employed as Research Manager, and is responsible for overseeing research contracts and project research. He has worked on numerous projects in the area of alcohol research (including alcohol labelling and its implications for drinking behaviour, youth alcohol consumption, and alcohol energy drinks) and social marketing research (including the 2007 National Breast and Ovarian Cancer survey, evaluations of narrowcast campaigns, drug driving prevention, and reducing transmission of infectious diseases). He has published a number of journal articles in this area, and his research interests include alcohol related behaviour and young people and individual behaviour change.

## **Introduction**

This paper presents the findings from exploratory research that explored young people's attitudes and responses to alcohol brand websites. In recent years alcohol marketing spend has increasingly shifted away from spending on advertising in traditional media to other channels such as Internet and social media (Gordon, 2011). Systematic reviews of the evidence suggest that alcohol marketing is associated with drinking behaviours (Anderson *et al.* 2009). Therefore, research on the nature and impact of marketing in such channels is warranted. The findings from this study can help inform upstream social marketing (advocacy, policy making) to regulate alcohol marketing (Hastings, 2007), and provide competitive analysis to inform alcohol social marketing interventions downstream (Gordon, 2011b).

## **Alcohol in Australia**

Harmful drinking is a major public health concern in Australia (WHO, 2011). Heavy episodic and harmful drinking of alcohol is also associated with a range of social costs including unsafe sex, teenage pregnancy sexual assault, violence, motor vehicle accidents, poor productivity and educational performance, and family breakdown (Wechsler, 1994; Newbury-Birch *et al.* 2009). The Australian National Alcohol Indicators Project (NAIP) estimated that between 1993 and 2002, over 2,500 young Australians aged between 15 and 24 years died from alcohol-attributable injury and disease and more than 100,000 were hospitalised (Chikritzhs *et al.* 2004). Furthermore, 60% of respondents to the 2008 ASSAD survey (12 to 17 year old secondary students) reported consuming alcohol in the past year (White and Smith, 2009). Among 17 year olds, 46% of males and 37% of females had consumed alcohol in the last week, with just under half of these having consumed at risky/high risk levels (7+ drinks for males and 5+ drinks for females on a single drinking occasion). The 2007 National Drug Strategy Household Survey demonstrated that these trends continue into adulthood, finding that approximately 65.7% of males and 61.5% of females aged between 20 and 29 years consumed alcohol at risky/high risk levels on at least one occasion in the last 12 months, and 16.0% of males and 12.0% of females consumed this amount at least weekly during the same period (Australian Institute of Health & Welfare, 2008).

## **Alcohol marketing, and social marketing**

This has generated considerable discussion about the drivers of alcohol consumption, and appropriate intervention and policy responses including regulation or bans of alcohol marketing (Babor *et al.* 2010). In addition, social marketing has been suggested as a suitable behaviour change approach to tackle alcohol issues (Stead *et al.* 2007). To help inform both upstream and downstream social marketing activities, we conducted a study to explore alcohol brand website activity in Australia. Existing research suggests that alcohol brand websites often feature content forbidden in traditional media channels, such as sexual references or encouraging excessive drinking (Carroll and Donovan, 2001; Gordon, 2011). However, few studies have examined young people's response to such activity.

## **Methodology**

The study featured a series of four focus groups, two male, two female (n=6-8 per group) conducted with students aged 18-25 at a regional NSW University, using a convenience sampling approach. Ethical approval was obtained from the University ethics committee, and written; informed consent was obtained from all respondents. Participants were logged into a computer and invited to spend a few minutes visiting each of the websites of the following alcohol brands: Baileys, Carlton, Corona, Johnny Walker, Tooheys, and Vodka Cruiser. A

group discussion was then held using a semi-structured discussion guide to explore the following themes: participants' views on website content and target audience; influence on attitudes and behaviours; and regulation and policy. Focus groups were digitally recorded, transcribed and then thematically analysed using QSR NVivo.

## Results

The research found that although young people were not heavy users of alcohol brand web sites, they enjoyed much of the content, and regarded it as part of an accepted strategic marketing effort by alcohol brands. The websites seemed to generate traffic by word of mouth; demonstrating the function of a strategic marketing approach by alcohol brands. Participants stated that the content of the sites encouraged them to think about the brands featured and about consuming alcohol generally: *"To be honest it sparks my interest in Cruisers for the first time since I was 15, 16."* (Females, Group 1). *"They've got nice pictures, the taste things, all the different categories and I started to think maybe I should give it another go and try the other ones. So it did sort of prompt me to consider Johnny Walker as a nicer alcohol than I had bought before"* (Females, Group 2). *"The Bailey's one everything looked delicious, like it made me hungry and want to drink Bailey's... Yeah, but it was like truffles and stuff like that"* (Females, Group 1).

Concern was expressed at the Cruiser site due to its youth orientation and lack of age restriction entry control. *"I think even the Cruiser one was like a Dolly magazine... You didn't even need your age, like your date of birth to get into that... It was like bright colours and stars and everything that 12 year old girls love and it was obviously just aimed at young girls"* (Females, Group 1). *"It made me really dislike Vodka Cruisers how they were marketing it. I didn't realise how much they were targeting the youth market, you know, geared on youth all the time. Seeing that I just went that is so wrong... It's really irresponsible... That looked really irresponsible. It looked like the front of a Dolly magazine."* (Females, Group 2)

However, participants were largely ambivalent regarding the content of other sites that seemingly encouraged immoderate drinking (for example the Carlton site referred to tips for dealing with slow drinkers): *"on Toohey's, they had the beer economy thing happening. It was like such and such, oh that's five cases of beer, sort of encouraging excessive amounts... yeah but that's what they are supposed to do"* (Males, Group 2). They believed that there was no need to regulate alcohol marketing, and the culture of heavy drinking was such an accepted norm in society that alcohol marketing was an unimportant factor.

## Discussion

Our findings demonstrate that the culture of excessive and immoderate drinking is being perpetuated by alcohol brand websites. Worryingly, young people seem accepting of the deluge of alcohol marketing to which they are exposed. Upstream social marketing efforts to influence policy and regulation of alcohol marketing are required to change the social environment (Hastings and Sheron, 2011). Multi-channel, strategic alcohol social marketing interventions are also required to effect behaviour changes. Alcohol producers and marketers should consider more robust CSR policies and activities. Research on the impact of alcohol brand websites on attitudes, intentions and drinking behaviours would offer further insight.



## References

Australian Institute of Health and Welfare. (2008). 2007 National drug strategy household survey: Detailed Findings. Drug statistics series, Canberra; number 13.

Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R., Rossow, I. (2010). *Alcohol: No ordinary commodity: Research and public policy*. Oxford: Oxford University Press.

Carroll T, Donovan R. (2002). Alcohol marketing on the Internet: new challenges for harm reduction. *Drug Alcohol Rev*; 21:83–91.

Chikritzhs T, Pascal R, Jones P. (2004). *Under-aged drinking and related harms in Australia. National Alcohol Indicators, Bulletin No.7*. Perth: National Drug Research Institute, Curtin University.

Gordon, R. (2011a). An audit of alcohol brand websites. *Drug and Alcohol Review*, 30(6): 638-644.

Gordon, R. (2001b). Critical social marketing: Definition, application and domain. *Journal of Social Marketing*, 1(2): 82-99.

Hastings, G. (2007). *Social Marketing: Why should the devil have all the best tunes?* London: Butterworth Heinemann.

Hastings, G., Sheron, N. (2011). Alcohol marketing to children. *BMJ*, 342:d1767.

Howard KM, Flora JA, Schleicher NC, Gonzalez EM. (2004). Alcohol point-of-purchase advertising promotions. *Contemporary Drug Problems*, 31(3):561-583.

Jalleh G, Donovan RJ, Stewart S, Sullivan D. (2005). Selling or promotion? *Tob Control*, 14:430.

Kuo M, Wechsler H, Greenberg P, Lee H. (2003). The marketing of alcohol to college students. *Am J Prev Med*, 25(3):204-211.

Newbury-Birch D., Walker J., Avery L., Beyer, F., Brown N., Jackson, K. (2009). *Impact of alcohol consumption on young people: A review of reviews*. Newcastle: Institute of Health and Society.

Stead, M., Gordon, R., Angus, K., McDermott, L. (2007a). A systematic review of social marketing effectiveness. *Health Education*, 107(2): 126-140.

Wechsler H, Davenport A, Dowdall G, Moeykens B, Castillo S. (1994). Health & behavioural consequences of binge drinking in college: a national survey of students at 140 campuses. *JAMA*, 272(21): 1672-1677.

White V, Smith G. (2009). Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2008. Melbourne: Cancer Council Victoria.

## **Grocery Price Promotion Confusion – is Better Social Marketing of Unit Pricing the Answer?**

*Dr Svetlana Bogomolova<sup>5</sup> & Ian Jarratt\**

Senior Research Associate  
Ehrenberg-Bass Institute for Marketing Science  
University of South Australia

\*Queensland Consumers' Association, Brisbane

---

<sup>5</sup> Svetlana Bogomolova is a Senior Research Associate at the Ehrenberg-Bass Institute for Marketing Science, Australia. She has published in a wide range of marketing journals including Journal of Business Research, European Journal of Marketing, Journal of Marketing Management, Industrial Marketing Management and International Journal of Marketing Research among others. Her current research covers the areas of framing and priming of consumer choices and the influence of various situational and contextual factors on consumer decisions. She teaches marketing research and brand management on undergraduate and postgraduate levels.

## **Introduction**

In theory, price promotions, temporary inducements to purchase, should be beneficial to consumers. Reduced prices allow consumers to gain a better quality of life and allocate their earnings to the areas they wish to. But, the sheer amount of these promotions, and the creative ways marketers use to advertise them, might confuse or mislead consumers. These potentially harmful influences could result in impulse purchases, overconsumption and over-borrowing. Hence, there is a need for consumers to develop mechanisms to allow them to withstand the price promotion manipulations and identify the true value of the deals. This paper examines the challenges that consumers face in achieving these goals; the roles of unit pricing - a tool now available to many grocery shoppers in Australia - and other ways of improving consumer literacy.

## **Background**

Many consumers lack the knowledge and skills to assess the true value of retail promotions. Such 'weakness' is, partly, a result of an innate quality of human cognition. Humans are unable to quickly and reliably process all available information, even when it is presented directly in front of them (Hoyer, 1984; Kassarian, 1981; Olshavsky & Granbois, 1979). This limitation forces consumers to use shortcuts, or heuristics (Kahneman & Tversky, 1979; Tversky & Kahneman, 1974), which are strongly influenced by situational and contextual factors (Bettman & Luce, 1998), such as those in the retail environment. Thus, the simple presence of a "sale" sign can be used as a call for action (Inman, McAlister, & Hoyer, 1990). The use of these consumer characteristics in retail promotions, and the difficulties for consumers to withstand such promotions, may reduce consumer wellbeing.

Most price promotion techniques, indeed, present opportunities for retailers and manufacturers to take advantage of consumers' lack of attention, price knowledge and cognitive effort. Different ways of presenting price promotions could lead consumers to believe that they are receiving better value than they are (Krishna, Briesch, Lehmann, & Yuan, 2002). For example, the higher reference price would lead consumers to perceive the offer as a better value (Krishna et al., 2002).

More so, contemporary consumers are over-exposed to price information stimuli. In some developed countries, each SKU's price promotion display contains at least three or more price information points: (1) a sale price, (2) a reference price (e.g. a past or a full price), (3) price per unit of measure (e.g. per 100g), (4) saving in \$\$ or in % (Bogomolova & Dunn, 2012). On top of that, retailers manipulate non-content elements, such as the use and size of a \$ sign, the use of decimal points, the 99-ending, the colour of the displays, wording on the display (e.g. "sale", "reduced" or "discounted") and other visual elements. Such overabundance of information could lead to information overload (Eppler & Mengis, 2004; Jacoby, 1984; Malhotra, 1982), and/or consumer confusion (Mitchell & Papavassiliou, 1999; Walsh & Mitchell, 2005).

Unit pricing, an indication of price per standardized unit of measure (e.g., \$ per litre), is one of the few 'tools' that consumers could use to ease price comparison between the competing offerings, especially those of different package sizes (Aaker & Ford, 1983; Kilbourne, 1974). For example, per unit price of a 325ml can of soda with a selling price of \$2, is \$6.15 per litre. Unit pricing may also reduce consumer susceptibility to promotional techniques by providing transparent information and removing uncertainty, the necessary condition for cognitive biases to influence the decision (Tversky & Kahneman, 1974). However, there can be significant barriers to consumers' use of unit pricing. These include lack of awareness,

understanding, knowledge, perceptions of difficulty and effort (Manning, Sprott, & Miyazaki, 2003; Mitchell, Lennard, & McGoldrick, 2003). Another common barrier is that many retailers present unit pricing information non-prominently, in a very small, hardly readable, font, and in varying places on POS displays (Miyazaki et al. 2000).

Due to the potentially very great consumer benefits, providing unit pricing is compulsory for major retailers in some developed countries, such as members of the European Union and a few states in the USA. In Australia, this measure was only introduced in 2009, but despite anecdotal reports of problems for consumers due to inadequate prominence and legibility and lack of knowledge, its use, effectiveness, consumer needs, etc had not been fully empirically assessed until this study.

### **Methods**

The study comprised an online survey of consumers conducted in November 2011. There were 988 respondents aged 18+ from a randomly selected weekly panel who shopped at Woolworths and Coles (where unit pricing is compulsory).

### **Results**

The survey indicated high levels of overall awareness and use: 80% of all respondents were using the unit prices on shelf labels at these supermarkets, 15% had seen the unit prices but were not using them, and only 5% had not seen the unit prices. However, there were significant differences between sub groups. Despite the overall high levels of use, the survey also clearly showed limitations in the current presentation of the unit prices. Thus, 60% of all respondents agreed or strongly agreed with the statement about bigger print size and only 11% disagreed or strongly disagreed with it. 61% also agreed or strongly agreed that unit prices should be standing out more. There were significant differences between sub groups, including by age and income. 28% of shoppers were unaware of unit prices, did not use them, or found them only slightly helpful. However, 47% of these shoppers said they would find unit prices more helpful if they knew more about what unit prices were and how to use them. This was significantly higher than for shoppers who found the unit prices very or moderately helpful.

### **Conclusions**

Clarity of presentation of any information, especially numerical, such as price, aids its use (Ehrenberg, 1975; Ehrenberg, 1994; Miyazaki et al., 2000). Making the retail environment more transparent and consumer cognition friendly should improve consumer choices (Thaler & Sunstein, 2008). More prominent and legible presentation of unit pricing should aid consumer use of this tool, a proposition supported by the results of this survey. So too should the information about what unit pricing is and how it can be used. The development of basic consumer literacy skills could prevent them from falling into price promotion traps in the first place (Fox, Bartholomae, & Lee, 2005; Hogarth, 2002). Paying closer attention during the decision-making process, which would otherwise be made on auto-pilot, can help to negate some of the natural biases (Epley & Gilovich, 2005; Igou & Bless, 2007). This justifies the need for governments and consumer bodies to educate and inform consumers about potential pitfalls of price promotions and the strategies consumers can use to achieve better decision-making. The study shows that increased and improved social marketing is needed to: secure more prominent and legible display of unit prices by grocery retailers; and to increase consumer awareness of unit pricing, and their knowledge and use of the many ways unit prices can assist decision-making, including assessing the value of price promotions.

## References

- Bettman, J. R., & Luce, M. F. (1998). Constructive consumer choice processes. *Journal of Consumer Research*, 25(3), 187.
- Bogomolova, S., & Dunn, S. (2012). *Price framing techniques in supermarkets around the world*. Paper presented at the European Marketing Academy Conference, Lisbon, Portugal.
- Eppler, M. J., & Mengis, J. (2004). The concept of information overload: A review of literature from organization science, accounting, marketing, MIS, and related disciplines. *The information society*, 20(5), 325-344.
- Hoyer, W. D. (1984). An Examination of Consumer Decision Making for a Common Repeat Purchase Product. *Journal of Consumer Research*, 11(3), 822-829.
- Inman, J. J., McAlister, L., & Hoyer, W. D. (1990). Promotion Signal: Proxy for a Price Cut? *Journal of Consumer Research*, 17(1), 74-81.
- Jacoby, J. (1984). Perspectives on information overload. *The Journal of Consumer Research*, 10(4), 432-435.
- Kahneman, D., & Tversky. (1979). Prospect Theory: An Analysis of Decision Under Risk. *Econometrica*, 47(2), 263-291.
- Kassarjian, H. H. (1981). Low Involvement: A Second Look. *Advances in Consumer Research*, 8, 31-34.
- Krishna, A., Briesch, R., Lehmann, D. R., & Yuan, H. (2002). A meta-analysis of the impact of price presentation on perceived savings. *Journal of Retailing*, 78(2), 101-118.
- Malhotra, N. K. (1982). Structural Reliability and Stability of Nonmetric Conjoint Analysis. *Journal of Marketing Research*, 19(May), 199-207.
- Mitchell, V. W., & Papavassiliou, V. (1999). Marketing causes and implications of consumer confusion. *Journal of Product & Brand Management*, 8(4), 319-342.
- Olshavsky, R. W., & Granbois, D. H. (1979). Consumer decision making - fact of fiction? *Journal of Consumer Research*, 6, 93-100.
- Tversky, A., & Kahneman, D. (1974). Judgement Under Uncertainty: Heuristics and Biases. *Science*, 185(27 September), 1124-1131.
- Walsh, G., & Mitchell, V. W. (2005). Consumer vulnerability to perceived product similarity problems: Scale development and identification. *Journal of Macromarketing*, 25(2), 140-152.

## **Reducing Alcohol Drinking: An Examination of the Social Marketing Evidence Base**

*Nuray Buyucek<sup>6</sup>, Sharyn Rundle-Thiele\* & Sameer Deshpande\*\**

\*Griffith Business School  
Griffith University  
Email: [n.buyucek@griffith.edu.au](mailto:n.buyucek@griffith.edu.au)  
Email: [s.rundle-thiele@griffith.edu.au](mailto:s.rundle-thiele@griffith.edu.au)

\*\*Sameer Desphande  
University of Lethbridge  
Email: [sameer.deshpande@uleth.ca](mailto:sameer.deshpande@uleth.ca)

---

<sup>6</sup> PhD Candidate Nuray Buyucek's research interests centre on marketing education and social marketing. Nuray Buyucek is currently working on alcohol interventions and behaviour change. Nuray Buyucek is experienced in branding and event management.

## **A Global Drinking Problem**

According to the World Health Organisation (WHO) alcohol use is the third leading risk factor for poor health globally, (WHO, 2010) and a risk factor that is associated with increased mortality and morbidity (WHO, 2011b). Harmful alcohol consumption was listed as one of the most common preventable health risks in 2009 (WHO, 2009) resulting in 2.5 million deaths each year, worldwide (WHO, 2011a) or 4% of all deaths. While alcohol affects both men and women, statistics suggest that alcohol problems are more prevalent in men with 6.2% of all male deaths being directly related to alcohol. Current statistics suggest we have a drinking problem globally and this problem may be getting worse.

## **Study Approach**

Alcohol social marketing interventions were identified by searching the ABI/INFORM Global, Emerald, Proquest, SAGE and Science Direct databases. Our focus was double blind peer reviewed papers published between January 2002 and November 2011. The search terms used in our review were “alcohol” and “social marketing”. Campaigns that had a specific behaviour change goal beyond alcohol drinking, e.g. drink driving were omitted from our review as the behaviour of interest was alcohol drinking. Pregnant women were considered to have different motivations to not to drink (e.g. protect the health of their unborn child) and interventions targeting this group were excluded from our review. Moreover, campaigns that included other substances were excluded based on our understanding that interventions focussed on one substance are more effective than interventions focussing on multiple substances (National Centre for Education and Training on Addiction (2010).

Campaigns that were referred to as social marketing interventions by the author(s) were the focus of our review. We acknowledge it is possible that a few excluded public health interventions not labelled as such may adhere to social marketing guidelines; however such interventions were beyond the current review. Interventions were assessed according to behavioural, knowledge and attitude changing outcomes. A total of 21 intervention programs were identified within the inclusion criteria.

## **What Reduces Drinking?**

All behaviour change interventions identified in this review were education/communication focussed. The interventions did not provide alternatives, change price or product availability. The alcohol interventions located within our literature review were dominated by United States of America studies. Other countries included Australia, Sweden, and the UK. The majority of interventions targeted college/university students with one intervention focussed solely on females. Other targets included school students, 21<sup>st</sup> birthday party attendees, urban youth and moderate drinkers.

A key aim of the alcohol drinking interventions reviewed was to increase awareness; with interventions seeking to change individuals’ knowledge about the harmful use of alcohol in the hope behaviour will be positively affected as a result of the intervention (Karen, 2006). While positive behaviour change was reported, evidence suggests that behaviour changes are not sustained (Anderson, Chisholm, & Fuhr, 2009). For example, nine out of 21 education interventions reported behaviour change in the desired direction. However, only three interventions achieved a long term (beyond three months and as long as 6 years) effect while five interventions achieved short term change (behaviour measured in the time period

immediately following the intervention). Three campaigns reported long term impact on drinking behaviour (McBride, Farringdon, Midford, Meuleners, & Phillips, 2004; Newton, et al., 2009; Schwinn & Schinke, 2010). Notably, these interventions focused on alcohol refusal skills and all of them targeted young people, e.g. mean 10.8 years (Schwinn & Schinke, 2010) and 13 years (McBride, et al., 2004; Newton, et al., 2009) which may indicate, education interventions seeking to equip young people with refusal skills and strategies that they can implement and apply in future may be effective in reducing drinking in the long term. Other researchers (Bingham et al., 2010; Clapp, Lange, Russell, Shillington, & Voas, 2003; Croom, et al., 2009; Lewis, Neighbors, Lee, & Oster-Aaland, 2008; Mats, Torbjörn, Håkan, & Sven, 2011; Mattern & Neighbors, 2004; Murgraff, Abraham, & McDermott, 2007; Reis & Riley, 2002) achieved behaviour change in the short term. For example, Saltz et al (2009) reported short term change following an intervention on three university campuses and their surrounding neighbourhoods. The intervention concentrated on all parties in the area achieving a decrease in heavy episodic drinking in the intervention campuses.

It is important to note that change is not always in the desired direction. For example, Croom et al. (2009) reported that negative outcomes, such as hangovers, were greater in the intervention group when compared to the control group. Furthermore, Moore et al. (2005) reported a decrease in the quantity consumed by binge drinkers while non-bingers experienced an increase. Notably, some interventions reported increased alcohol consumption among the control group and this may be a negative and unexpected outcome for researchers (Neighbors et al., 2011; Newton, Vogl Laura, Teesson, & Andrews, 2009). Researchers must be mindful of possible unintended consequences of interventions.

Finally, behaviour change may be easier to achieve for females when compared to males. For instance, Murgraff et al (2007) reported a reduction in the proportion of Friday moderate drinkers with change proportionately higher for females than for males. Similarly, LaBrie et al. (2009) reported a decrease in alcohol consumption among females. Further, changes in beliefs and attitude occurred more for females than it did for males.

### **Moving From One P (Education) to all P's (Alternatives, Pricing)**

Any critic of social marketing may be tempted to exploit the results of our review, which presented mixed evidence on the efficacy of social marketing interventions in reducing drinking behaviour. While it is easy for us to conclude that social marketing may not (always) be effective in reducing alcohol drinking it is important for us to remember two key points. First, the social marketing interventions are ad hoc, operating on a limited budget in a short time frame when compared to the budget available to alcohol marketers who advertise extensively on a sustained basis over time. Second, the social marketing interventions identified in our review are education focussed. Social marketers must move beyond information provision. Interventions must provide alternatives and must encompass all marketing P's (e.g. price) to reduce drinking on a sustained basis. Fundraising events (e.g. Febfast or Ocober – encouraging participants to abstain from alcohol for one month), increasing the proportion of non-alcohol drinks available in licensed premises, reducing serving sizes, or changing pricing are examples of alternatives and marketing changes that social marketers must implement and evaluate.



## References

- Anderson, P., Chisholm, D., & Fuhr, D. C. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*, 373 (9682), 2234-2246.
- Bingham, C., Barretto, A., Walton, M., Bryant, C., Shope, J., & Raghunathan, T. (2010). Efficacy of a web-based, tailored, alcohol prevention/intervention program for college students: Initial findings. *Journal of American College Health*, 58 (4), 349-356.
- Clapp, J. D., Lange, J. E., Russell, C., Shillington, A., & Voas, R. B. (2003). A failed norms social marketing campaign *Journal of Studies on Alcohol*, 64 (3), 409.
- Croom, K., Lewis, D., Marchell, T., Lesser, M., Reyna, V., Kubicki-Bedford, L., . . . Staiano-Coico, L. (2009). Impact of an online alcohol education course on behavior and harm for incoming first-year college students: Short-term evaluation of a randomized trial. *Journal of American College Health*, 57 (4), 445-454.
- LaBrie, J., Migliuri, S., & Cail, J. (2009). A night to remember: A harm-reduction birthday card intervention reduces high-risk drinking during 21st birthday celebrations. *Journal of American College Health*, 57 (6), 659-663.
- Lewis, M. A., Neighbors, C., Lee, C. M., & Oster-Aaland, L. (2008). 21st birthday celebratory drinking: Evaluation of a personalized normative feedback card intervention. *Psychology of Addictive Behaviors*, 22 (2), 176-185.
- Mats Å, H., Torbjörn, S., Håkan, K., & Sven, A. (2011). Modifying alcohol consumption among high school students: An efficacy trial of an alcohol risk reduction program (PRIME for Life). *Health Education*, 111 (3), 216-229.
- Mattern, J. L., & Neighbors, C. (2004). Social norms campaigns: Examining the relationship between changes in perceived norms and changes in drinking levels. *Journal of Studies on Alcohol*, 65 (4), 489.
- McBride, N., Farrington, F., Midford, R., Meuleners, L., & Phillips, M. (2004). Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project (SHAHRP). *Addiction*, 99 (3), 278-291.
- Moore, M. J., Soderquist, J., & Werch, C. (2005). Feasibility and efficacy of a binge drinking prevention intervention for college students delivered via the Internet versus postal mail. *Journal of American College Health*, 54 (1), 38-44.
- Murgraff, V., Abraham, C., & McDermott, M. (2007). Reducing Friday alcohol consumption among moderate, women drinkers: Evaluation of a brief evidence- based intervention. *Alcohol and Alcoholism*, 42 (1), 37-41.
- Neighbors, C., Jensen, M., Tidwell, J., Walter, T., Fossos, N., & Lewis, M. A. (2011). Social-norms interventions for light and nondrinking students. *Group Processes & Intergroup Relations*, 14 (5), 651-669.

Newton, N. C., Vogl Laura, E., Teesson, M., & Andrews, G. (2009). CLIMATE Schools: Alcohol module: Cross-validation of a school-based prevention programme for alcohol misuse. *Australian & New Zealand Journal of Psychiatry*, 43 (3), 201-207.

National Centre for Education and Training on Addiction (2010). *The Role of Schools in Alcohol Education*, ISBN 978-0-642-77941-0, Commonwealth of Australia.

Reis, J., & Riley, W. (2002). Assessment of a computer-supported alcohol education intervention program. *Health Education*, 102 (3), 124-132.

Saltz, R. F., Welker, L. R., Paschall, M. J., Feeney, M. A., & Fabiano, P. M. (2009). Evaluating a comprehensive campus--community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs*, 70 (4), S21.

Schwinn, T. M., & Schinke, S. P. (2010). Preventing alcohol use among late adolescent urban youth: 6-year results from a computer-based intervention. *Journal of Studies on Alcohol and Drugs*, 71 (4), 535.

WHO. (2009). *World health statistics*.

WHO. (2010). *Global strategy to reduce the harmful use of alcohol* Retrieved 15-11, 2011, from [http://www.who.int/substance\\_abuse/activities/globalstrategy/en/](http://www.who.int/substance_abuse/activities/globalstrategy/en/)

WHO. (2011a). *Facts and figures* Retrieved 8-12, 2011, from [http://www.who.int/substance\\_abuse/facts/en/](http://www.who.int/substance_abuse/facts/en/)

WHO. (2011b). *World health statistics*. France: WHO.

## Examining the Social Marketing Evidence Base: How Can Healthy Eating be Improved in the Australian Defence Force?

*Julia E. Carins*<sup>\*&\*\*\*7</sup> & *Sharyn Rundle-Thiele*<sup>\*\*</sup>

\*Human Protection and Performance Division  
Defence Science and Technology Organisation  
Email: [julia.carins@dsto.defence.gov.au](mailto:julia.carins@dsto.defence.gov.au)

\*\*Griffith Business School  
Griffith University  
Email: [julia.carins@griffithuni.edu.au](mailto:julia.carins@griffithuni.edu.au)  
Email: [s.rundle-thiele@griffith.edu.au](mailto:s.rundle-thiele@griffith.edu.au)

---

<sup>7</sup> Julia Carins is part of the Nutrition and Food Group of the Human Protection and Performance Division (HPPD) of the Defence Science and Technology Organisation (DSTO); and a PhD Candidate at Griffith University. She has been involved in many Defence food related research projects, including investigation of the behavioural aspects of ration pack eating, development of a prototype hot weather ration, iron supplementation for female cadets, calcium intake of female cadets, salivary markers of immune function, nutritional analysis of combat ration pack items and determination of food acceptability. Her interests are the behavioural aspects of eating, food preferences, food attitudes and eating patterns. Julia recently commenced her PhD investigating the application of social marketing principles to encourage healthy eating by ADF personnel.

## **Introduction**

The consumption of a nutritious diet is a key component of health and wellbeing, and is important to the prevention of many chronic conditions. The combination of energy-dense but nutrient-poor diets and more sedentary lifestyles is contributing to the growing obesity issue in Australia and worldwide (World Health Organisation, 2003). Combatting obesity represents one of the greatest public health challenges faced nationally (Australian Government, 2009). Rates of overweight or obese people in the Australian Defence Force (ADF) are approaching the national average despite higher than average levels of healthy workers and a lower median age (Australian Institute of Health and Welfare, 2010). Beyond long term health consequences faced by overweight or obese people, the ADF seeks positive consequences via a healthy diet—that of optimised performance emotionally, cognitively and physically (Deuster, Weinstein, Sobel, & Young, 2009; Montain, Carvey, & Stephens, 2010).

There is a deficit in knowledge concerning treatment of obesity in military populations as a whole (Sanderson, Clemes, & Biddle, 2011) and very few publications in the open literature detailing weight control or healthy eating programs conducted with military personnel. Nutrition interventions on worksites have been found to have positive effects across a range of worksite settings (Anderson et al., 2009). Social marketing is a technique used to analyse, plan, execute, and evaluate programs to influence behaviour of target audiences in order to improve their personal welfare or that of the society (Andreasen & Herzberg, 2005). It has been used successfully to create positive change across a variety of settings, populations and for a variety of healthy eating goals (Gordon, McDermott, Stead, & Angus, 2006). There is a requirement for programs that encourage healthy eating in the ADF, and clear potential for social marketing (a credible behaviour change tool) to be employed. A literature review was undertaken to examine the evidence base for social marketing interventions targeting young adults as one component of formative research to inform the current ADF study.

## **Methods**

Using systematic review procedures, we reviewed the literature to examine healthy eating social marketing interventions. We searched 13 databases using the terms (diet or healthy eating or food habits or food choice\* or obesity or fruit or vegetable\* AND intervention or randomised controlled trial or evaluation or clinical trial or meta-analysis or health education or health promotion or health knowledge or health behavior\* AND social marketing). Studies were retained for further examination if they aimed to change behaviour, had a healthy eating/nutrition focus, and claimed to use social marketing. Retained studies were then examined to see if they met all of Andreasen's six social marketing benchmarking criteria, i.e., 1) behaviour change was the objective; 2) consumer/formative research was conducted; 3) segmentation/targeting/tailoring was used to select the target group; 4) design focussed on creation of attractive/motivational exchanges with the target group; 5) a traditional marketing mix was used, not just advertising or communications; and 6) competition faced by the desired behaviour was considered and strategies employed to minimise it (Andreasen, 2002).

## **Findings**

This review indicates that at present, the evidence base is directed towards children and community settings, with relatively few interventions targeting adults. This is consistent with targeted populations identified in earlier reviews (Cismaru & Lavack, 2007; Gordon, et al., 2006) and not surprising considering nutrition programs with children and in community settings are common activities in education and health (Worsley, 2008). Interventions targeted a number of healthy eating behaviours, the most common being increased fruit and vegetable intake and selection of healthy choice alternatives.

There were some issues of concern discovered during this review. The review examined interventions that were called ‘social marketing’. However, only some had all six key features described by Andreasen (2002). Some multifaceted interventions used the term ‘social marketing’ to describe a narrow part of their program—the advertising or communications activities. Others did not use a full marketing mix, and remained educational or information based. The development of these information based programs appeared much like message testing, rather than attempts to use the full set of tools in the social marketing process to effect behavioural change. An examination of other reviews of social marketing in the nutrition space show a similar issue—an over reliance on the use of information based strategies in programs designed to change nutrition behaviour (Alcalay & Bell, 2000; Cismaru & Lavack, 2007). Indeed others have noted that social marketing is often confused with advertising (Grier & Bryant, 2005; Smith, 2000; Walsh, Rudd, Moeykens, & Moloney, 1993) by those outside the marketing field. This is likely compounded by the fact that “*Too few social marketing efforts expand beyond IP marketing efforts that favour communication tactics and vehicles – public service announcements, posters, pamphlets, public relations, entertainment-education, social and mobile media*” as so eloquently stated by Lefebvre (2011, p. 64), but also noted by others (Grier & Bryant, 2005).

In the interventions reviewed, the focus was squarely on influencing individual behaviour, consistent with more traditional definitions of social marketing. However, there have been calls for more program developers to consider what can be done to modify environmental or social influences, commonly termed moving upstream (Donovan, 2011; Lefebvre, 2011; Wymer, 2011). Some examples were found during this review of modification at the environmental or upstream level (introducing new foods in canteens and vending machines (Shive & Morris, 2006)) and at the midstream or social level (influencing group culture of better nutrition and physical activity (Neiger et al., 2001)), as part of a mix of strategies.

This review was limited to the search term ‘social marketing’. This restriction may exclude studies that are in essence social marketing but do not self-identify as such. We acknowledge that health promotion professionals have been successfully integrating communication strategies with community development and social/environmental interventions for decades. The Ottawa Charter (WHO, 1986) defines health promotion as *a process of enabling people to increase control over, and to improve their health*; and by identifying five action areas—policy, environment, community action, personal skills and health services; it encourages change through a broad lens. While there may be convergence between social marketing and health promotion we also expect clear distinctions. A possible extension to this work would be to assess other nutrition interventions not termed social marketing against Andreasen’s (2002) criteria. Given that there is some similarity between social marketing and some other health promotion approaches (Neiger, Thackeray, Barnes, & McKenzie, 2003), this raises the question ‘are interventions not borne of the marketing philosophy actually marketing?’ A philosophical debate is beyond the scope of the current study.

## **Conclusion**

Formative research examining the social marketing evidence base highlights some important points to consider when planning a social marketing intervention to encourage healthy eating in the ADF; points which are also of interest to social marketers seeking to target young adults. Firstly, a number of behaviours contribute to healthy eating, and care must be taken to select which behaviour to address. Next, social marketing incorporates a mix of strategies, and relying heavily on advertising or communication should be avoided. And finally, consideration must be given to the changes that can be made to social and environmental influences on behaviour as part of an integrated social marketing program.

## References

- Alcalay, R., & Bell, R. A. (2000). Promoting nutrition and physical activity through social marketing: Current practices and recommendations. University of California. Davis, CA.: Center for Advanced Studies in Nutrition and Social Marketing.
- Anderson, L. M., Quinn, T. A., Glanz, K., Ramirez, G., Kahwati, L. C., Johnson, D. B., . . . Katz, D. L. (2009). The effectiveness of worksite nutrition and physical activity interventions for controlling employee overweight and obesity. *American Journal of Preventive Medicine*, 37(4), 340-357.
- Andreasen, A. R. (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy & Marketing*, 21(1), 3-13.
- Andreasen, A. R., & Herzberg, B. (2005). Social marketing applied to economic reforms. *Social Marketing Quarterly*, 11(2), 3-17.
- Australian Government. (2009). Australia: the healthiest country by 2020. Technical Report No 1. Obesity in Australia: a need for urgent action. Canberra, ACT: Commonwealth of Australia.
- Australian Institute of Health and Welfare. (2010). Australia's Health 2010. Australia's health series no. 12. Cat. no. AUS 122. Canberra, ACT, Australia: AIHW.
- Cismaru, M., & Lavack, A. M. (2007). Social marketing campaigns aimed at preventing and controlling obesity: A review and recommendations. *International Review on Public and Non Profit Marketing*, 4(1/2), 9-30.
- Deuster, P. A., Weinstein, A. A., Sobel, A., & Young, A. J. (2009). Warfighter nutrition: current opportunities and advanced technologies. Report from a Department of Defense workshop. *Military Medicine*, 174(7), 671-677.
- Donovan, R. (2011). Social marketing's mythunderstandings. *Journal of Social Marketing*, 1(1), 8-16.
- Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: what's the evidence? *Public Health*, 120, 1133-1139.
- Grier, S., & Bryant, C. A. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339.
- Lefebvre, R. C. (2011). An integrative model for social marketing. *Journal of Social Marketing*, 1(1), 54-72.
- Montain, S. J., Carvey, C. E., & Stephens, M. B. (2010). Nutritional fitness. *Military Medicine*, 175(8), S1: 65-72.
- Neiger, B. L., Thackeray, R., Barnes, M. D., & McKenzie, J. F. (2003). Positioning social marketing as a planning process for health education. *American Journal of Health Studies*, 18(2/3), 75-81.

- Neiger, B. L., Thackeray, R., Merrill, R. M., Miner, K. M., Larsen, L., & Chalkey, C. M. (2001). The impact of social marketing on fruit and vegetable consumption and physical activity among public health employees at the Utah Department of Health. *Social Marketing Quarterly*, 7(1), 10-28.
- Sanderson, P. W., Clemes, S. A., & Biddle, S. J. H. (2011). The correlates and treatment of obesity in military populations: A systematic review. *Obesity Facts*, 4(3), 229-237.
- Shive, S. E., & Morris, M. N. (2006). Evaluation of the Energize Your Life! Social marketing campaign pilot study to increase fruit intake among community college students. *Journal of American College Health*, 55(1), 33-39.
- Smith, W. A. (2000). Social marketing: An evolving definition. *American Journal of Health Behavior*, 24(1), 11-17.
- Walsh, D. C., Rudd, R. E., Moeykens, B. A., & Moloney, T. W. (1993). Social marketing for public health. *Health Affairs*, 12(2), 104-119.
- WHO. (1986). Ottawa Charter for Health Promotion. Geneva.
- World Health Organisation. (2003). Diet, nutrition and the prevention of chronic disease. Report of Joint WHO/FAO Expert Consultation *WHO Technical Report Series 916*. Geneva.
- Worsley, T. (2008). *Nutrition Promotion: Theories and Methods, Systems and Settings*. Crows Nest, N.S.W: Allen & Unwin.
- Wymer, W. (2011). Developing more effective social marketing strategies. *Journal of Social Marketing*, 1(1), 17-31.

## The Relationship Trust & Commitment Model of Social Marketing

*Sinead Duane<sup>8</sup> & Dr. Christine Domegan*

Marketing,  
J.E. Cairnes School of Business & Economics  
National University of Ireland Galway,  
IRELAND  
Email: [s.duanel@nuigalway.ie](mailto:s.duanel@nuigalway.ie)  
Email: [christine.domegan@nuigalway.ie](mailto:christine.domegan@nuigalway.ie)

---

<sup>8</sup> Sinead Duane is a final year PhD student of Social Marketing in the J.E. Cairnes School of Business & Economics, NUIG, Ireland. She previously worked in *safe food*, the Food Safety Promotions Board on the Island of Ireland (IOI), where she project managed their first social marketing pilot initiative which addressed the issue of male obesity on the IOI. During this time she developed skills in the area of partnerships and stakeholder development, workplace health communication and men's health engagement. She also gained valuable experience managing their market research portfolio and was also actively involved in their social Media strategy development. Her main areas of interest focus on the development of partnerships within social marketing activities particularly in the area of public health.



## Introduction

Social marketing partnerships are pivotal to a more sophisticated and comprehensive understanding of ways to formulate and shape social change strategies. As a result partnerships have been widely accepted as the 5<sup>th</sup> 'P' in the social marketing mix (Weinreich 1999; Cheng, Kotler et al. 2010; Donovan and Henley 2010). Consequently this type of relationship has emerged as a essential element of most interventions (Samuels 1993; Andreasen 1995; Niblett 2005; Temple, Long et al. 2008); however, this necessity is juxtaposed by the reality that "partnership development is a much copied and poorly researched area"(Lefebvre 2006 p.41). As the range and complexity of issues addressed through social marketing continues to challenge the discipline, Lefebvre (2009) argues that the impact of partnership approaches has limited capacity for success until a framework is developed.

This paper addresses Lefebvre (2009) concerns by deepening the conceptualisation of social marketing partnerships with the extension of Morgan and Hunts (1994) Relationship Commitment and Trust theory into the social marketing domain. This paper introduces the argument for extending such a model through the periodization of social marketing thought and practice with an emphasis on partnership development.

### **From *transactional* to a *relational* social marketing partnership orientation**

Since the conception of social marketing, the variety and complexity of issues being addressed continue to expand resulting in the reframing of societal problems and solutions. This transformation is eminent within the literature and can be contextualised through the emergence of three distinct social marketing eras, together representing a transition from a micro-management transactional orientation towards the adoption of a macro-systems approach known as Total Market Approach (TMA).

1. *Period of coordination 1970s – Mid 1990s* (See El - Ansary and Kramer Jr 1973; Fox and Kotler 1980; Lefebvre and Flora 1988)
2. *Period of formalisation Mid 1990s – 2000s* (See Altman and Petkus Jr 1994; Andreasen 1995; Bhattacharya and Bell 1999)
3. *Period of integrated systems 2000s – present* (See Chawla, Middlestadt et al. 2001; Niblett 2005; Desai 2009)

Each era is reflective of the role social marketing partnerships fulfilled as part of behavioural change strategies, progressing from partnerships acting as short term intermediaries evident in the 1970's to partnerships tasked with the eradication of 'wicked' social problems such as poverty, obesity and global warming more prominent in the past decade. This shift in mindset has facilitated the adoption of a longer term approach for sustainable behavioural change (Lefebvre and Flora 1988). **Figure 1** further highlights key characteristics that dominated within these eras.

### **Adopting a Total Market Approach**

As social marketers begin to adopt TMA, the complexity of 'wicked' problems are further pronounced due to the difficulty isolating problems, causes and their solutions (Bye 2000). This ambiguity has increased the need for multifaceted strategies to address the aggregation of direct and indirect stakeholders impacting on behaviour (Previte and Fry 2006) through intersectional partnership strategies (Schwartz 2000). This integration must occur as it is widely agreed that no one individual or agency can solve the complex problems that are emerging in society (Cheng, Kotler et al. 2010). To mobilise this 'systems' perspective, social marketers should adopt a networked and partnership approach to build upon capacity (Legarde, Doner et al. 2005; Cheng, Kotler et al. 2010; French, Blair - Stevens et al. 2010)

leveraging resources and reach to develop a TMA to change (Bentz, Dorfman et al. 2005). This perspective catalyses change through simultaneous synergies in approach at every level (Domegan 2008) as opposed to competing against each other for finite resources (Lefebvre 2006).

### **The Relationship Commitment Trust Model of Social Marketing**

TMA strategies incorporate many stakeholders working simultaneously on multi-intervention activities in various sectors and settings (Story, Nanney et al. 2009) moving from transactions to relational exchanges (Hastings and Saren 2003). Recognising this shift in emphasis from the target citizen to those in control of the system (Hastings 2003), relationship marketing has been suggested as an appropriate theory to understand this type of exchange (Hastings 2003; Peattie and Peattie 2003; Hastings 2007; Wood 2008; Desai 2009); however it has yet to fully transfer to the social marketing domain (Rothschild, Ritchie et al. 2000; Hastings 2003; Hastings and Saren 2003; Zainuddin, Russell-Bennett Rebekah et al. 2007).

By adapting Morgan and Hunts (1994) conceptualisation of Relational Exchanges in relationship marketing into the social marketing domain, Hastings (2003) demonstrates the potential for social marketers to develop dynamic multi level relationships as their commercial counterparts have done. However, there is no discussion of the mediating variables for these relationships. This research goes beyond the identification of the types of relationships that social marketers could engage in and proposes the key antecedents and outcomes of these relationships within the social marketing context. Like their commercial counterparts, the social marketing literature positions commitment and trust at the core of relationships (Hastings 2003; Hastings and Saren 2003; Hastings 2007; Marques and Domegan 2011). Commitment in this regard encapsulates loyalty which acts as a precursor for long term behavioural change aimed at the target citizen (Hastings 2003). This discussion also, differentiates the key antecedents and outcomes relevant to the social marketing context from commercially orientated relationships.

Morgan and Hunt (1994) called for their model to be further empirically tested outside the automobile industry; **Figure 2** demonstrates how one of the best known and most cited theories in the relationship marketing literature (Morris and Carter 2005) can be extended into the social marketing domain. In this case the original key antecedents and outcomes empirically tested in a buyer/seller environment (Morgan and Hunt 1994) have been replaced by those prominent from a social marketing perspective. It is hypothesised that Shared Values, Mutual Benefit, Communication (Across and Between levels) are all positively related to Commitment and Trust, whereas continuity of expectations, tension and cooperation are all outcomes of social marketing relationships.

### **Conclusion**

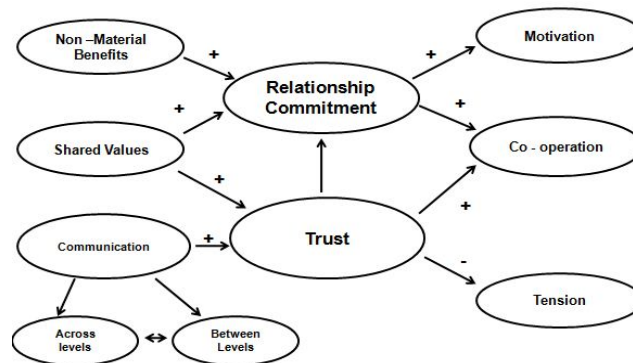
The application of social marketing partnerships is suffering due to a lack of theoretical guidance. This paper shows that by extending Morgan and Hunts (1994) model of relationships into the social marketing domain the key antecedents and outcomes of social marketing partnerships can be identified. This model contributes to the establishment of a theory of social marketing partnerships as well as assisting in best practice guidelines for their practical application in the future.

## Appendices

**Figure 1** Key characteristics of social marketing partnerships

<b>Downstream Characteristics</b> Period of Coordination and Formalisation (1970s – 2000)	<b>Total Market Approach (TMA)</b> Period of integrated systems (2000 – present)
<i>Individual focused</i> (Andreasen 1997; Hastings and Donovan 2002) <i>Service / Product orientated</i> (Wymer 2010) <i>Operational</i> (Goldberg 1995) <i>Micro</i> (MacFadyen, Stead et al. 1999) <i>Short term</i> (Lefebvre and Flora 1988) <i>Betterment</i> (Bentz, Dorfman et al. 2005) <i>Citizen</i> (Hastings 2003)	<i>Role of the individual and the environment</i> (Bentz, Dorfman et al. 2005)/ <i>Systems perspective</i> (Goldberg 1995; Donovan 2000)/ <i>Strategic</i> (French 2010; National social marketing centre 2010)/ <i>Issue focused / Institutional change</i> (Goldberg 1995; Hastings 2003; Bentz, Dorfman et al. 2005)/ <i>Integration of levels (Up/ mid/ down)</i> (Samuels 1993; Domegan 2008; Cheng, Kotler et al. 2010)/ <i>Vertical and horizontal change</i> (French 2010)/ <i>Longer term</i> (Andreasen 1997)/ <i>Macro</i> (Gillies 1998; Andreasen 2006)/ <i>Empowerment</i> (Bentz, Dorfman et al. 2005)/ <i>Structural change</i> (Donovan and Henley 2010; Lefebvre 2011)/ <i>Marketing Welfare – referring to upstream</i> (Donovan and Henley 2010)/ <i>'Market with'</i> (Marques and Domegan 2011)/ <i>Relational</i> (Marques and Domegan 2011)/ <i>Comprehensive programming or a Total Market Approach</i> (Domegan 2008; Lefebvre 2011)

**Figure 2** The relationship commitment and trust social marketing partnership model



## References

Altman, J. A. and E. Petkus Jr (1994). "Toward a stakeholder-based policy process: An application of the social marketing perspective to environmental policy development." *Policy Sciences* 27(1): 37-51.

Andreasen, A. R. (1995). Marketing social change: Changing Behaviour to promote health, social development, and the environment. San Fransico, Jossey-Bass.

Andreasen, A. R. (1997). "From Ghetto Marketing to Social Marketing: Bringing Social Relevance to Mainstream Marketing." Journal of Public Policy & Marketing **16**(1): 129-131.

Andreasen, A. R. (2006). Social marketing in the 21st Century. California, Sage Publications.  
Bentz, J. W., L. Dorfman, et al. (2005). "Opportunities for social change through upstream partnerships." Social Marketing Quarterly **11**(3): 17 -25.

Bhattacharya, C. B. and P. D. Bell (1999). "Care's experiences with corporate alliances." Social Marketing Quarterly **5**(3): 10-12.

Bye, L. (2000). "Toward an integrated social change methodology." Social Marketing Quarterly **6**(3): 58-62.

Chawla, P., S. E. Middlestadt, et al. (2001). "Tailoring interventions to the local context and working with community partners: Lessons learned from a multi-site, multi-component intervention study." Social Marketing Quarterly **7**(3): 67-71.

Cheng, H., P. Kotler, et al. (2010). Social Marketing for Public Health. London, Jones and Bartlett Publishers.

Desai, D. (2009). "Role of Relationship Management and Value Co-Creation in Social Marketing." Social Marketing Quarterly **15**(4): 112-125.

Domegan, C. T. (2008). "Social marketing: implications for contemporary marketing practices classification scheme." Journal of Business and Industrial Marketing **23**(2): 135 - 141.

Donovan, R. and N. Henley (2010). Principles and Practice of Social Marketing: An International Perspective. Cambridge, Cambridge University Press.

Donovan, R. J. (2000). "Understanding the social determinants of health." Social Marketing Quarterly **6**(3): 55-57.

El - Ansary, A. I. and O. E. Kramer Jr (1973). "Social Marketing: The family planning experience." Journal of Marketing **37**(July): 1 - 7.

Fox, K. F. and P. Kotler (1980). "The marketing of social causes: the first 10 years." Journal of Marketing **44**(Fall): 24 -33.

French, J. (2010). Partnerships in social marketing. Social marketing and public health - theory and practice. J. French, C. Blair - Stevens, D. Mc Vey and R. Merit. Oxford, Oxford University Press: 309 - 318.

French, J., C. Blair - Stevens, et al. (2010). Social Marketing and public health: Theory and Practice. Oxford, Oxford University Press.

Gillies, P. (1998). "Effectiveness of alliances and partnerships for health promotion." Health Promotion International **13**(2): 99 - 120.

Goldberg, M. E. (1995). "Social Marketing: Are We Fiddling While Rome Burns?" Journal of Consumer Psychology (Lawrence Erlbaum Associates) **4**(4): 347.

Hastings, G. (2003). "Relational Paradigms in social marketing." Journal of Macromarketing **23**(1): 6 - 15.

Hastings, G. (2007). Social Marketing - Why should the Devil have all the best tunes? Oxford, Butterworth - Heinemann.

Hastings, G. and R. J. Donovan (2002). "INTERNATIONAL INITIATIVES: INTRODUCTION AND OVERVIEW." Social Marketing Quarterly **8**(1): 3-5.

Hastings, G. and M. Saren (2003). "The critical contribution of social marketing - Theory and Practice." Marketing Theory **3**(3): 305 - 322.

Lefebvre, C. R. (2011). "An intergrative model for social marketing." Journal of Social Marketing **1**(1): 54 - 72.

Lefebvre, C. R. and J. A. Flora (1988). "Social Marketing and Public Health Intervention." Health Education Quarterly **15**(3): 299 - 315.

Lefebvre, R. C. (2006). "Partnerships for Social Marketing Programs: An Example from the National Bone Health Campaign." Social Marketing Quarterly **12**(1): 41 - 54.

Legarde, F., L. Doner, et al. (2005). "Partnerships from the downstream perspective: The role of strategic alliances play in implementing social marketing programs." Social Marketing Quarterly **11**(3): 38 - 45.

MacFadyen, L., M. Stead, et al. (1999). "A synopsis of social marketing." Retrieved 08/04/10, 2010, from [http://www.ism.stir.ac.uk/pdf\\_docs/social\\_marketing.pdf](http://www.ism.stir.ac.uk/pdf_docs/social_marketing.pdf).

Marques, S. and C. T. Domegan (2011). Relationship Marketing and Social Marketing. The Sage Handbook of Social Marketing. G. Hastings, K. Angus and C. Bryant. London, Sage.

Morgan, R. M. and S. D. Hunt (1994). "The Commitment - Trust Theory of Relationship Marketing." Journal of Marketing: 20 - 38.

Morris, M. and C. R. Carter (2005). "Relationship marketing and supplier logistics performance: An extension of the Key Mediating Variables Model." The Journal of Supply Chain Management **41**(4): 32 - 43.

National social marketing centre. (2010). "A short title of social marketing related terms." 2010, from <http://thensmc.com/resources/publications.html>.

Niblett, G. R. (2005). "Stretching the Limits of Social Marketing Partnerships, Upstream and Downstream: Setting the Context for the 10th Innovations in Social Marketing Conference." Social Marketing Quarterly **11**(3/4): 9-15.

Peattie, S. and K. Peattie (2003). "Ready to Fly Solo? Reducing social marketing's dependence on commercial theory." Marketing Theory **3**(3): 365 - 385.

Previte, J. and M.-L. Fry (2006). Conceptualising the Harm Chain in Social Marketing Strategy: A Drink-drive Application. Australian & New Zealand Marketing Academy Conference. Brisbane: 1 - 8.

Rothschild, M., R. J. B. Ritchie, et al. (2000). "A typology of nonprofit competition: Insights for social marketers." Social Marketing Quarterly **6**(3): 63-71.

Samuels, S. E. (1993). "Project LEAN - Lessons learned from a National Social Marketing campaign." Public Health Reports **108**(1): 45 - 53.

Schwartz, B. (2000). "Shifting paradigms, perimeters and perceptions." Social Marketing Quarterly **6**(3): 51-52.

Story, M., M. S. Nannery, et al. (2009). "Schools and obesity prevention: Creating school environments and policies to promote healthy eating and physical activity." The Milbank Quarterly **87**(1): 71 - 100.

Temple, S., T. Long, et al. (2008). "Alliance Building: Mobilizing Partners to Share The Heart Truth with American Women." Social Marketing Quarterly **14**(3): 68-79.

Weinreich, N. K. (1999). Hands - On Social Marketing - A step - by - step guide. London, Page Publications Inc.

Wood, M. (2008). "Applying Commercial Marketing Theory to Social Marketing: A Tale of 4Ps (and a B)." Social Marketing Quarterly **14**(1): 76-85.

Wymer, W. (2010). "Rethinking the boundaries of social marketing: Activism or advertising?" Journal of Business Research **63**(2): 99 -103.

Zainuddin, N., Russell-Bennett Rebekah, et al. ( 2007). Conceptualising a relational approach to value creation in a government service: Implications for social marketing. International Nonprofit and Social Marketing Conference, Brisbane, Australia.

## Climate of Change – Or Confusion?

*Lynne Eagle<sup>9</sup>, Peter Case & David R. Low*

School of Business,  
James Cook University  
Townsville QLD 4811  
Australia

Email: [lynne.eagle@jcu.edu.au](mailto:lynne.eagle@jcu.edu.au); [david.low@jcu.edu.au](mailto:david.low@jcu.edu.au); [peter.case@jcu.edu.au](mailto:peter.case@jcu.edu.au)

---

<sup>9</sup> Professor of Marketing at James Cook University. Research interests include marketing communication effects and effectiveness, including: trans-disciplinary approaches to sustained behaviour change, the impact of persuasive communication on children, and the impact of new, emerging and hybrid media forms and preferences for / use of formal and informal communications channels. She has published in a wide range of academic journals, including the *Journal of Advertising* and *European Journal of Marketing*, led the development of both Marketing Communications and Social Marketing texts and contributed several book chapters for other texts as well writing commissioned social marketing expert papers and presenting numerous research papers at international conferences. She is on the editorial board of several journals.

## Introduction

There is widespread, although not universal, agreement that sustainability and climate change constitute major challenges with *real* effects (Peattie & Peattie, 2009). Human activity has disrupted ecological systems; continued pursuit of economic growth based on exploiting finite resources is unsustainable and '*avoiding dangerous climate change will require lifestyle changes*' (Gowdy, 2008: 64), yet there is a lack of clarity and clear communication of what action should be taken and by whom. Policy makers assume, without evidence, 'spillover effects', i.e., small behaviour changes will lead to larger change and catalysts for other changes, but doing one pro-environmental behaviour may be seen as compensating for other environmentally detrimental behaviours (Corner & Randall, 2011). These authors note the expectation that social marketing interventions will be employed to address climate change challenges. We discuss the factors that should be taken into account in designing effective sustainability and climate change adaptation interventions.

### Attitude-Behaviour Gap and the Deficit Model of Information Provision

Lack of knowledge (i.e. 'information deficit') is cited as causing misconceptions and apathy (Owens & Driffil, 2008) and impeding attitude and behavioural change (Costello et al., 2009); but a gap between reported attitudes towards environmental issues and actual behaviours is well documented (Lorenzoni et al., 2007). Attitude change alone is unlikely to be effective in achieving sustained behaviour change primarily because a focus on voluntary change ignores social, environmental, structural and institutional barriers to such change. Behaviour change, or lack of it, may be driven by factors other than attitudes; financial constraints can override preferences. A further barrier is a perception that changing one's own behaviour will not make any difference to the impact of climate change (Semenza et al., 2008).

The failure of information provision-based strategies to recognise the complex interaction of values, experience and other factors in achieving (or not achieving) successful and sustained behaviour change is recognised, together with the inadequacies of many current theories in charting the interaction of these factors across different population groups (Lorenzoni et al., 2007). Critics claim climate change science communication has resulted in 'islands of knowledge in a sea of ignorance' (Meinke et al., 2006: 101); there is a need for salience, legitimacy and credibility in future communication. Other factors that make comprehension difficult for non-experts include: (a) the invisibility of climate change causes; (b) the lack of immediacy of effects; (c) disbelief about the impact of collective action; and, (d) the efficacy of any individual action (Moser, 2010). Declining trust in government sources presents a further challenge as it leads to both reactance and risk denial (Gifford, 2011). The public learns a large amount about science through consuming mass media news (Boykoff & Roberts, 2007). There is an assumption that the media will provide accurate and factual information, yet there is evidence of the presence of sensationalism, amplification of risks and speculation on worst-case scenarios in reporting (Dudo et al., 2007). Giving equal time to climate change warnings and dissenting views in the interests of journalistic fairness is commonplace but reinforces perceptions of uncertainty and generates confusion (Moser & Dilling, 2004).

### Message Framing

No one single framing approach is applicable across all intervention types. In low-involvement conditions positive messages appear more effective, whereas the reverse is true for high-involvement conditions (Donovan & Jalleh, 1999). The uncertainty of climate change impact (Adger et al., 2009) means that the outcomes of individual actions are also uncertain; people are reluctant to act in response to information that contains ambiguity or



uncertainty (Morton et al., 2011). While positive framing fosters greater self-efficacy, in health contexts it can have a boomerang effect if the message conflicts with pre-existing knowledge, attitudes and beliefs (Wolburg, 2006). We are unable to locate any studies that have tested for these effects within climate change /environmental contexts.

Those who respond positively to fear-based interventions are better educated and more affluent, and are better able to respond to persuasive messages (de Hoog et al., 2005). Fear appeal effectiveness may erode over time or lead to heightened anxiety and many *unintended* effects of interventions are attributable to such appeals (Guttman & Salmon, 2004). For climate change and environmental protection messages, fear is effective only when they convey *personal* relevance and a sense of *personal* vulnerability. Effectiveness is also enhanced when the personal salience of messages is coupled with ways of building or reinforcing self efficacy and presenting low cost solutions and support (Spence et al., 2010).

People may react to a perceived threat, rather than the threat's consequences, and attempt to regain control of their threatened freedom (Ringold, 2002). Threatened behaviour may become more attractive, i.e., a 'forbidden fruit' effect (Sussman et al., 2010). Unrealistic optimism, bias and denial of personal risk, whereby individuals estimate their own risk of negative outcomes as lower than the wider population, present further challenges (Kleinjan et al., 2009). These are resistant to change, and information provision alone has little impact (Morton & Duck, 2001). Maladaptive responses may include denial or counter-productive behaviours such as buying an SUV in anticipation of environmental challenges, even though SUVs are less fuel efficient than other vehicles (Moser & Dilling, 2004).

### **Community and Individual Capacity, Time Dimensions and Functional Literacy**

Communities may vary widely in terms of their ability to adapt to change, with classifications ranging from 'powerless spectators' lacking capacity, skills and resources, through 'coping actors' who have the capacity but may not be coping effectively, to 'adaptive manager' communities with high levels of both adaptive and governance capacity. Many interventions are predicated on the assumption that communities understand their own needs and can develop, or co-create appropriate solutions to the challenges they face (Fabricus et al., 2007). An individual's ability to visualise the future is only 15 – 20 years for most people with 50 years the longest conceptualization limit; longer scenarios are seen as hypothetical (O'Neill & Hulme, 2009) even if the material is understood. The Adult Literacy and Life Skills Survey (ABS, 2006) for which Level 3 is regarded as the '*minimum required for individuals to meet the complex demands of everyday life and work in the emerging knowledge-based economy*' estimates 47% of the population fall into the lowest two quintiles for document literacy and 70% for problem solving. Official reports (and news items) are written at a level that is likely to be comprehended only by those with postgraduate qualifications (Eagle & Case, 2011)

### **Conclusion**

Sustainability and climate change adaptation interventions would be improved by designs which: (1) understand and make accommodations for the attitude-behaviour gap; (2) build in a nuanced appreciation of message framing effects; and, (3) are sensitive to community and individual limitations (temporal horizons, literacy levels, etc.). An integrated research programme, including implications for education is needed to guide future social policy.

## References

Australian Bureau of Statistics (2006). Adult Literacy and Life Skills Survey. Retrieved from: <http://abs.gov.au/AUSSTATS/abs@.nsf/DOSSbtitle/2D7F8204FEA1D124CA2572E9008079F1?OpenDocument>

Adger, W., Dessai, S., Goulden, M., Hulme, M., Lorenzoni, I., Nelson, D., et al. (2009). Are there Social Limits to Adaptation to Climate Change? *Climatic Change*, 93(3), 335-354.

Boykoff, M. T., & Roberts, J. T. (2007). *Media Coverage of Climate Change: Current Trends, Strengths, Weaknesses*. Geneva: United Nations Development Programme.

Corner, A., & Randall, A. (2011). Selling climate change? The limitations of social marketing as a strategy for climate change public engagement. *Global Environmental Change*, 21(3), 1005-1014.

Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., et al. (2009). Managing the health effects of climate change: Lancet and University College London Institute for Global Health

de Hoog, N., Stroebe, W., & de Wit, J. B. F. (2005). The Impact of Fear Appeals on Processing and Acceptance of Action Recommendations. *Personality and Social Psychology Bulletin*, 31(1), 24-33.

Donovan, R. J., & Jalleh, G. (1999). Positively versus Negatively Framed Product Attributes: The Influence of Involvement. *Psychology & Marketing*, 16(7), 613-630.

Dudo, A. D., Michael, F. D., & Dominique, B. (2007). Reporting a Potential Pandemic: A Risk-Related Assessment of Avian Influenza Coverage in U.S. Newspapers. *Science Communication*, 28(4), 429-454.

Eagle, L.C. & Case, P. (2011). *Supporting Behaviour Change at Individual, Group and Organizational Levels*. Report prepared for Townsville City Council. James Cook University.

Fabricius, C., Folke, C., Cundill, G., & Schultz, L. (2007). Powerless Spectators, Coping Actors, and Adaptive Co-Managers: A Synthesis of the Role of Communities in Ecosystem Management. *Ecology and Society*, 12, on line edition.

Gifford, R. (2011). The Dragons of Inaction. Psychological Barriers That Limit Climate Change Mitigation and Adaptation. *American Psychologist*, 66(4), 290 - 302.

Gowdy, J. M. (2008). Behavioral economics and climate change policy. *Journal of Economic Behavior & Organization*, 68(3-4), 632-644.

Guttman, N., & Salmon, C. T. (2004). Guilt, Fear, Stigma and Knowledge Gaps: Ethical Issues in Public Health Communication Interventions. *Bioethics*, 18(6), 531 - 552.

Kleinjan, M., van den Eijnden, R. J. J. M., & Engels, R. C. M. E. (2009). Adolescents' rationalizations to continue smoking: The role of disengagement beliefs and nicotine dependence in smoking cessation. *Addictive Behaviors*, 34(5), 440-445.

- Lorenzoni, I., Nicholson-Cole, S., & Whitmarsh, L. (2007). Barriers perceived to engaging with climate change among the UK public and their policy implications. *Global Environmental Change*, 17(3-4), 445-459.
- Meinke, H., Nelson, R., Kokic, P., Stone, R., Selvaraju, R., & Baethgen, W. (2006). Actionable Climate Knowledge: From Analysis to Synthesis. *Climate Research*, 33, 101-110.
- Morton, T. A., Rabinovich, A., Marshall, D., & Bretschneider, P. (2011). The future that may (or may not) come: How framing changes responses to uncertainty in climate change communications. *Global Environmental Change*, 21(1), 103-109.
- Morton, T. A., & Duck, J. M. (2001). Communication and Health Beliefs: Mass and Interpersonal Influences on Perceptions of Risk to Self and Others. *Communication Research*, 28(5), 602 - 625.
- Moser, S. C. (2010). Communicating climate change: history, challenges, process and future directions. *Wiley Interdisciplinary Reviews: Climate Change*, 1(1), 31-53.
- Moser, S. C., & Dilling, L. (2004). Making Climate HOT. *Environment: Science and Policy for Sustainable Development*, 46(10), 32-46.
- O'Neill, S. J., & Hulme, M. (2009). An iconic approach for representing climate change. *Global Environmental Change*, 19(4), 402-410.
- Owens, S., & Driffill, L. (2008). How to change attitudes and behaviours in the context of energy. *Energy Policy*, 36(12), 4412-4418.
- Peattie, K., & Peattie, S. (2009). Social Marketing: A Pathway to Consumption Reduction? *Journal of Business Research*, 62(2), 260-268.
- Ringold, D. J. (2002). Boomerang Effect: In Response to Public Health Interventions: Some Unintended Consequences in the Alcoholic Beverage Market. *Journal of Consumer Policy*, 25(1), 27-63.
- Semenza, J. C., Hall, D. E., Wilson, D. J., Bontempo, B. D., Sailor, D. J., & George, L. A. (2008). Public Perception of Climate Change: Voluntary Mitigation and Barriers to Behavior Change. *American Journal of Preventive Medicine*, 35(5), 479-487.
- Spence, A., & Pidgeon, N. (2010). Framing and communicating climate change: The effects of distance and outcome frame manipulations. *Global Environmental Change*, 20(4), 656-667.
- Sussman, S., Grana, R., Pokhrel, P., Rohrbach, L. A., & Sun, P. (2010). Forbidden Fruit and the Prediction of Cigarette Smoking. *Substance Use & Misuse*, 45(10), 1683-1693.
- Wolburg, J. M. (2006). College Students' Responses to Antismoking Messages: Denial, Defiance, and Other Boomerang Effects. *Journal of Consumer Affairs*, 40(2), 294-323.

## Behaviour Change Tools: Soft versus Hard Options

*Lynne Eagle<sup>10</sup>, Stephan Dahl\*, David R Low & Peter Case*

School of Business,  
James Cook University  
Townsville QLD 4811, Australia  
Email: [lynne.eagle@jcu.edu.au](mailto:lynne.eagle@jcu.edu.au); [david.low@jcu.edu.au](mailto:david.low@jcu.edu.au); [peter.case@jcu.edu.au](mailto:peter.case@jcu.edu.au)

\*University of Hull Business School,  
Cottingham Road,  
Hull, HU6 7RX, England  
Email: [s.dahl@hull.ac.uk](mailto:s.dahl@hull.ac.uk)

---

<sup>10</sup> Professor of Marketing at James Cook University. Research interests include marketing communication effects and effectiveness, including: trans-disciplinary approaches to sustained behaviour change in social marketing / health promotion / environmental protection campaigns, the impact of persuasive communication on children, and the impact of new, emerging and hybrid media forms. She has published in a wide range of academic journals, including the *Journal of Advertising* and *European Journal of Marketing*, led the development of both Marketing Communications and Social Marketing texts and contributed several book chapters for other texts as well writing commissioned social marketing expert papers and presenting numerous research papers at international conferences. She is on the editorial board of several journals.

## **Introduction**

The need for individual and population-based behaviour change is evident across a range of sectors. We examine behaviour change strategies, contrasting aspects of health and lifestyle factors with climate change and sustainability issues and note that different policy makers favour specific behaviour change tools; some favour ‘hard’ options i.e. legislation and others ‘soft’ options such as persuasion. Different strategies will be more effective for specific issues and population segments - and combinations of strategies should not be ruled out.

### **Contrasting Health and Lifestyle with Climate Change and Sustainability**

Preventable illness was estimated in 2006 to cost the English economy £187 billion, 19% of gross domestic product (National Social Marketing Centre, 2006). Over 1 million deaths per annum in the USA are attributable to lifestyle and environmental factors (Rothschild, 1999). Seven of the ten leading causes of USA death could be substantially reduced by improving these factors (Petty & Caccioppo, 1996). Climate change and sustainability are more complex than many ‘single issues’. There is widespread (not universal) agreement that sustainability and climate change are major issues facing society (Peattie & Peattie, 2009) and continued pursuit of economic growth based on exploitation of finite resources is unsustainable (Burroughs, 2010). Human activity has disrupted many ecological systems on which people depend but while lifestyle changes are mooted, there is neither recognition nor clear communication of what action should be taken and by whom (Gowdy, 2008). Assumption of “spillover effects” i.e. small changes are catalysts for wider changes, lack evidence and engaging in one pro-environmental behaviour, may be seen to have compensated for other environmentally detrimental behaviours (Corner & Randall, 2011).

### **Behaviour Change Tools**

Change strategy options centre on legislation, education and an array of persuasive strategies (Rothschild, 1999). Strategic considerations include who defines desired behaviour, what evidence justifies intervention (Wolf, 2007), whether harm to others may arise (Guttman & Salmon, 2004) and what risk levels are acceptable (Callahan & Jennings, 2002). Government’s role in balancing restrictions out of ‘paternalistic’ concern versus individual freedoms is not simple, particularly when increased health risks arise from personal choices, but medical care costs and indirect costs are borne by the wider society, (Gostin, 2007). Climate change adaptation and pro-environmental behaviour present more complex challenges in terms of governmental versus individual actions. Legislation has been used in a number of areas, but preference is for less ‘hard’ (and unpopular) options such as persuasion (Haw & Gruer, 2007).

### **Information Only**

Information-based interventions are effective when individual self interest is strong and consistent with societal goals (Rothschild, 1999). However, “if information was all that was needed to change behaviour, cigarette smoking would have declined drastically in the mid-1960s and be nonexistent today” (Schneider, 2006: 812). Unintended effects also occur (Cho & Salmon, 2007). In energy, ‘rebound’ occurs, e.g. users of energy-efficient appliances use them more often and fail to reduce overall energy usage (Abrahamse et al., 2005). Lack of knowledge (i.e. ‘information deficit’) is cited as causing misconceptions, apathy and impeding attitude change and thus behavioural change (Costello et al., 2009); the gap between attitudes and behaviours is well documented. Attitude change alone is unlikely to achieve sustained behaviour change; focus on voluntary change ignores social, environmental and institutional barriers. Change, or lack of it, may be driven by factors such as financial constraints or the perception that changing one’s own behaviour will not make any difference

to the impact of climate change (Semenza et al., 2008). The failure of the ‘information deficit’ model to recognise complex interactions of factors in achieving (or not achieving) successful and sustained behaviour change is also documented, together with the inadequacies of many current theories in capturing and charting the interaction of these factors across different population groups (see, for example, Lorenzoni et al., 2007). Further work is needed in this area to strengthen and extend theoretical foundations underpinning behaviour change options

Communication of climate change science has been criticised, with the suggestion that current strategies result in “islands of knowledge in a sea of ignorance” (Meinke et al, 2006: 101); there is a need for salience, legitimacy and credibility to be considered in communicating climate change science. Other factors that hinder comprehension for those who lack scientific knowledge include: the invisibility of climate change causes, a tendency to discount the impact of distant events, lack of immediacy, disbelief about the impact of people and the efficacy of any individual action, uncertainty, perceptual limits and self-interest (Moser, 2010). Education or simple information provision is therefore necessary, but not in and of itself sufficient to change behaviours. Other options are therefore needed.

### **Persuasion: Behavioural Economics**

Failures of individuals and social groups to act in purely rational ways, and the predictability of this ‘irrational’ behaviour has long been recognised (Kahneman & Tversky, 1979). Behavioural economics (BE) differs from traditional economics in that it recognises individual cognitive limitations, tendencies to make behavioural choices out of habit rather than deliberation. BE received increased focus with the release of a US text (Thaler & Sustein, 2008) which advocates a range of non-legislative ‘nudge’ interventions that alter the contexts (‘choice architecture’) in which behaviour occurs. Nudges work best on unintentional/automatic behaviours but do not impact on knowledge, attitudes and values and are difficult to maintain long term (Avineri & Goodwin, 2010). There is conflict between the assumptions of choice architecture and commercial profit imperatives (Lira et al., 2004). Nudges towards what experts judge desirable (Sugden, 2009) may be contested; what may be a ‘nudge’ to the originators may be perceived as a ‘shove’ by recipients (Marteau et al., 2009) – and the media. This may also lead to reactance effects, where engaging in the threatened behaviour is one means of re-establishing freedom (Rummel et al., 2000). Awareness of nudge attempts may result in the behaviour itself becoming more attractive – the ‘forbidden fruit’ problem (Sussman et al., 2010).

### **Choice of Behaviour Change Tools**

The influence of the Thaler & Sustein text has been far reaching, with a Behavioural Insights Team (commonly referred to as the ‘Nudge’ unit established within the UK Cabinet Office (Corner & Randall, 2011). However, a surprising critique of the Nudge approach as applied to the UK government policy sector comes from a recent House of Lords report (Science & Technology Committee, 2011). Consistent with a plea for research to investigate “*what works, for whom, in what circumstances and for how long*” (Marteau et al., 2011: 264), the House of Lords report recommended “*applied research at a population level*” in order to increase understanding of behaviour change interventions and criticised the use of non-regulatory tactics such as Nudge in isolation. We argue that Marteau’s comment also applies to the role of social marketing relative to other intervention strategies, with a need for critical evaluation of, and integrated research into, the relevance and power of behaviour change theories.

## References

- Abrahamse, W., Steg, L., Vlek, C., & Rothengatter, T. (2005). A review of intervention studies aimed at household energy conservation. *Journal of Environmental Psychology*, 25(3), 273-291.
- Avineri, E. and Goodwin, P. (Eds.), (2010). *Individual Behaviour Change: Evidence in Transport and Public Health*. The Department for Transport, London.
- Burroughs, J. E. (2010). Can Consumer Culture be Contained? Comment on “Marketing Means and Ends for a Sustainable Society”. *Journal of Macromarketing*, 30(2), 127-132.
- Callahan, D. and Jennings, B. (2002), ‘Ethics and Public Health: Forging a Strong Relationship’, *American Journal of Public Health*, 92(2), pp. 169-176.
- Cho, H., & Salmon, C. T. (2007). Unintended Effects of Health Communication Campaigns. *Journal of Communication*, 57(2), 293 – 317.
- Corner, A., & Randall, A. (2011). Selling climate change? The limitations of social marketing as a strategy for climate change public engagement. *Global Environmental Change*, 21(3), 1005-1014.
- Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., et al. (2009). Managing the health effects of climate change: Lancet and University College London Institute for Global Health
- Gostin, L. O. (2007). Law as a Tool to Facilitate Healthier Lifestyles and Prevent Obesity. *Journal of the American Medical Association*, 297(1), 87 - 90.
- Gowdy, J. M. (2008). Behavioral economics and climate change policy. *Journal of Economic Behavior & Organization*, 68(3-4), 632-644.
- Guttman, N. and Salmon, C. T. (2004), “Guilt, Fear, Stigma and Knowledge Gaps: Ethical Issues in Public Health Communication Interventions”, *Bioethics*, 18(6), pp. 531 - 552.
- Haw, S., & Gruer, L. (2007). Changes in Exposure of Adult Non-smokers to Secondhand Smoke after Implementation of Smoke-free Legislation in Scotland: National Cross Sectional Survey. *BMJ*, 335(7619), 549-552.
- Kahneman, D. and Tversky, A. (1979). Prospect Theory: An analysis of decision under risk. *Econometrica*, 47(2), 263-291.
- Lira, A., Rodrigues, B., & Zhang, X. (2004). Metaheuristics with Local Search Techniques for Retail Shelf-Space Optimization. *Management Science*, 50(1), 117-131.
- Lorenzoni, I., Nicholson-Cole, S., & Whitmarsh, L. (2007). Barriers perceived to engaging with climate change among the UK public and their policy implications. *Global Environmental Change*, 17(3-4), 445-459.
- Marteau, T. M., Ogilvie, D., Roland, M., Suhrcke, M., & Kelly, M. P. (2011). Judging nudging: can nudging improve population health? *BMJ*, 342 (7791), 263- 265.

Marteau, T. M., Oliver, A., & Ashcroft, R. E. (2009). Changing behaviour through state intervention. *BMJ*, 337(12), 2543.

Meinke, H., Nelson, R., Kokic, P., Stone, R., Selvaraju, R., & Baethgen, W. (2006). Actionable Climate Knowledge: From Analysis to Synthesis. *Climate Research*, 33 (1), 101-110.

Moser, S. C. (2010). Communicating climate change: history, challenges, process and future directions. *Wiley Interdisciplinary Reviews: Climate Change*, 1(1), 31-53.

National Social Marketing Centre. (2006). *It's Our Health! Realising the Potential of Effective Social Marketing*. London: National Social Marketing Centre.

Peattie, K., & Peattie, S. (2009). Social Marketing: A Pathway to Consumption Reduction? *Journal of Business Research*, 62(2), 260-268.

Petty, R. E., & Cacioppo, J. T. (1996). Addressing Disturbing and Disturbed Consumer Behavior: Is It Necessary to Change the Way We Conduct Behavioral Science. *Journal of Marketing Research* 33(1), 1-8.

Rothschild, M. L. (1999). Carrots, Sticks, and Promises: A Conceptual Framework for the Management of Public Health and Social Issue Behaviors. *Journal of Marketing*, 63(4), 24-37.

Rummel, A., Howard, J., Swinton, J. M., & Seymour, D. B. (2000). You Can't Have That! A Study of Reactance Effects & Children's Consumer Behavior. *Journal of Marketing Theory and Practice*, 8(1), 38-44.

Schneider, T. R. (2006). Getting the Biggest Bang for Your Health Education Buck. Message Framing and Reducing Health Disparities. *American Behavioural Scientist*, 49(6), 812 - 822.

Science and Technology Select Committee. (2011). *Behaviour Change*. London: House of Lords.

Semenza, J. C., Hall, D. E., Wilson, D. J., Bontempo, B. D., Sailor, D. J., & George, L. A. (2008). Public Perception of Climate Change: Voluntary Mitigation and Barriers to Behavior Change. *American Journal of Preventive Medicine*, 35(5), 479-487.

Sussman, S., Grana, R., Pokhrel, P., Rohrbach, L. A., & Sun, P. (2010). Forbidden Fruit and the Prediction of Cigarette Smoking. *Substance Use & Misuse*, 45(10), 1683-1693.

Thaler, R. H., & Sunstein, C. R. (2008). *Nudge: Improving Decisions About Health, Wealth, and Happiness* New Haven: Yale University Press.



## **An Analysis of Tobacco Packaging as a Promotion Medium**

*Philip Gendall<sup>11</sup>, Janet Hoek and the ASPIRE2025 collaboration*

Department of Marketing  
University of Otago  
Dunedin,  
New Zealand  
Email: [philip.gendall@otago.ac.nz](mailto:philip.gendall@otago.ac.nz)  
Email: [janet.hoek@otago.ac.nz](mailto:janet.hoek@otago.ac.nz)

---

<sup>11</sup> Phil Gendall is currently a Senior Research Fellow at the University of Otago where he is a member of the ASPIRE2025 collaboration. He is managing a Health Research Council project on plain packaging and is involved in several other ASPIRE2025 projects. He leads New Zealand's involvement in the International Social Survey Programme and is an internationally recognised expert in question wording, questionnaire design, and respondent behaviour.

## Background

The World Health Organisation (WHO) describes smoking as the leading cause of preventable death (World Health Organization, 2010). Because smoking prevalence is disproportionately high among indigenous peoples and lower socio-economic groups, it contributes to profound health and social inequalities. Within Australia, smoking prevalence among indigenous Aboriginal and Torres Strait Island people is 51% compared to less than 20% among non-Aboriginal people (Smokecheck, 2011). New Zealand has similar inequalities: smoking prevalence among Māori is 44% overall (and over 50% among some Māori sub-groups) compared to 18% among non-Māori (Ministry of Health, 2011).

The WHO Framework Convention on Tobacco Control (FCTC), an international treaty with signatories from 174 countries, aims to reduce smoking prevalence and the inequalities it fosters (WHO, 2003). Article 13 deals with tobacco marketing and has prompted growing interest in plain packaging, given packaging communicates aspirational brand attributes (M Wakefield & Letcher, 2002; M. Wakefield, Morley, Horan, & Cummings, 2002). To date, only Australia intends to introduce plain packaging, a policy opposed by all three Australian tobacco companies, which argue that plain packaging violates existing trade agreements, misappropriates intellectual property, and is unconstitutional (Taylor, 2011). These arguments, particularly the question of whether tobacco packaging functions as an advertising medium, require research attention.

Symbolic consumption and brand attribute theories suggest smokers link desirable properties with brands; consuming the brand enables them to access both physical and psychological benefits (Belk, Bahn, & Mayer, 1982). For young people, pack livery contributes to the identity they communicate to others (Pollay, 2000) and logos, colours and packaging become paired with desirable attributes. Packages lacking brand insignia (save a standardised brand name and quantity details) would thus make a weaker contribution to the social identities young people wish to develop. While experimental studies show plain packages are thought less attractive than branded packs (Gendall et al., 2011; Germain, Wakefield, & Durkin, 2010; Hammond, Dockrell, Arnott, Lee, & McNeill, 2009; Hammond & Parkinson, 2009; Hoek, Wong, Gendall, Louviere, & Cong, 2011; M Wakefield, Germain, & Durkin, 2008), we lack insights into how young adults interpret both familiar and unfamiliar tobacco brands. Variations in brand perceptions would suggest packaging functions as an advertising medium and strengthen calls for plain packaging; by contrast, consistent brand perceptions would question the proportionality of plain packaging. We thus hypothesised that:

H<sub>1</sub>: Young adults will associate different attributes with different tobacco brands and differentiate between brands on the basis of their packaging alone.

Brand attribute associations differ according to brand usage (Barwise & Ehrenberg, 1985) and the tobacco industry claims packaging influences only smokers. To test this claim we hypothesised that smokers would have stronger cigarette brand associations, particularly for familiar brands, than non-smokers. Thus:

H<sub>2a</sub>: Young adult smokers will have a higher level of brand attribute association with familiar brands than will non-smokers.

Using the industry's reasoning, we would expect smokers and non-smokers to derive similar descriptive attributes from unfamiliar brand imagery and thus hypothesized that:

H<sub>2b</sub>: Young adult smokers and non-smokers will have similar levels of brand attribute associations with unfamiliar brands.

## Methods

We conducted an online survey of 1035 New Zealanders aged between 18 and 30; quotas ensured adequate representation by gender, ethnicity (Māori and Pacific Island vs non-Māori/other) and smoking status (smoker vs non-smoker). Respondents viewed images of seven cigarette brands: *Holiday*, *Basic*, *Camel No. 9*, *Merit*, *Port Royal*, *Kool* and *Longbeach*. Three of these brands are available in New Zealand while the remaining four brands were US tobacco brands they were unlikely to have encountered. Respondents used 15 attributes selected to correspond with brand personality dimensions (Aaker, 1997); these had been pre-tested in earlier studies assessing tobacco product positioning (Gendall et al., 2011; Wakefield et al., 2008). Respondents associated as many or as few of these attributes with each of the seven brands, depending on their perception of the brand concerned.

## Results

To test the first hypothesis, we used factor analysis to examine the attribute structure for each brand and identify any underlying dimensions. The *Basic* brand had only 'plain' and 'budget' (by smokers and non-smokers alike) associated with it but analyses for the other brands produced between three and five significant factors (Eigen values greater than 1.00). When 'plain' and 'budget' were separated from the positive attributes of the factors on which they loaded for other brands, four or five underlying constructs emerged for each brand. These underlying constructs were similar for the six brands, but varied in the attribute loadings and the relative importance of each construct. Appendix 1 illustrates the results of these analyses, which supported our first hypothesis.

To test the second set of hypotheses, we conducted analysis of variance on the proportion of the sample that attributed a construct to the brand concerned. Contrary to the tobacco industry's claim that packaging influences only smokers, smokers were in fact no more likely to make brand associations than non-smokers. Furthermore, non-smokers were generally more likely to associate positive attributes with less familiar brands than smokers. These findings do not support either hypothesis 2a or 2b, both of which were framed to reflect arguments against plain packaging advanced by the tobacco industry.

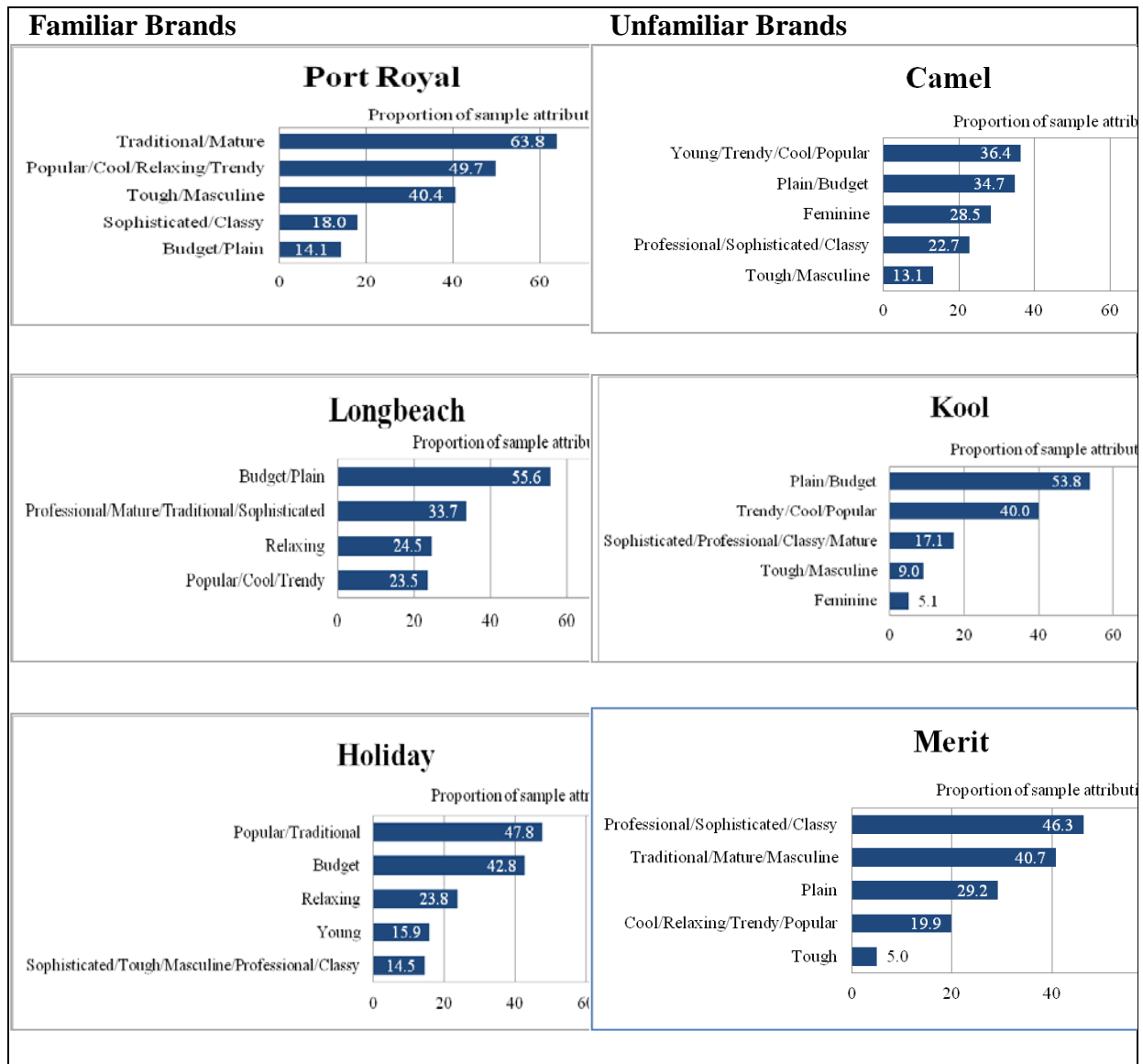
## Discussion and Conclusions

Our results indicate that tobacco packaging communicates positive attributes to non-smokers and serves as more than an identifying device that simplifies smokers' decision-making. Respondents distinguished between brands, recognised a clear 'personality' for each brand, and were equally able to interpret familiar and unfamiliar brands. These findings illustrate how packaging communicates brand attributes that have been shown appeal to young people (Cummings et al., 2002, Rootman and Flay, 1995, Wakefield and Letcher, 2002, Wakefield et al., 2002). Furthermore, responses to the *Basic* brand were consistent with experimental studies documenting the decreased attractiveness of plain packaging (Germain et al., 2010, Hoek et al., 2011, Wakefield et al., 2008).

Response time records show participants reviewed the brands quickly, making it unlikely they engaged in detailed processing. Despite this, the brand-attribute associations made highlight how evocative tobacco branding is, illustrate how effectively packaging communicates brand values, and question claims that packaging only promotes brand switching among smokers. More generally, the findings support plain packaging and

suggest this potentially powerful up-stream measure could eliminate a medium that currently communicates aspirational attributes to non-smokers.

## Appendix 1: Perceived Attributes of Familiar and Unfamiliar Brands



## References

- Aaker, J. (1997). Dimensions of brand personality. *Journal of Marketing Research*, 34(August), 347-357.
- Belk, R., Bahn, K., & Mayer, R. (1982). Developmental Recognition of Consumption Symbolism. *Journal of Consumer Research*, 9(1), 4-17.
- Gendall, P., Hoek, J., Edwards, R., Gifford, H., Pirikahu, G., Pene, G., . . . McCool, J. (2011). Young Adults' Interpretations of Tobacco Brands: Implications for Tobacco Control. *Nicotine & Tobacco Research*, in press. doi: 10.1093/ntr/ntr094
- Germain, D., Wakefield, M., & Durkin, S. (2010). Adolescents' perceptions of cigarette brand image: does plain packaging make a difference? *J Adolesc Health* 46, 385-392. doi: doi:10.1016/j.jadohealth.2009.08.009
- Hammond, D., Dockrell, M., Arnott, D., Lee, A., & McNeill, A. (2009). Cigarette pack design and perceptions of risk among UK adults and youth. *European Journal of Public Health*, 19(6), 631-637. doi: 10.1093/eurpub/ckp122
- Hammond, D., & Parkinson, C. (2009). The impact of cigarette package design on perceptions of risk. *Journal of Public Health*, 31(3), 345-353. doi: doi:10.1093/pubmed/fdp066
- Hoek, J., Wong, C., Gendall, P., Louviere, J., & Cong, K. (2011). Effects of dissuasive packaging on young adult smokers. *Tobacco Control*, 20(3), 183-188. doi: 10.1136/tc.2010.037861
- Ministry of Health. (2011). Maori Smoking and Tobacco Use 2011. In M. o. Health (Ed.). Wellington: Ministry of Health.
- Pollay, R. (2000). How cigarette advertising works: Rich imagery and poor information: University of British Columbia.
- Smokecheck. (2011). Welcome to SmokeCheck - A brief intervention for smoking cessation Retrieved 05 November, 2011, from <http://www.smokecheck.com.au/tobacco-facts/facts-figures/index.php>
- Taylor, R. (2011). Philip Morris challenges Australia on plain pack Retrieved 18 November, 2011, from <http://www.reuters.com/article/2011/11/21/us-australia-smoking-idUSTRE7AK09H20111121>
- Wakefield, M., Germain, D., & Durkin, S. J. (2008). How does increasingly plainer cigarette packaging influence adult smokers' perceptions about brand image? An experimental study. *Tobacco Control*, 17(6), 416-421. doi: 10.1136/tc.2008.026732
- Wakefield, M., & Letcher, T. (2002). My pack is cuter than your pack. *Tobacco Control*, 11, 154-156.

Wakefield, M., Morley, C., Horan, J., & Cummings, K. (2002). The cigarette pack as image: New evidence from tobacco industry documents. *Tobacco Control*, 11(Suppl i:), i73-i80. doi: 10.1136/tc.11.suppl\_1.i73

WHO. (2003). WHO Framework Convention on Tobacco Control.

World Health Organization. (2010). Updated Status of the WHO FCTC: Ratification and Accession By Country Retrieved 21 October 2010, from <http://www.fctc.org>

**‘How Many Pieces of Chopped Up Carrot Can you See in this Video?!’  
Fear of Pleasure in Recent Alcohol Prevention Campaigns**

*Dr Fiona Giles*<sup>12</sup>

Sydney University

---

<sup>12</sup> Dr Fiona Giles is Senior Lecturer and Postgraduate Coursework Coordinator in the Department of Media and Communications. Her research interests encompass journalism and gender studies with a particular interest in the role of pleasure in health promotion and social marketing. She teaches feature writing, narrative journalism and creative non-fiction and is the Director of the Master of Media Practice, The Master of Publishing and the Master of Health Communication. Her most recent publication is “‘Reinstating Pleasure in Reality’: Promoting Breastfeeding Through *Ars Erotica*”, in Labbok, Miriam, Bernice Hausman and Paige Hall Smith (eds), *Beyond Health, Beyond Choice: Breastfeeding Constraints and Realities*, Rutger University Press, 2012.

This presentation compares recent alcohol prevention media campaigns targeted at young people, and posted on YouTube, alongside the amateur postings by YouTube users of drunken behaviour. It considers the unintended consequences of negative fear campaigns that focus on the ill-effects of binge drinking, particularly when held up against videos produced by drinkers in the general community. With a few notable exceptions (for example Queens University students' message framing assignment on Binge Drinking), the majority of campaigns merely provide material that mirrors the comic representations of young drinkers produced by themselves, and fail to offer constructive, pleasurable, and alternative behaviours or activities for their target audience.

Exploring the uses and limitations of fear campaigns in particular (Witte and Allen 2000), and acknowledging the limitations of media campaigns in general as part of the social marketing armoury (Cavill and Bauman 2003), the paper concedes that there are some campaigns which provide new information for their audiences about binge drinking, its definition and effects, and establish the ground for agenda setting and attitude change. This is particularly true when the effects are based on the science of alcohol and the body rather than risk behaviours and adverse events that may be 'othered'. However, the overwhelming majority of media campaigns merely provide familiar, often hackneyed images of drunkenness-gone-wrong, reinforcing the impression that the norm for young people is excessive drinking within risk-taking scenarios. These images are then easily interpreted as hyperbolic and comic, with the emphasis in particular on the slapstick potential of drunkenness that is mirrored in countless user videos, such as 'Ultimate Funny Drunks', 'Funniest Drunk Video Of All Time!', 'Drunk Man Tries to Work Up a Hill' and many others. Specifically, there is a striking recurrence of images in media campaigns and the comic videos, in particular: vomiting; falling over; damage to clothing, appearance, property; accidents causing physical harm; violent incidents; and car accidents and near-misses. The popularity of vomit-shots resulted in the wry title by a YouTube posting for the campaign 'Another Wasted Night', where chopped-up carrots appear to be the raw material of choice in several scenes of abjection produced by likeadrink.tv.

More seriously, while the user videos focus on the fun and pleasure of mishaps while drinking (both for spectators and participants) few of the media campaigns acknowledge the very real pleasures and benefits of drinking—physiological and social, as well as culturally endorsed—which motivate young drinkers (Lindsay 2005; Farrington et al 2000; de Crespigny et al 2000; Zinkiewicz et al 1999; Kuntsche et al 2005). Nor do they offer alternative, pleasurable behaviours and activities. And with the exception of the Redsuit designed Queensland Health's Young Women and Alcohol Campaign (2004-2007), they do not offer social strategies or self-efficacy for resisting peer pressure to drink. Nor do they acknowledge that 'pleasure plays a role in both ordinary and problematic drinking' and might therefore be used to 'encourage healthy drinking' (Peele 1999).

Work on the neuroethology of pleasure shows that the biochemical pathways for hedonic pleasures of the senses are equally matched by more abstract pleasures including 'the allure of risk and the pleasures of social interaction'. (Watson et al 2010: 87) This suggests that media campaigns which acknowledge the sensual and social pleasures of drinking are more likely to find a receptive audience, and to be accepted as realistic (Green et al 2006). Nor do prevention campaigns acknowledge the powerful identity-forming role of consumption practices and their cultural underpinnings (Lupton 1994). Taken together, this pleasure armoury could be seen as a formidable enemy—or ally. By failing to draw on the advertising industry's premise of 'selling happiness' (to quote Don Draper in *Mad Men*,



2009), social marketing media campaigns have failed to make use of potentially its most powerful tool: the representation of pleasure through alternative, healthful activities.

By focusing on the prevention model, fear campaigns also overlook the potential for empowering population groups through ‘facilitating individual and community choices...with value clarification and decision-making practice’ (Airhihenbuwa 1994). As Randolph argues, ‘Campaign planners need to help build the supportive environments that allow communities for action’ (2004: 11). Instead, negative fear campaigns merely reinforce the belief that unsupportive, risky environments are the norm.

The paper concludes that existing approaches are not based on a full ‘assessment of the information environment’, particularly social media, and as a result are doomed in their efforts to influence it (Randolph et al 2004, 11 of 17). Given the mirroring of media campaign images in parodic and comic YouTube videos, together with the expensive alcohol advertising campaigns and the well-documented resistance if not hostility to media campaigns generally by young people (Gavin 2001), campaigns which acknowledge the power of pleasure as a motivation for drinking and the option for alternative pleasurable activities might be more successful. By continuing to view pleasure as a problem rather than a solution (O’Connor et al 2000; Coveney and Bunton 2003; Whitehead 2005; Philpott et al 2006; Beasley 2008), health promotion campaigns will continue to meet with limited success.

#### References

#### References

Airhihenbuwa, C.O., 1994. Health Promotion and the Discourse of Culture: Implications for empowerment. *Health Education Behaviour* 21:3, 345-353.

Beasley, C. 2008 The Challenge of Pleasure: Re-imagining Sexuality and Sexual Health. *Health Sociology Review* 17:2, 151-163.

Cavill, N. and Bauman, A. 2003. Changing the way People Think About Health-Enhancing Physical Activity: Do Mass Media Campaigns have a Role? *Journal of Sports Sciences* 2004: 22, 771-790.

Coveney, J and Bunton, R., 2003. In Pursuit of the Study of Pleasure: Implications for Health Research and Practice. *Health (London)* 7:2, 161-179.

de Crespigny, C., Vincent, N., Ask, A. 1999. Young Women’s Social Drinking in Context—pub style: A Study of Decision Making and Social Drinking of young Women in Urban South Australia. *Contemporary Drug Problems* 26: 3, 439-456.

Farrington, F., McBride, N., Midford, R., 2000. The Fine Line: Students’ Perceptions of Drinking, Having Fun and Losing Control. *Youth Studies Australia* 19:3, 32-38.

Gavin, J. 2001. Television Teen Drama and HIV/AIDS: The Role of Genre in Audience Understandings of Safe Sex. *Continuum: Journal of Media and Cultural Studies*, 15:1, 77-96.

Green, E.C., and Witte, K. 2006. Can Fear Arousal in Public Health Campaigns Contribute to the Decline in HIV Prevalance? *Journal of Health Communication* 11, 244-259.

Kuntsche, E., Knibbe, R., Gmel, G., Engels, R. 2005. Why Do Young People Drink? A Review of Drinking Motives. *Clinical Psychology Review* 25: 841-861.

Lindsay, J. 2005. *Drinking in Melbourne Pubs and Clubs: A Study of Alcohol Consumption Contexts*. Clayton: Monash University.

Lupton, D. 1994. Consumerism, Commodity Culture and Health Promotion. *Health Promotion International* 9:2, 111-118.

O'Connor, B., and Klaus, E. 2000. Pleasure and Meaningful Discourse: An Overview of Research Issues. *International Journal of Cultural Studies* 3:3, 369-387.

Peele, S., 1999. Introduction to *Alcohol and Pleasure: A Health Perspective*. Philadelphia: Brunner/Mazel, 1-7.

Philpott, A., Knerr, W., and Boydell, V. 2006. Pleasure and Prevention: When Good Sex is Safer Sex. *Reproductive Health Matters* 14: 28, 23-31.

Randolph, W., and Viswanath, K., 2004. Lessons Learned from Public Health Mass Media Campaigns: Marketing Health in a Crowded Media World. *Annual Review of Public Health* 25, 419-437.

Watson, K., Shepherd, S., and Platt, M. 2010. The Neuroethology of Pleasure. In Kringelbach, M.L., and Berridge, K.C., (eds) *Pleasures of the Brain*, New York: Oxford University Press, 85-95.

Whitehead, D. 2005. In Pursuit of Pleasure: Health Education as a Means of Facilitating the 'Health Journey' of Young People. *Health Education* 105:3 213-227

Witte, K., and Allen, D. 2000. A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Campaigns. *Health Education and Behaviour* 27:5, 591-615.

Zinkiewicz, L., Davey, J., and Curd, D. 1999. Sin Beyond Surfers? Young People's Risky Behaviour During Schoolies Week in Three Queensland Regions. *Drug and Alcohol Review* 18: 279-285.

## **Reclaim “Social”: How Technology and Participation Can Improve Social and Behaviour Change Communications**

*Nicholas Goodwin*<sup>13</sup>

University of Sydney

---

<sup>13</sup> Nicholas Goodwin is a researcher and PhD candidate in the Department of Media and Communications at the University of Sydney. Nick has over a decade of experience working in behaviour and social change, innovation and community development with success in government, private sector, university, NGO and UN organisations. Nicholas has worked at local and national levels throughout the Asia Pacific region Africa and Australia. He has advanced management and public policy qualifications, expert language skills and cultural competencies. Nicholas is active in the international community, through leadership, professional and volunteer programs.

The rise of a generation of new technologies and services, known as “social media”, provides considerable challenges and opportunities for practitioners and analysts of social marketing. In parallel with this rise, theory and practice has tended to concentrate on the marketing side of social marketing, leaving social relatively untouched. Some point to an existential threat from new technologies, which appear to overwhelm traditional communications. This paper seeks to re-examine and reclaim the “social” side of social marketing, offering the prospect of improved effectiveness for our work.

Frustration with traditional approaches to behaviour change and community development, including poor targeting and limited success has driven social change leaders – governments, academics, practitioners and opinion leaders – to turn to new approaches (Duhaime, McTavish et al., 1985). In this context, social marketing has enjoyed a significant expansion in its application in rich countries, including Australia and North America on issues such as alcohol use, smoking, littering, heart disease, recycling and elections. Marketing is a “social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging products and value with others” (Kotler, Roberto et al. 2002). Since 1952, when G. D. Wiebe asked the question, “Why can’t you sell brotherhood...like you sell soap?”, social marketers have attempted to answer it by developing and testing marketing models and applying them to social issues.

Success with social marketing in rich countries gave rise to questions about its applicability in other countries in the hope that it could hold the key to major advances on complex issues relating to poverty, injustice and disadvantage. Since 1965, when a report to India’s Central Family Planning Board recommended how existing marketing resources of the private sector could be marshalled behind family planning drives, poor and emerging countries have applied social marketing to micro-credit, infectious disease, climate change, human rights, education and access to technology (Chandy, Balakrishman et al., 1965).

While much of the debate centered on the applicability of marketing models to social and behavior change, the concept of “social” was left largely untouched. Social has meant two things – a population and its problem. Many qualitative and quantitative methods and models see “target populations” and their behaviours largely as a homogeneous object of research and intervention. This one dimensional approach means that public interventions do not engage with dynamics that the target populations themselves experience, including the social dynamics that influence behaviours (Measham and Brain 2006). Some analysis suggests that social and behaviour change policies and interventions have been significantly limited by the ways in which “the problem”, eg. alcohol misuse or HIV/AIDS, has been conceptualised and addressed (Moore and Rhodes, 2004).

The rapid emergence and dominance of technologies and services that are referred to collectively as social media has captured the public attention. The numbers are staggering, with Facebook amassing over 845 million active users since its inception in 2004 (Protalinski, 2012). Twitter has over 300 million users, generating over 300 million short messages (tweets) and handling over 1.6 billion search queries per day (Taylor, 2011). In the twenty years from 1990 to 2011, global mobile phone subscriptions grew from 12.4 million to over 5.6 billion (Market Watch, 2011). However, there is much that is not new in the behaviours that these technologies enable. In many respects, they enable people to do what they have always wanted to do, but not had the opportunity to do so.

Capturing the impact of these developments, the following are four elements grouped together to redefine the “social” side of social marketing:

**Collaboration:** the ease of access to people all over the world at any time of the day means breaking down barriers and many more opportunities to connect. New tools and new ways of sharing are making progress toward shared solutions easier and more frequent. Technology enables collaboration but human need drives it.

**Co-creation:** people are demonstrating that they want to be partners not consumers in the social and behaviour change. Whether it is controversies over vaccines or same sex marriage, people are not content with a one way feed of information. They want to participate in the process of communicating and shaping change.

**Community:** how people feel about the groups of which they are a part is a an unexplored area of social marketing. However, there is evidence from the field and other disciplines, such as community psychology, that how a person feels about their community has an impact on the propensity toward behavior change. Social network analysis explores how the structure of linkages (or ties or relationships) between individuals in groups influences diffusion processes (Axsen, 2010).

**Concern:** previously known as the “problem”, this has been renamed the “concern” to reflect the empirical and social nature of its qualities. The empirical impact of a behaviour, eg. alcohol misuse and violence, can be measured and tracked. The social nature, eg. how popular a cause is, helps to predict the public and political appetites for an intervention to address it.

The four elements defined above combine to encompass an enlarged and improved concept of the “social”. These recognize formally the impact of new technologies, including the profound change in the ways information is produced and shared. These elements also recognize the foundations of social in human behaviours, especially those informed by psychology and sociology. By harnessing the promise of new technologies, whilst understanding the human drivers of their use, practitioners and analysts of social marketing will have more opportunities to improve their work.

## References

- Chandy, K. T., T. R. Balakrishnan, et al. (1965). "Proposals for Family Planning Promotion: A Marketing Plan." *Studies in Family Planning* 1(6): 7-12.
- Duhaime, C. P., R. McTavish, et al. (1985). "Social Marketing: An Approach to Third-World Development." *Journal of Macromarketing* 5(1): 3-13.
- Kotler, P., N. Roberto, et al. (2002). *Social marketing : improving the quality of life*. Thousand Oaks, Calif., Sage Publications.
- Wiebe, G. D. (1951). "Merchandising Commodities and Citizenship on Television." *The Public Opinion Quarterly* 15(4): 679-691.

# Childhood Obesity: A European Cross-Geographical Analysis of Individual Factors Influencing Diet Quality & Obesity

*Wencke Gwozdz<sup>14</sup>, Lucia A. Reisch, Stefaan DeHenauw\*, Lauren Lissner\*\*, Luis A. Moreno\*\*\*, Valeria Pala\*\*\*\*, Michael Tornaritis\*\*\*\*\*, Denes Molnar\*\*\*\*\*, Alfonso Siani\*\*\*\*\*, Toomas Veidebaum\*\*\*\*\*, Iris Pigeot\*\*\*\*\* – on behalf of the IDEFICS Consortium*

Department of Intercultural Communication and Management, Centre for Social Responsibility, Copenhagen Business School, Frederiksberg, Denmark

Department of Public Health, Faculty of Medicine and Health Sciences, University Hospital, Ghent University, Ghent, Belgium\*

Department of Public Health and Community Medicine, Public Health Epidemiology Unit, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden\*\*

Growth, Exercise, Nutrition and Development Research Group, University of Zaragoza, Zaragoza, Spain\*\*\*

Instituto Nazionale dei Tumori, Milano, Italy\*\*\*\*

Research and Education Institute of Child Health, Strovolos, Cyprus\*\*\*\*\*

Department of Paediatrics, Medical Faculty, University of Pécs, Pécs, Hungary\*\*\*\*\*

Institute of Food Sciences National Research Council, Italy\*\*\*\*\*

National Institute for Health Development, Tallinn, Estonia\*\*\*\*\*

Institute for Epidemiology and Prevention Research (BIPS), Bremen, Germany\*\*\*\*\*

Faculty 03 Mathematics and Computer Science, University of Bremen, Bremen, Germany\*\*\*\*\*

---

<sup>14</sup> Wencke Gwozdz is an Assistant Professor at the Department of Intercultural Communication and Management (ICM) at Copenhagen Business School. She holds a doctorate degree in economics and social sciences from the University of Hohenheim, Stuttgart (Germany). Her main research focus is on sustainable development in general and sustainable consumption in particular. One of her major topics is consumers' health behaviour and how to nudge consumers into healthier lifestyles. Here, one focus is put on children and how to halt the rising prevalence of obesity. Sustainability is also the core of a current research project on sustainable fashion consumption aiming at nudging consumers towards sustainable consumption choices. Another area of research within (un-)sustainable consumer behaviour is compulsive buying and consumer indebtedness. The aim is to investigate the prevalence and development of shopping addiction in Denmark and compare it to other European countries.

## **Introduction**

While childhood obesity has become a social and economic problem worldwide, prevention and intervention programs to promote more healthful diets and lifestyles are seldom successful in the long term (reference needed). In general, this lack of sustainable impact seems also be true for interventions that build on social marketing campaigns. However, research and evaluation studies also show that social marketing interventions do have the potential to influence nutritional knowledge and behavior in a positive way (Gordon et al. 2006). One reason suggested explaining this confusion is the apparent lack of interdisciplinary intervention programs that integrate natural and behavioral research (Grier and Moore 2011).

To shed light on the interconnectedness of influencing factors, the present study adopts an integrative perspective by simultaneously considering several individual factors that influence children's diet and exploring their associations with health outcomes. To do so, we draw on the IDEFICS data set, which covers over 16,000 children aged 2-9 years in eight European countries. In terms of diet, we focus on diet quality rather than solely on energy intake. Our contribution is therefore threefold: First, this study is, to our knowledge, the first cross-geographic European study on this topic that encompasses children in eight countries. Second, based on a human ecological approach (Story et al. 2008), we can draw on a rich data set containing elaborate information on diets, lifestyles, and lagged weight outcomes that allows us to investigate relations between factors. Third, we combine the factors analyzed with data derived from different research fields to produce a more integrative view. The knowledge on the relative importance of influencing factors gained might help to inform social marketing practice and theory

## **Factors of Diet and Obesity**

Several authors (e.g., Grier and Moore 2011; Procter 2007; Reilly 2007) have provided thorough reviews of the broad body of research that seeks to explain childhood obesity. Other investigators have combined and systematized the numerous complex factors affecting health behavior and obesity by condensing the various findings of prior studies into hierarchical human ecological models (e.g., Darnton 2009; Story, Neumark-Sztainer, and French 2002; Story et al. 2008). Based on this human ecological model as theoretical base, we focus on the individual level and here on the key influencing factors described in the literature.

The “bottom line” for overweight and obesity is an energy imbalance between dietary intake and physical activity, which over a protracted time span, even when small, can result in overweight or obesity. In this study, we focus on diet quality, including meal frequencies; diet composition and variety; fast food, snack, and beverage consumption; and family food control (Rodríguez et al. 2011). Beyond environmental factors, diets are influenced by individual factors, including biological factors (e.g., sensory preferences influenced by breastfeeding, smoking during pregnancy, and parental BMI), social-psychological factors (e.g., emotional well-being, self-esteem, and stress resistance), and lifestyle factors (e.g., food exposure and media use). Not only do all these factors work together to influence dietary choices—meaning that they are all potential drivers of overweight and obesity (Reisch et al. 2011)—but they also co-determine receptiveness to intervention activities (EUFIC 2005).

## **Data & Methodology**

The data used for our analyses were obtained in the context of the IDEFICS study, a prospective cohort study that began with a baseline survey in 2007/2008 and continued with a follow-up survey two years later (Ahrens et al. 2011). One unique feature of the IDEFICS study is that it employs a large number of objective measurements and supplements the questionnaire data with a large amount of laboratory data.

Structural equation modeling (SEM) allows complex theoretical structures (Mackenzie 2001). We therefore take advantage of this method to model the biological, social-psychological, and lifestyle factors associated with individual obesity and overweight.

First, we estimate the effects of the biological, social-psychological, and lifestyle factors on children's diet. In a second step, we estimate an extended model based on the theoretical assumptions that (a) individual factors explain diet and (b) diet as a proxy of health behavior is related to children's future weight status.

### **Main Findings & Discussion**

Our primary findings are the associations between diet quality and (a) biological factors (breastfeeding); (b) social-psychological factors (emotional well-being, self-esteem, and personality); and (c) lifestyle factors (leisure time activities, sedentary behavior, and food exposure). We find particularly that sedentary behavior and food exposure at home have the strongest effects on children's diet: children who are more exposed to convenience food have an unhealthier diet, whereas children exposed to healthier food have a healthier diet. This observation holds true independent of socioeconomic status, geographic region, sex, and age, implying that the handling and choice of food at home—its availability and access—may gently but sustainably “nudge” children into either healthful or unhealthful diets (Thaler and Sunstein 2008). These learned patterns can then develop into habits that are carried through adolescence into adulthood.

One expected outcome of a healthy lifestyle is a healthy weight status. Hence, at first glance, the seemingly nonexistent association between healthy eating and weight status is surprising. Nevertheless, it is in line with claims in the literature that a general diet quality index might be too generic. We therefore carried out further analyses using subindices. These results do indeed suggest that healthful food consumption decreases future weight.

Our findings on food exposure and healthful food consumption do seem to provide positive support for both social marketing and nudging strategies, such as smart choice architectures for food environments that promote healthy eating, in particular “smart canteens” (Drummond and Shepard 2011). Likewise, the opposite effects of leisure time activity and sedentary behavior imply the wisdom of enhancing nonobesogenic environments by offering playgrounds, biking lanes, safe recreation areas, and sports facilities to promote increased leisure time activity. Thus, our study provides more evidence of children's dependency on the stimuli and contexts provided by their socialization environment.

Our findings also suggest several important avenues for further study. In terms of the association between children's diet quality and weight status, future research might extend our findings by identifying additional individual factors that influence dietary behavior and providing suggestions for corresponding intervention and social marketing strategies. Further investigation is also needed to explain the complex relation between diet, physical activity, and weight status.

Finally, this study has shown once more the added value that comparative multicountry approaches have for consumer research. Such studies can reveal the effects of contextual factors that influence the health status of children. Often, a single intervention strategy (e.g., nudging) is not sufficient to induce a sustainable change in behavior (French 2011). As can be learned from the Swedish sample, it is rather the combined efforts through the presence of obligatory healthy school lunches based on the latest dietary guidelines, a strict regulation of advertising to children, and social marketing activities might be decisive in the relatively healthy weight status of Swedish children. Hence, more multivariate research is needed to understand the complex interdependencies between the individual and larger societal and cultural factors.



## References

- Ahrens, W., Bammann, K., Buchecker, K., De Henauw, S., Iacoviello, L., Hebestreit, A., Krogh, V., Marild, S., Molnar, D., Moreno, L. A., Pitsiladis, Y., Reisch, L. A., Siani, A., Tornaritis, M., Veidebaum, T., Pigeot, I. 2011. The IDEFICS Study: Design, participation, participation in the baseline survey. *International Journal of Obesity*, 35 (S1), S3–S15.
- Darnton, A. 2009. The determinants of obesity. London, UK: British Department of Health. (Unpublished Manuscript).
- Drummond, C., Sheppard, L. 2011. Examining primary and secondary school canteens and their place within the school system: A South Australian study. *Health Education Research*, 26, 739-749.
- European Food Information Council [EUFIC] 2005. The determinants of food choice. EUFIC Review no. 8/2005.
- French, J. 2011. Why nudging is not enough. *Journal of Social Marketing*, 1 (2), 154-162.
- Gordon, R., McDermott, L., Stead, M., & Angus, K. 2006. The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*, 120(12), 1133-1139.
- Grier, S. A., Moore, E. S. 2011. Tackling the childhood obesity epidemic: An opportunity for transformative consumer research. In David Glen Mick, Simone Pettigrew, Cornelia Pechmann, and Julie L. Ozanne, (Eds.), *Transformative consumer research for personal and collective well-being* (pp. 303-331). New York: Routledge Academic.
- Mackenzie, S. B. 2001. Opportunities for improving consumer research through latent variable structural equation modeling. *Journal of Consumer Research*, 28, 159-166.
- Procter, K. L. 2007. The aetiology of childhood obesity: a review. *Nutrition Research Reviews*, 20 (1), 29-45.
- Reilly, J. J. 2007. Childhood obesity: An overview. *Children & Society*, 21, 390–396.
- Reisch, L. A., Gwozdz, W., Beckmann, S. 2011. Consumer behavior in childhood obesity research and policy. In Luis A. Moreno, Iris Pigeot, and Wolfgang Ahrens, (Eds.), *Epidemiology of obesity in children and adolescents* (pp. 431–454). New York: Springer.
- Rodríguez, G., Sjöberg, A., Lissner, L., Moreno, L. A. 2011. Food patterns and nutrient intake in relation to childhood obesity. In Luis A. Moreno, Iris Pigeot, and Wolfgang Ahrens, (Eds.), *Epidemiology of obesity in children and adolescents* (pp. 329-346). New York: Springer.
- Story, M., Kaphingst, K. M., Robinson-O'Brien, R., Glanz, K. 2008. Creating healthy food and eating environments: Policy and environmental approaches. *Annual Review of Public Health*, 29, 253–272.

Story, M., Neumark-Sztainer, D., French, S. 2002. Individual and environmental influences on adolescent eating behaviors. *Journal of the American Dietetic Association*, 102 (S1), S40–S51.

Thaler, R. H., Sunstein, C. R. 2008. *Nudge – Improving decisions about health, wealth, and happiness*. New Haven, CT: Yale University Press.

## Motivations, Control and Barriers for Sustainable Living in CALD Households: Preliminary Findings

*Anne-Marie Hede*<sup>15</sup>

Victoria University  
Melbourne  
Australia

### Acknowledgements

This project was funded by the Victorian Government Sustainability Fund, and led by Maribyrnong City Council (MCC). Thanks to Dr Judith Mair, Monash University, for her early involvement in the project.

---

<sup>15</sup> Associate Professor Anne-Marie Hede is Associate Dean of Research and Research Training in the Faculty of Business and Law at Victoria University, Melbourne. Her area of expertise is in marketing and her particular focus has been on consumer behaviour and managerial strategies in relation to this aspect of marketing. In recent years she has focused her work on experiential and symbolic consumption. Recent publications include those in the *Journal of Marketing Management*, the *European Journal of Marketing* and the *Journal of Travel and Tourism Marketing*. She is Co-editor of the *Journal of Tourism, Culture and Communication* and is a regular reviewer for the *European Journal of Marketing*, *Journal of Marketing Management* and *Tourism Management*. This is the first piece of research she has undertaken on social marketing. Findings of this research have been well-received by local and state government authorities in Melbourne.

## **Introduction and Background**

This paper reports on the preliminary findings of research that focused on exploring the motivations and barriers culturally and linguistically diverse (CALD) community members in Australia have when it comes to adopting sustainable energy and water saving practices. The research also focused on exploring how these barriers can be overcome. The rationale for this research was gain information to assist to develop social marketing strategies that respond to the specific needs of CALD communities with regard to energy and water consumption, which would include strategies both directed at policy- and decision-makers (upstream social marketing) and at individuals (downstream social marketing) (Andreasen, 2002; Gordon, McDermott, Stead, & Angusa, 2006).

## **Theoretical Framework**

The central components of the theory of planned behaviour (Ajzen, 1991) is that intention, or a state of the readiness to perform a specific behaviour, precedes behaviour, and that 1) attitude 2) subjective norms and 3) perceived behavioural control (PBC) are the three cognitive mechanisms that mediate the effects of other factors on the formation of intentions. PBC is of particular interest to this study because control is related to power (Rucker, Galinsky, & Dubois, 2011), with levels of power related to modality of human relations (communal/agentive) (Rucker, et al., 2011); goal focus (concrete/abstract) (Abele, Cuddy, Yzerbyt, & Judd, 2008); creativity (low/high) (Hirschman, 1980); level of abstraction in thinking (low/high) (Trope & Liberman, 2010), and psychological distance (low/high) (Trope & Liberman, 2010).

Following on from these ideas about the influence of power on behavior, the theoretical foundations for this paper enable us to propose that that control of resources will have an impact on the degree to which CALD community members can implement sustainable behaviors in their homes. Hence, the research question guiding this study was: how do members of CALD community implement sustainable behaviors in their homes and how can strategies be developed that enable to this effectively?

## **Method**

This research was delimited to one municipality in Melbourne, which has a high proportion of CALD communities as residents. The focus was on the Vietnamese and Sudanese communities in this municipality, which are its largest and fastest growing CALD communities respectively. Data were via eight focus groups (four with the Vietnamese community members and four with the Sudanese community members), with between five and 10 participants. Standard protocols were used to guide the focus groups, and a photo-elicitation technique (Harper, 2002) was used to encourage discussion on both concrete and abstract concepts related to sustainability. An experienced researcher, assisted by a qualified translator, facilitated the focus groups. The facilitator provided summary statements of the discussions on an incremental basis to ensure the discussions were interpreted correctly. The focus groups were recorded and transcribed for later analysis, using a thematic approach (Speggle, 1994).

## **Findings: Motivations and Barriers**

**Awareness and motivations.** The Vietnamese community members appeared in the study to more aware of the notions of sustainability in a western context than their Sudanese counterparts - a finding that is intuitively appealing given the time that this community has been living in Australia. They also gave accounts of their own sustainable contributions through the use of low wattage lighting, water tanks, solar panels and composting. Focus

group participants from the Sudanese community adopted a range of activities, including harvesting water with handheld vessels, using energy-efficient lighting and recycling, but were less likely to do so because of the limited infrastructure in their homes. Participants in the study from the Vietnamese community indicated that were well aware of numerous ways to implement sustainable practices in their homes to save energy and water, but they also indicated that while they are willing to harvest their household water, they are also 'price conscious' when it came to the purchase of infrastructure.

The Sudanese community members in our study appeared to be less aware of the schemes that were available in relation to sustainability than their Vietnamese counterparts. While the Vietnamese community members were markedly more aware of the schemes than their Sudanese counterparts, which could be explained by the fact that many more Vietnamese community members own their own homes rather than rent them as most Sudanese community members do. As a result, the Sudanese community members in our study appeared to be more dependent on schemes that were not only subsidized by the State or local governments but were also implemented by these instrumentalities, such a light bulb schemes.

**Structural constraints.** While many of the Vietnamese and Sudanese community members shared a desire to adopt sustainable practices to save water and energy, those living in high or low-rise public housing, however, spoke of the structural constraints they faced in trying to do this. They highlighted that in high or low-rise public housing there are no options for recycling, composting had been stopped due to health concerns, and there were often long waiting periods for gaining a plot in a community garden. Another major structural constraint raised by focus group members was shared billing. Some focus group participants commented that as individuals they tried to reduce energy consumption, and therefore cut costs, but because bills were aggregated across several units (and not everybody made efforts to save energy), there was often no cost reductions and therefore no great incentive to change their habits.

### **Conclusions, Managerial Implications and Further Research**

This research suggests that because many householders in CALD communities often have limited control of the necessary infrastructure and processes around water and energy consumption in their homes because the State and/or private landlords control related supply and development of them. The study suggests that there are still opportunities for further improving sustainable practices in the CALD community members' homes. Specifically, social marketing strategies should be focused upstream, as well as downstream, to ensure that policy- and decision-makers are working towards making the structural changes in infrastructure and processes to enhance the opportunities for members of CALD communities to engage in sustainable behaviors in relation to energy and water consumption.

## References

- Abele, A. E., Cuddy, A. J. C., Yzerbyt, V. Y., & Judd, C. M. (2008). Fundamental dimensions of social judgment. *European Journal of Social Psychology*, 38(7), 1063–1065.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179–211.
- Andreasen, A. R. (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy & Marketing*, Spring(Vol. 21), Issue 1.
- Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*, 120(12), 1133–1139.
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1), 13-26.
- Hirschman, E. C. (1980). Innovativeness, novelty seeking, and consumer creativity *Journal of Consumer Research*, 7(3 (Dec., 1980)), 283-295.
- Rucker, D. D., Galinsky, A. D., & Dubois, D. (2011). Power and consumer behavior: How power shapes who and what consumers value. *Journal of Consumer Psychology*, *In press*.
- Speggle, S. (1994). Analysis and interpretation of qualitative data in consumer research. *Journal of Consumer Behaviour*, 21(4), 491-503.
- Trope, Y., & Liberman, N. (2010). Construal-level theory of psychological distance. *Psychological Review*, 117(2), 440–463.

## **Banning the Sale of Bottled Water: Choice Editing in Action**

*Dr. Joanna Henryks<sup>16</sup> & Dr Bethaney Turner*

Sustainability Development and Food Security Research Cluster  
Faculty of Arts and Design  
University of Canberra  
Australia

Email: [Joanna.henryks@canberra.edu.au](mailto:Joanna.henryks@canberra.edu.au)

Email: [Bethaney.turner@canberra.edu.au](mailto:Bethaney.turner@canberra.edu.au)

---

<sup>16</sup> Joanna Henryks is Assistant Professor of Advertising and Marketing Communications and a member of the Sustainability Development and Food Security Research Cluster at the University of Canberra. Joanna's research interests focus on food, specifically how it relates to transformative consumer behaviour. Her current research into food includes: organic food; farmers' markets; agricultural shows and local food.

## **Introduction**

The global bottled water industry is growing fast valued at just under USD 80 million and is estimated to grow 25% in the next few years (Datamonitor 2010). Bottled water is a challenge to sustainable consumption because it costs the environment in several ways. In terms of production, it takes 3 litres of water to make a 1 litre plastic bottle (Pacific Institute 2006) and the use of crude-oil derived PET plastic means that “each bottle carries an ecological footprint equivalent to filling it a quarter full with oil” (Cormier 2008, 415). From the waste perspective, many empty bottles end up in land fill adding to the product’s economic and environmental costs. Given the environmental costs of a product that is increasing in popularity, there are several social marketing approaches that could be taken to try and reduce this growth and alter consumption patterns.

To address this issue, the University of Canberra (UC), Australia banned the sale of bottled on World Water Day 22<sup>nd</sup> March 2011. This ban aimed to save the estimated 50,000-60,000 water bottles that were sold on campus annually (Thomson, 2010). This is not a first for the Australian marketplace. Bundanoon, in the Southern Highlands of New South Wales, became the first town in Australia to ban bottled water in 2009 (Cubby 2009). Choice editing has been defined by the Sustainable Development Commission as ‘cutting out unnecessarily damaging products and getting real sustainable choices on the shelves’ (SDC 2006, 2). This is in effect the route taken by UC. Better yet tap water, the sustainable alternative, is freely and readily available.

The banned bottled water was replaced by other options such as water bubblers and chilled water refill stations located around the Campus. Other options include the sale of refillable stainless steel water containers and, from 2012, the free provision of flat pack refillable water bottles to new students. At a time when public drinking fountains were disappearing, this move can be seen as not only motivated by environmental concerns, but an attempt to reposition water as a public good not just a commodity (Wilk 2006). Bottled water marketing has been particularly successful in associating the product with leisure and convenience (Hawkins 2011). Through the use of the social marketing strategy of choice editing and stakeholder involvement, UC has successfully demonstrated that these qualities can be maintained without a single-use, environmentally costly package.

Two main perspectives exist on the role of policy and/or law in social marketing. Rothschild (1999) views this to be separate to social marketing (but complementary) whereas Donovan and Henley argue that attempts to achieve a legislative context (2010:13) are part of the social marketing effort. In this study, we take the latter view. The efforts to ban bottled water are part of an overall effort by the University of Canberra to not only influence behaviour on campus but also potentially impact on the wider environment, including being leaders in issues of sustainability. To this end, a set of guidelines is being developed by UC in consultation with the not-for-profit organisation Do Something to facilitate the banning of bottled water at other institutions.

## **Promoting the Bottled Water Ban**

This bottle water ban was supported with an on campus advertising campaign and information. Advertising and promotional campaigns explaining the ban were also developed by UC students. Due to the lead time to the launch of the banning bottle water campaign, their work was not used; however, the process promoted the campaign amongst students and thus word of mouth as a form of marketing communication was engaged. A blanket ban raised concerns amongst health educators and some sectors of the student body. The UC



Sustainability Planner, Beth Mitchell, raised the point that there was a fear of increased consumption of high sugar drinks if people chose not to drink from bubblers or refill their bottles (personal communication November 3, 2011, Thomson 2010). Although this concern seems legitimate, it has not, to date, been substantiated in the academic literature. Critics also raise the issue of the safety of tap water given it travels large distances in pipes that are open to potential sources of contamination. This was the case in a New York hospital which needed to provide patients with bottled water for drinking and teeth cleaning after two patients died of Legionnaires' disease caused by contaminated water (Huang and Logomasini 2009). There have also been concerns over the presence of BPA (Bisphenol A) in the plastic water bottles (Hawkins 2011). Increasingly, the key bottled water marketing strategies which have centred on claims of safety, purity and naturalness are being questioned (Hawkins 2011; Clarke 2008; Cormier 2008). The latter concern is beyond the scope of this paper however, the former concern is addressed through an analysis of sales data from the largest of the three major retail outlets on campus.

### **Method**

Sales data of cold drinks sold at the five University of Canberra Union (UCU) outlets was analysed for two, five month periods. The first period was April to August 2010 prior to the implementation of the ban and the second a five month period was April to August in 2011 post implementation of the ban. The data has been converted to percentages due to confidentiality.

### **Results**

Interestingly, although there was an overall increase in sales of drinks at these outlets (3%) most drink categories exhibited a decrease in sales. There were only three exceptions: Sparkling Water (1826%); Ice Tea (2%); and Powerade (54%). It is possible that Sparkling Water has replaced the sale of bottled water. Although sales of Powerade and Iced Tea have also increased – these are small compared to Sparkling Water. This would certainly allay the fears of those concerned with a possible move to consumption of high sugar drinks high but does also suggest that people are potentially not altering consumer behaviour to the more 'environmentally friendly' version of refillable bottles.

The limitation of this brief paper is that at the time of analysis, data from the chilled water vending machines on campus (refill stations) was not available. Further, data from the remaining three commercial outlets was not available due to commercial concerns. It would also be appropriate to add the sale of water through chilled vending machines and also the freely available water bubblers. This would provide a holistic picture of the impact of the ban. Finally, the five month period of analysis was based on available data and may not be entirely reflective of a longer time period.

In the case of banning bottled water at UC, choice editing does not appear to have led to higher consumption of sugar based drinks. Based on two five month data sets (pre and post the bottle water ban) sparkling water is the main beverage to have benefited from the ban. Although this may in some ways defeat the purpose of the ban, moving consumers to environmentally friendly tap water, it does alleviate health concerns about resulting higher consumption of high sugar drinks.

## References

- Datamonitor. 2010. Bottled Water: Global Industry Guide 2010. Retrieved from [http://www.datamonitor.com/store/Product/bottled\\_water\\_global\\_industry\\_guide\\_2010?productid=4FC1557E-937D-4783-8325-4B95025BAB19](http://www.datamonitor.com/store/Product/bottled_water_global_industry_guide_2010?productid=4FC1557E-937D-4783-8325-4B95025BAB19) Accessed 7<sup>th</sup> February 2012.
- Clarke, T. 2008. Inside the bottle: Exposing the bottled water industry. Ottawa. Canadian Centre for Policy Alternatives.
- Cormier, Z. 2008. September. Message in a bottle. *New Internationalist*, 415.
- Cubby, B. 2009. July 8. Bundy Votes on Bottled Water Ban. *Sydney Morning Herald*. Retrieved from <http://www.smh.com.au/environment/water-issues/bundy-votes-on-bottled-water-ban-20090707-dbv.html> Accessed 7<sup>th</sup> February 2012
- Donovan, R., and Henley, N. 2010. *Principles and Practice of Social Marketing*. Cambridge: Cambridge University Press.
- Hawkins, G. 2011. Packaging water: plastic bottles as market and public devices, *Economy and Society*, 40:4, 534-552.
- Huang, C. And Logomasini, A. 2009. Bottled Water Bans. *University Business* 1st June, 54
- Pacific Institute. 2006. Bottled Water and Energy. Retrieved from [http://www.pacinst.org/topics/water\\_and\\_sustainability/bottled\\_water/bottled\\_water\\_and\\_ene rgy.html](http://www.pacinst.org/topics/water_and_sustainability/bottled_water/bottled_water_and_energy.html) Accessed 7<sup>th</sup> February 2012.
- Rothschild, M.L. 1999. Carrots, Sticks and Promises: A conceptual framework for the management of public health and social issue behaviours, *Journal of Marketing*, 63:4, 24-37.
- Sustainable Development Commission. 2006. [Looking Back, Looking Forward: Lessons in Choice Editing for Sustainability](http://www.sd-commission.org.uk/data/files/publications/Looking_back_SCR.pdf). Retrieved from [http://www.sd-commission.org.uk/data/files/publications/Looking\\_back\\_SCR.pdf](http://www.sd-commission.org.uk/data/files/publications/Looking_back_SCR.pdf). Accessed 7<sup>th</sup> February 2012.
- Thomson, P. 2010, October 28, Uni Weighs bottled water ban. *Canberra Times*. Retrieved from <http://www.canberratimes.com.au/news/local/news/general/uni-weighs-bottled-water-ban/1981601.aspx> Accessed 13<sup>th</sup> February, 2012.
- Wilk, R. 2006. Bottled Water: The pure commodity in the age of branding. *Journal of Consumer Culture* 6 (3), 303-325.

## The Paradox of Choice: Developing Smokefree Messages for Young Adult Smokers

*Janet Hoek<sup>17</sup> and Ninya Maubach*  
*ASPIRE2025 Collaboration*

Department of Marketing  
University of Otago  
Dunedin  
New Zealand  
Email: [janet.hoek@otago.ac.nz](mailto:janet.hoek@otago.ac.nz)  
Email: [ninya.maubach@otago.ac.nz](mailto:ninya.maubach@otago.ac.nz)

---

<sup>17</sup> Janet Hoek is a Professor of Marketing at the University of Otago, New Zealand. Her work focuses on marketing and public policy and she is interested in testing evidence for up-stream tobacco control interventions. She is a member of the NZFSA Academy, the FSANZ social science expert advisory group, and the Australian Government's expert advisory group on plain packaging. She has been an expert advisor to the NZ government's select committee enquiry hearings into tobacco control and regulation of food marketing. She is also deputy director of ASPIRE2025, a designated University of Otago research theme examining tobacco control measures.

## Introduction

Despite reductions in overall smoking prevalence, young adults aged 18-30 have the highest smoking rates of any age group in New Zealand (Ministry of Health, 2010, 2011). In setting a smokefree 2025 goal, the government recognised the harm caused by smoking and declared its intention to improve citizens' health (New Zealand Government, 2011). Achieving this goal will require novel approaches that resonate with young adults (Edwards, Russell, Thomson, Wilson, & Gifford, 2011), including a re-evaluation of the messages used to promote quitting to this group.

Research into smokefree messages focuses largely on established adult smokers, a group more responsive to messages featuring the long-term health risks of smoking, which elicit strong negative emotions and promote greater cognitive processing (Fong, Hammond, & Hitchman, 2009; Hammond, Fong, McDonald, Cameron, & Brown, 2003; Hammond, Fong, McNeill, Borland, & Cummings, 2006). However, few studies have explored young adult smokers' responses to alternative warning messages, recognised different smoker 'segments' exist, or developed messages that respond to these groups' beliefs and concerns.

Marketing assumes that markets comprise sub-groups displaying different behaviours; this view implies cessation messages must address the varying needs of different smoker groups. Given many young adults do not see themselves as smokers or addicted, smokefree messages depicting health risks often fail to reach them, despite the fact young adults have most to gain from becoming smokefree (Levinson et al., 2007; Song & Ling, 2011). As yet, few studies have examined how young adults perceive current cessation messages or their views on themes that could more effectively motivate them to make a quit attempt.

## Methods

To address this question and explore young adults' perceptions of smoking and smokefree messages, we undertook depth interviews (lasting between 45 and 75 minutes) with sixteen young adult smokers (daily and social) aged between 18 and 30. We recruited participants, using social media and community posters, and explored how participants perceived 32 images of smoking and quitting before analysing the metaphors evident in their discourse.

## The Paradox of Choice and Control

Participants reported that smoking enabled them to control interpersonal interactions, which made them more comfortable in social situations. Many valued the structure that smoking provided as it helped them approach strangers and control the resulting conversations: *"I really like the fact that you can have a smoke with someone and if you don't like them, you just have to wait until your cigarette's out and just politely say 'it was nice chatting to you' and walk away. Like there's not many social situations where you can do that – like where your conversation's on a timer..."* (F, 23). For these participants, smoking was a temporary choice that simplified interactions they would otherwise have to manage more assertively.

This sense of control extended beyond social situations; participants saw smoking as phase defining their current situation, but from which they would transition: *"...the way I rationalize it to myself is that at some point in the next few years, I'm going to give them up for good. (---) I don't intend to be smoking when I'm 30 or 40, you know."* (M, 20). Yet, while smoking provided structure, some participants tested and asserted their control over smoking: *"I stopped a couple of months ago... to make sure that I wasn't fully addicted, 'cause ... I've never really felt that I've been, ah, physically addicted, but definitely psychologically, like I definitely like smoking and really want to have a cigarette.. I'll just go a couple of weeks ...*

*without smoking, just to make sure that I'm not feeling too... desperate about it*" (M, 25). Embarking on smokefree periods enabled them to reject fears of addiction, demonstrate to themselves they controlled smoking, and maintain its utility in structuring their lives.

Interestingly, perceptions of being smokefree also often drew on control metaphors. For some, being smokefree meant greater control over their physical abilities: *"It [quitting] means to be able to do whatever I want to do... it's the ability to be able to choose to do stuff that's you know, physical."* (M, male, 23). Others saw opportunities to exert greater control over their social presence and effects on those close to them: *"I got very upset when I, when I found out how horrible it is to be around smokers. Very upset. I was just, like, I can't believe it – and my boyfriend as well, it's just like, I'm so sorry, like, I just didn't realise"* (F, female, 24). While smoking provided structure for some, others thought being smokefree would free them from a force that influenced how they organised their lives: *"the time restraints of smoking... having, feeling like you have to, sort of, pop out every hour or so. It's inconvenient. It'd be good to get that time back."* (M, 29).

### **Walking the Tightrope: Smokefree Support for Young Adults**

While participants saw smoking as both controlled and controlling, they resented perceived attempts to control their behaviour. Just as they disliked addiction and *"being dictated to by a cigarette packet of when to smoke"* (YA-4), young adults continually asserted that cessation was a decision they, not the government or other people, would make: *"the thing that sticks in my mind is that it really needs to be a personal choice, like, it can't be forced on you by something"* (F, 24). Thus, while most participants saw themselves as smokefree in the future, they believed this transition would occur when they chose and disliked messages they saw as didactic. Many regarded practical support, such as community access to cessation products and support, rather than smokefree messages, as more likely to assist their quit attempts: *"it just comes down to people being able to make their own decisions... I'm definitely in favour of there being resources available to people who want to quit"* (M, 25) and *"it gives people a choice that they can actually get help and that they know that."* (F, 19).

### **Discussion and Conclusions**

Although health messages feature strongly in smokefree social marketing campaigns, few participants expressed concerns about the health risks of smoking. Instead, their discourse often drew on the metaphor of control: smoking both provided and removed control, a paradox that offers a new perspective on cessation messages and support for young adults. While our findings are based on a small sample and require replication, they highlight how practical measures must support social advertising. Employing all elements of the marketing mix, would both promote and provide cessation support, and do both on terms that resonate with young adults. More specifically, messages and support facilities should promote self-efficacy and highlight the increase in control quitting will bring. Communicating young adults' ability to assert control over smoking, the ease with which they can access support, and the benefit of regaining control over their lives, appears likely to be more effective than instructions to 'quit now'. Unlike older smokers, for whom health warnings are highly salient, young adult smokers regard these as less relevant; social marketers must instead recognise and respect the importance of individual autonomy to this group, and frame messages and support accordingly. Given the high smoking prevalence among young adults and the urgency of the 2025 goal, our findings suggest a new approach to reaching, motivating and supporting individuals within this vitally important group.

## References

- Edwards, R., Russell, M., Thomson, G., Wilson, N., & Gifford, H. (2011). Daring to dream: reactions to tobacco endgame ideas among policy-makers, media and public health practitioners. *BMC Public Health*, 11(1), 580.
- Fong, G. T., Hammond, D., & Hitchman, S. C. (2009). The impact of pictures on the effectiveness of tobacco warnings. *Bulletin of the World Health Organization*, 87(8), 640-643. doi: S0042-96862009000800026 [pii]
- Hammond, D., Fong, G. T., McDonald, P. W., Cameron, R., & Brown, K. S. (2003). Impact of the graphic Canadian warning labels on adult smoking behaviour. *Tobacco Control*, 12, 391-395.
- Hammond, D., Fong, G. T., McNeill, A., Borland, R., & Cummings, K. M. (2006). Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control*, 15(Suppl III), 19-25.
- Levinson, A. H., Campo, S., Gascoigne, J., Jolly, O., Zakharyan, A., & Vu Tran, Z. (2007). Smoking, But Not Smokers: Identity Among College Students Who Smoke Cigarettes. *Nicotine & Tobacco Research*, 9(8), 845-852. doi: 10.1080/14622200701484987
- Ministry of Health. (2010). Tobacco Use in New Zealand: Key findings from the 2009 New Zealand Tobacco Use Survey. In M. o. Health (Ed.). Wellington: Ministry of Health
- Ministry of Health. (2011). Maori Smoking and Tobacco Use 2011. In M. o. Health (Ed.). Wellington: Ministry of Health.
- New Zealand Government. (2011). *Government Final Response to Report of the Māori Affairs Committee on Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori, presented to the House of Representatives in accordance with Standing Order 248 (J.1)*. Wellington: Retrieved from [http://www.parliament.nz/en-NZ/PB/Presented/Papers/d/9/b/49DBHOH\\_PAP21175\\_1-Government-Final-Response-to-Report-of-the-M-ori.htm](http://www.parliament.nz/en-NZ/PB/Presented/Papers/d/9/b/49DBHOH_PAP21175_1-Government-Final-Response-to-Report-of-the-M-ori.htm).
- Song, A. V., & Ling, P. M. (2011). Social Smoking Among Young Adults: Investigation of Intentions and Attempts to Quit. *American Journal of Public Health*, 101(7), 1291-1296. doi: 10.2105/AJPH.2010.300012

## **Vaccination: Who's Right, and Whose Right to Say So?**

*Stephen S. Holden*<sup>18</sup>

School of Business  
Bond University

---

<sup>18</sup> Stephen Holden is Associate Professor, Marketing at Bond University. He has worked on wide range of social marketing research projects (anti-smoking, drink-driving, over-eating, public health, road safety) both for government agencies and academic institutions. He has also completed a large number of marketing research projects in health including vaccinations for pharmaceutical companies. His research interests are primarily branding, methodology and social marketing.

This essay extends Brenkert's (2001, 2002) exploration of some of the ethical issues that confront, or perhaps *ought* to confront social marketers. It contributes to social marketing by adding to the list of 'mythunderstandings' offered by Donovan (2011) as follows: social marketing is not inherently and ethically good (even though "social good" is the objective). The implication for social marketing is that the notion of "doing good" needs to be subject to reasonable doubt and critical thinking rather than supported by untrammelled belief.

### Who is Right?

The central selling proposition behind vaccination programs is that "prevention is better than cure." So wrote Dutch philosopher, Erasmus long before vaccinations were invented. But not everyone agrees. Vaccinations have been controversial since their introduction. Voltaire (2001) outlined the issues when he commented on the English practice of inoculating children with smallpox adopted from practices in India and Turkey: *"[Europeans consider] the English are fools and madmen. Fools, because they give their children the small-pox to prevent their catching it; and madmen, because they wantonly communicate a certain and dreadful distemper to their children, merely to prevent an uncertain evil. The English, on the other side, call the rest of the Europeans cowardly and unnatural. Cowardly, because they are afraid of putting their children to a little pain; unnatural, because they expose them to die one time or other of the small-pox."*

When Jenner (1798/2001) created the first vaccination using cowpox to immunise against smallpox, opposition came from theological and medical camps (e.g., White 1893/1996). The British government proceeded to ban the practice of inoculation with smallpox and promoted vaccination by offering it free with the Vaccination Act of 1840, later introducing the Compulsory Vaccination Act in 1853. These early social marketing efforts were according to Offit (2011) countered by anti-vaccinators who "were great at mass marketing. It was a print-oriented society. They were great pamphleteers" (Wallace 2009). The anti-vaccinators today are equally marketing-savvy delivering their messages via websites (e.g., [www.avn.org.au](http://www.avn.org.au), [www.procon.org](http://www.procon.org)) as well as books, magazines, seminars, videos, educational materials, public relations, etc. Both sides clearly apply the principles and techniques of marketing which is half of most standard definitions of social marketing (e.g., Andreason 1995, 2006, Donovan & Henley 2010, Greir and Bryant 2005).

Do the pro- and anti-vaccinators both offer a social-good, the other half of social marketing? Donovan and Henley suggest that "If the well-being of the community is not the goal, then it isn't social marketing" (p.1). Is the well-being of the community being served by each? Many might be inclined to question the social-good of the anti-vaccinator stance. For instance, pro-vaccinators point to considerable evidence showing the effectiveness and safety of the MMR (measles, mumps, and rubella) vaccine (Dimecheli et al. 2012). Offit (2011) argues that non-vaccinators endanger the population at large. This is a primarily utilitarian view: the greatest benefit for the greatest number (Bentham, 1789/1961, Mill, 1859/1991). Anti-vaccinators however argue that measles is not a dangerous disease to children, offers lifelong immunity when contracted as a child, safety of the MMR vaccine is not perfect, and that vaccine manufacturers are motivated to cheat in their studies and disguise any adverse events in order to protect their products and profits. Their position is essentially libertarian defending the rights of the individual (Nozik 1974). The good of vaccination does not have a right to violate individual rights. As Rawls (1971) noted in his critique of utilitarianism, "interests requiring the violation of justice have no value" (p.31).



The anti-vaccinator stance is justified by defence of individual rights to freedom of choice and self-determination, especially in the face of uncertainty. It is perhaps ironic that the anti-vaccinator stance is one that good researchers would generally acknowledge. Scientific knowledge is not perfect, and that what counts as knowledge is what emerges after arbitrary choices are made that affect the frequency of Type I errors (false alarms) and Type II errors (misses).

### **Who Has the Right to Say?**

Both sides are engaging in social marketing. Ethical goodness is not necessarily inherent to social marketing – if it were, there would be no battle. Is the battle a good one? Does it represent a waste of effort? Promotion for and against vaccination represents at its extreme, a conflict between life and liberty. The battle is a good one, and not a waste of effort just as science progresses by challenge from opposing ideas (e.g., Platt 1964, Popper 1963).

Brenkert (2002) uses this conflict as a basis to invite social marketers to develop a theory of welfare. I doubt that such a theory can be feasible based as it almost certainly must be, on judgments about what constitutes value for others. Some have tried to suggest that social marketers use some external standard to establish the welfare of the targeted individuals such as the [UN Declaration of Human Rights](#) (e.g., Donovan and Henley 2010). This does not appear to resolve the conflict however, as *both* those for and against vaccination for instance could argue that they are defending Article 3: “right to life, liberty and security of person.”

Acknowledging the lack of an absolute ‘right’ to social marketing allows us more clarity in examining issues. For instance, criticism of fast-food marketing is mis-guided. The marketing tools are *not* the target; if they were, social marketing would be no better. Fast-food marketers and social marketers are distinguished only by their goals. Social marketing’s goal is not inherently good, profit-motive is not inherently bad – e.g., it provides gainful employment to many, contributes taxes, etc. If fast-foods *per se* are not bad (they are not banned), and the marketing efforts are not wrong, then the problem is one of conflicting goals.

Social marketing might like to see itself in the light of inoculation theory (e.g., McGuire 1961, Pfau et al. 1997), but vaccination is not that different from measles. Contagious diseases and vaccination programs (and marketing) are socially transmitted! Neither is inherently good nor bad, but each has the potential to benefit some individuals (childhood measles provides lifetime immunity), and may harm others. Like Simpson’s paradox in statistical analysis (Malinas and Bigelow 2009), what holds for the aggregate may not hold at the individual level. The challenge of individual rights is a good one. It helps us in targeting and aiming our communications – and it moderates our sense of ‘right’.

## References

Andreason, A. R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco, CA: Jossey-Bass.

\_\_\_\_\_ (2006). *Social Marketing in the 21<sup>st</sup> Century*. Newbury Park, CA: Jossey-Bass

Bentham, J. (1961/1789). *An Introduction to the Principles of Morals and Legislation*. Garden City: Doubleday.

Brenkert, G. G. (2001) The ethics of international social marketing. In A. Andreason (ed.) *Ethics in Social Marketing*. Washington, DC: Georgetown University Press, pp. 38-69.

\_\_\_\_\_ (2002) Ethical challenges in social marketing. *Journal of Public Policy and Marketing*, 21(1), 36-69.

Demicheli, V., Rivetti, A., Debalini, M. G., Di Pietrantonj, C. (2012) Vaccines for measles, mumps and rubella in children. *Cochrane Database of Systematic Reviews*, 2 (CD004407), DOI: 10.1002/14651858.CD004407.pub3.  
<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004407/frame.html>,  
accessed 16 February 2012.

Donovan, R. (2011). Social marketing's mythunderstandings. *Journal of Social Marketing*, 1(1), 8-16.

Donovan, R. and Henley, N. (2010). *Principles and Practice of Social Marketing*. Cambridge University Press.

Jenner, E. (1798/1909-1914), The Three Original Publications on Vaccination Against Smallpox. Vol. XXXVIII, Part 4. The Harvard Classics. New York: P.F. Collier & Son, 1909-14; Bartleby.com, 2001. [www.bartleby.com/38/4/](http://www.bartleby.com/38/4/), accessed 13 February 2012.

Greir, S. and Bryant, C. A. (2005). Social marketing in public health. *Annual. Review of Public Health*, 26, 319-39. doi: 10.1146/annurev.publhealth.26.021304.144610

Malinas, G. and Bigelow, J. (2009). "Simpson's Paradox", *The Stanford Encyclopedia of Philosophy*, Fall, Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/fall2009/entries/paradox-simpson/>, accessed 12 Feb 2012.

Mill, J. S. (1859/1991). *On Liberty and other essays*. J. Gray (ed.). Oxford University Press.

McGuire, W. J. (1961). The effectiveness of supportive and refutational defenses in immunizing defenses. *Sociometry*, 24, 184-197.

Nozick, R. (1971). *Anarchy, State and Utopia*. NY: Basic Books.

Offit, P. (2011). *Deadly Choices: How the anti-vaccine movement threatens us all*. NY: Basic Books.

Pfau, M., Tusing, K. J., Koerner, A. F., Lee, W., Godbold, L. C., Penaloza, L. J., Yang, V. S., and Hong, Y. (1997). Enriching the inoculation construct: The role of critical components in the process of resistance. *Human Communication Research*, 24, 187-215.

Platt, J. R. (1964). Strong inference. *Nature*, 146 (3642), 347-353.

Popper, K. (1963). *Conjectures and Refutation: The Growth of Scientific Knowledge*. Routledge.

Rawls, J. (1974). *A Theory of Justice*. Cambridge, MA : Harvard University Press.

de Voltaire, F. M. A. (2001). *Letters on the English*, Vol. XXXIV, Part 2, “Letter XI: On inoculation”. New York: P.F. Collier & Son, 1909–14; Bartleby.com, 2001. <http://www.bartleby.com/34/2/11.html>, accessed 12 February 2012.

Wallace, A. (2009). An Epidemic of Fear: How Panicked Parents Skipping Shots Endangers Us All. *Wired*, October 19, 2009, [http://www.wired.com/magazine/2009/10/ff\\_waronscience/all/1](http://www.wired.com/magazine/2009/10/ff_waronscience/all/1), accessed 12 February 2012.

White, A. D. (1896/1993). *A History of the Warfare of Science with Theology in Christendom*. New York: Appleton. [Theological opposition to inoculation, vaccination, and the use of anæsthetics.](#)

[www.avn.org.au](http://www.avn.org.au) MMR information, [http://www.avn.org.au/index.php?option=com\\_content&view=article&id=217:admin&catid=91:admin&Itemid=75](http://www.avn.org.au/index.php?option=com_content&view=article&id=217:admin&catid=91:admin&Itemid=75), accessed 12 February 2012.

# **Promoting Breastfeeding Behaviour: An Integration of Persuasive Communication and the Theory of Planned Behaviour**

*Mr. Ananda Hussein, Dr Valerie Manna & Dr David A. Cohen*

Faculty of Commerce  
Lincoln University Canterbury  
New Zealand

E-mail: [ananda.hussein@lincolnuni.ac.nz](mailto:ananda.hussein@lincolnuni.ac.nz)

E-mail: [Valerie.manna@lincoln.ac.nz](mailto:Valerie.manna@lincoln.ac.nz)

E-mail: [david.cohen@lincoln.ac.nz](mailto:david.cohen@lincoln.ac.nz)

## **Introduction**

Malnutrition is, unfortunately, a common problem in developing countries. Several health organizations such as WHO and UNICEF have advised that providing exclusive breastfeeding in the first six months of a child's life is one way to decrease the incidence of malnutrition. Clinically, many additional benefits can be derived from exclusive breastfeeding (Galson, 2008). Yet, while exclusive breastfeeding has been strongly recommended by health professionals, the percentage of Indonesian mothers who breastfeed exclusively for their child's first six months is still lower than that in many other countries (UNICEF, 2006). Given this, there is a need to formulate a strategy to promote breastfeeding in Indonesia in general and six months exclusive breastfeeding in particular. Persuasive communication is one mechanism that presumably can influence both intentions and subsequent behaviour. Studies have indicated that women know the benefits of breastfeeding (Alikassifogglu et al., 2001; Mitra et al., 2004; Parkinson et al., 2011); however, there is still need to promote and educate, as other studies have identified a positive relationship between promotion, education and breastfeeding behaviour (Imdad et al., 2011; Pannu et al., 2011; Petrova et al., 2009). A range of potentially useful variables can be proposed to explain the intentions to provide exclusive breastfeeding. These include attitudes, subjective norms, perceived behavioural control, source credibility, and message framing.

## **Social Marketing and Breastfeeding Promotion**

Social marketing is a strategy for influencing an individual's behaviour (Evans, 2006). Such marketing programmes have been applied worldwide in order to promote a variety of health behaviours (McDonald et al., 2011; Van Rossem & Meekers, 2000; Wu et al., 2002), and have incorporated persuasive communication strategies. Stubblefield (1997) describes a persuasive communication as one which is intentionally manipulated by the sender in order to generate an emotional condition for the receiver that is favourable to the sender's intent, clearly indicating the potential for use in health-related programmes.

Manipulation of message framing is one persuasive technique commonly used to promote a new health behaviour (Rothman & Salovey, 1997). Generally a promotional message can be framed either in a positive or in a negative way (Stanley & Maddux, 1986). Prospect Theory (PT) (Tversky & Kahneman, 1981), the basic theory which can be used to explain the effects of message framing, postulates that the same information about risk, when presented in different ways, will likely modify an individual's perspective, preferences and actions. Source credibility is another characteristic of messages that generally contributes to impact of a persuasive communication (Jones et al., 2004). Chaiken & Maheswaran (1994) suggest that receiving information from a credible source under a low elaboration likelihood condition would lead to positive acceptance. Similar to Chaiken & Maheswaram (1994), Zhang & Buda (1999) explain that people would discount claims or arguments from a source with low credibility, but would be more accepting of an argument from a highly credible source.

The Theory of Planned Behaviour (TPB) (Ajzen, 1991) is a well-researched socio-cognitive model commonly used to investigate health behaviour (Duckett et al., 1998; Wambach, 1997). TPB suggests that intention can be a robust precursor to actual behaviour, and is thus clearly relevant in the present context. To date, no study has emphasized TPB principles in the investigation of a social marketing promotion effort focussed on exclusive breastfeeding. A TPB-focussed investigation of the effect of message framing and source credibility, identified by PT as pivotal components of persuasive communication, on the intention of mothers to breastfeed exclusively would contribute to both theory and practice.

## **Method**

A 2 x 2 factorial design was used to measure the influence of message framing and source credibility on a woman's intention to breastfeed. Four different advertising pamphlets were designed to show combinations of positive and negative framing, and low and high source credibility. The ads' design straddled the worlds of promotion and education by employing rational appeals. Participants in this study were pregnant women residing in Malang, the biggest land area in East-Java Province (Badan Pusat Statistik Indonesia, 2011). A total of 279 women (46% primipara, 54% multipara; and 71% below 30 years of age) agreed to take part in this study. Participants were recruited on a convenience basis from several general hospitals, maternity hospitals, obstetrical clinics and breastfeeding workshops.

## **Data Analysis and Discussion**

Partial Least Square regression (PLS) was used to analyze the data and test hypotheses. Statistical significance was set at the .05 level for all tests. The study relied on this technique because the authors wished to comprehensively predict the effect of message framing and source credibility on women's behavioural intention.

Before proceeding to data analysis, a series of manipulation checks confirmed that the manipulations used worked as expected. Prior to testing the inner model, the psychometric properties of the scale (Average Variance Extracted, factor loadings, reliabilities and critical ratios for items) were calculated and the results were within acceptable limits. Analysis proceeded to evaluation of the inner model, where statistics indicated that message framing, source credibility and the interaction effect between framing and credibility explained 24.6% of the variance in attitudes and 14.6% of the variance in Perceived Behavioural Control (PBC). PBC, subjective norms, message framing, source credibility and the interaction effect together explained 51% of the variance in behavioural intention. PLS analysis also indicated that message framing and source credibility do not have significant effects on attitudes and intention. Although there was no significant overall effect, the interaction between framing and credibility did have a significant impact on attitudes ( $t = 12.696$ ) and on intention ( $t = 3.242$ ). Analysis also indicated that only message framing ( $t = 7.309$ ) and its interaction with source credibility ( $t = 2.198$ ) significantly influenced PBC. Finally, analysis showed that attitude is the only socio-cognitive variable measured which had a significant effect on intention ( $t = 10.440$ ).

In summary, from a Prospect Theory perspective this study found that, when used in conjunction with one another, message framing and source credibility are important elements of persuasive communication affecting women's attitudes towards and their intention to breastfeed exclusively. Furthermore, from the TPB perspective, attitude is the only variable having a significant effect on intention to breastfeed exclusively. Based on these results, social marketers should be concerned about both framing and credibility in creating persuasive communication strategies designed to influence the intention to breastfeed exclusively.

## References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Process*, 50, 179 - 211.
- Alikassifogglu, M., Erginoz, E., Gur, E. T., Baltas, Z., Beker, B., & Arvas, A. (2001). Factors influencing the duration of exclusive breastfeeding in a group of Turkish women. *Journal of Human Lactation*, 17(3), 220-226.
- Badan Pusat Statistik Indonesia. (2011). *Population Census 2010 Province Jawa Timur*. Retrieved from <http://www.bps.go.id/aboutus.php?sp=0&kota=35>
- Chaiken, S., & Maheswaran, D. (1994). Heuristic processing can bias systematic processing: Effects of source credibility, argument ambiguity, and task importance on attitude judgment. *Journal of Personality and Social Psychology*, 66, 460-460.
- Duckett, L., Henly, S., Avery, M., Potter, S., Hills-Bonczyk, S., Hulden, R., & Savik, K. (1998). A theory of planned behavior-based structural model for breast-feeding. *Nursing Research*, 47(6).
- Evans, W. D. (2006). How social marketing works in health care. *BMJ: British Medical Journal*, 332(7551), 1207.
- Galson, R. A. S. K. (2008). Mothers and children benefit from breastfeeding. *Journal of the American Dietetic Association*, 108(7), 1106 - 1107.
- Imdad, A., Yakoob, M. Y., & Bhutta, Z. (2011). Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries. *BMC Public Health*, 11(Suppl 3), S24.
- Jones, L. W., Sinclair, R. C., Rhodes, R. E., & Courneya, K. S. (2004). Promoting exercise behaviour: an integration of persuasion theories and the theory of planned behaviour. *British journal of health psychology*, 9(4), 505-521.
- McDonald, E., Slavin, N., Bailie, R., & Schobben, X. (2011). No germs on me: a social marketing campaign to promote hand-washing with soap in remote Australian Aboriginal communities. *Global health promotion*, 18(1), 62.
- Mitra, A. K., Khoury, A. J., Hinton, A. W., & Carothers, C. (2004). Predictors of breastfeeding intention among low-income women. *Maternal and Child Health Journal*, 8(2), 65-70.
- Pannu, P., Giglia, R., Binns, C., Scott, J., & Oddy, W. (2011). The effectiveness of health promotion materials and activities on breastfeeding outcomes. *Acta Paediatrica*, 100(4), 534-537.
- Parkinson, J., Russell-Bennett, R., & Previte, J. (2011). Mum or bub? Which influences breastfeeding loyalty. *Australasian Marketing Journal (AMJ)*,

Petrova, A., Ayers, C., Stechna, S., Gerling, J. A., & Mehta, R. (2009). Effectiveness of exclusive breastfeeding promotion in low-income mothers: A randomized controlled study. *Breastfeeding Medicine*, 4(2), 63-69.

Rothman, A. J., & Salovey, P. (1997). Shaping perception to motivate healthy behavior: The role of message framing. *Psychological Bulletin*, 121(1), 3 - 19.

Stanley, M. A., & Maddux, J. E. (1986). Cognitive processes in health enhancement: Investigation of a combined protection motivation and self-efficacy model. *Basic and Applied Social Psychology*, 7(2), 101 - 113.

Stubblefield, C. (1997). Persuasive communication: Marketing health promotion. *Nursing Outlook*, 45, 173 - 177.

Tversky, A., & Kahneman, D. (1981). The framing of decisions and the psychology of choice. *Science*, 211(4481), 453.

UNICEF. (2006). Progress for Children (A report card on nutrition). 4

Van Rossem, R., & Meekers, D. (2000). An evaluation of the effectiveness of targeted social marketing to promote adolescent and young adult reproductive health in Cameroon. *AIDS Education and Prevention*, 12(5), 383-404.

Wambach, K. A. (1997). Breastfeeding intention and outcome: A test of the theory of planned behavior. *Research in Nursing and Health*, 20(1), 51-60.

Wu, Z., Detels, R., Zhang, J., Li, V., & Li, J. (2002). Community-based trial to prevent drug use among youths in Yunnan, China. *American Journal of Public Health*, 92(12), 1952.

Zhang, Y., & Buda, R. (1999). Moderating Effects of Need for Cognition on Responses to Positively versus Negatively Framed Advertising Messages. *Journal of Advertising*, 28(2), 1-15.



## **Assessing Alcohol Consumption in Older Adults: Looking for a Solution to Inform Evaluation of Social Marketing Campaigns**

*Sandra C. Jones, Lance Barrie<sup>19</sup> & Laura Robinson*

Centre for Health Initiatives  
University of Wollongong, Australia  
Email: sandraj@uow.edu.au  
Email: lanceb@uow.edu.au  
Email: laurar@uow.edu.au

---

<sup>19</sup> Lance Barrie commenced with the Centre for Health Initiatives since 2007 as a research assistant. He is now employed as Research Manager, and is responsible for overseeing research contracts and project research. He has worked on numerous projects in the area of alcohol research (including alcohol labelling and its implications for drinking behaviour, youth alcohol consumption, and alcohol energy drinks) and social marketing research (including the 2007 National Breast and Ovarian Cancer survey, evaluations of narrowcast campaigns, drug driving prevention, and reducing transmission of infectious diseases). He has published a number of journal articles in this area, and his research interests include alcohol related behaviour and young people and individual behaviour change.

## Introduction

Alcohol consumption in older people presents unique challenges due to changes in body composition, co-morbid conditions and associated mediations, as well as a reduction in metabolic capacity. As such, this generation has been identified as an at-risk group by the NHRMC (NHRMC, 2011). For the purpose of this paper “older” adults are individuals aged 65 years and over. The NHMRC produced guidelines for minimising the risks associated with alcohol consumption in 2001 (NHMRC, 2001). While the 2001 NHMRC guidelines did not provide specific recommendations regarding levels of consumption for older people the revised 2009 guidelines recommend, *‘Older people are advised to consult with their health professionals about the most appropriate level of drinking for their health’* (NHMRC, 2009). Alcohol consumption among the elderly has received considerably less attention than has consumption in young people (St John, 2010); despite the fact that one-third of the alcohol-attributable burden of disease worldwide is experienced by people aged 45 and over (Rehm et al., 2009). Thus, there is a need for social marketing campaigns targeting this age group – including those designed to increase their knowledge of standard drinks, raise their awareness of the risks of alcohol consumption for older adults, and to encourage them – where indicated – to reduce their alcohol consumption.

However, central to assessing the effectiveness of such social marketing campaigns will be determining appropriate tools to assess levels of alcohol consumption among this age group. The measurement of alcohol consumption remains a contentious issue despite numerous comparative studies; (Gmel, Graham, Keundig & Kuntsche, 2006). Various methods of measuring alcohol are available such as Beverage-Specific Quantity/Frequency measure (Gmel et al., 2006) which measures ‘usual’ frequency and quantity for each beverage. The most widely used approaches in the assessment of ‘current’ drinking or alcohol consumption are the quantity-frequency (QF) and the graduated quantity-frequency (GF) technique; these methods all rely on participants being able to identify what a standard size drink is. Underreporting of drinking levels is a particular issue in identifying harmful drinking in the elderly (Widner & Zeichner, 1991). In a previous study we found 71% of the 203 older adults (aged 60-92 years) surveyed overestimated the size of a standard glass of wine (Jones et al, 2011). These findings are consistent Rundle-Theile, Ball and Gillespie (2008) who found that many Australians were unaware of the number of standard drinks in a standard bottle of wine. This study aims to contribute to the knowledge in this area by examining two methods of measuring alcohol consumption in the elderly to allow improved evaluations of social marketing campaigns in this population. We compare two methods of self-reporting alcohol consumption; a survey and a daily diary.

## Method

Participants who had completed a survey in our earlier study were asked if they were willing to be contacted to participate in a further study which involved completing a seven-day diary. Twenty participants agreed to complete the diary; this involved recording the number, type and serving size of alcoholic drinks they consumed each day. The diary included images of a range of glasses filled to different levels rather than just a standard drink chart to improve accuracy of reporting (see Appendix A). The response rate of the diary participants was 100%; however five participants did not complete the survey questions in a manner allowing inclusion in the analysis. Therefore analysis was conducted on 15 participants’ data.

## Results

The majority of older people reported consuming up to three standard drinks on any given day (65% survey data; 90% diary). Only one person reported drinking five or more standard drinks in a day, and this was reported in the diary.

Table 1. Standard number of drinks reported in the survey and the diaries

Number of Standard Drinks	Survey Freq (%) (n=16)	Diary Freq (%) (n=20)
<1	4 (20)	3 (15)
1 – 3	9 (45)	15 (75)
3 – 5	3 (15)	1 (5)
5+	0 (0)	1 (5)

The reported average daily consumption levels were higher in the survey data ( $m=2.06$ ,  $SD=1.5$ ) than the diary data ( $m=1.99$ ,  $SD=1.20$ ). The average level of alcohol consumption reported in the survey was .07 standard drinks higher than reported in the diary (95% CI: -.62 to .48) more than diary-reported amounts, although paired samples  $t$  test showed that this difference was not statistically significant ( $t(15)=-.28$ ,  $p=.79$ ). It is important to note that this difference is clinically significant (that is, for an older person with co-morbid conditions or on certain medications the difference between, for example, 2 standard drinks and 2.7 standard drinks per day would have implications for their level of risk); and the lack of statistical significance is the result of the small sample size.

## Discussion

The older population faces unique health challenges which can lead to higher risks of alcohol-related harm. They are more susceptible to falls resulting in serious injury and likely to be taking medications which can produce adverse side effects when combined with alcohol (Aira,2005). Furthermore, their knowledge of what constitutes a standard drink, and what safe drinking levels are, is generally low. This presents a unique challenge in both educating this generation and measuring consumption levels. Research in the early 1990s demonstrated that standard drink labels on alcohol beverages significantly reduce the mean error in adults' estimations of alcohol content (Stockwell, Blaze-Temple & Walker, 1991); however, it is clear that this knowledge has not been adequately developed in this high-risk population.

This study was designed to examine two methods of self-reporting alcohol consumption in people aged over 60 years. The results suggest a clinically relevant difference in the data obtained between the two methods. This finding is important for social marketers undertaking interventions to reduce alcohol consumption in this target group. Combined with evidence on older adults' overestimation of the size of a standard drink, this suggests the need to carefully consider how the effects of such interventions could best be measured. This is particularly important given the current public health emphasis, and media focus, on promoting the message of no more than two standard drinks per day (for the general population). The primary limitation of our study was the small sample size, which limited the ability to undertake statistical analyses. However, the size of the difference between the two measures suggests the need for further research with larger samples. It is also important to note that the amounts reported in the diary were averaged over seven days as this was the time period over which participants were asked to complete the diaries, whereas the survey asked participants to report their consumption for a two day period; thus some of the difference may be due to the time of the week (e.g., weekend vs weekdays) incorporated in the survey responses.

## References

- Aira, M., Hartikainen, S. & Sulkava, R. (2005). Community prevalence of alcohol use and concomitant use of medication — A source of possible risk in the elderly aged 75 and older? *International Journal of Geriatric Psychiatry* 20:680–685.
- Jones, S.C., Phillipson, L., Iverson, D., Telenta, J., Johnson, K., Caputi, P., Barrie, L. & Bonney, A. (2012). “Talk to your health professional”: Do clinicians talk to pregnant women and older adults about their drinking? Paper presented at the Global Alcohol Policy Conference, Thailand, February 2012
- NHMRC (2001). *Australian Alcohol Guidelines: Health Risks and Benefits*. Canberra: Commonwealth of Australia.
- NHMRC (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. National Health and Medical Research Council. Canberra: Commonwealth of Australia.
- NHMRC (2011). *Alcohol and Health in Australia*. National Health and Medical Research Council, Canberra. Retrieved from <http://www.nhmrc.gov.au/your-health/alcohol-guidelines/alcohol-and-health-australia> on 10th February 2012.
- Rehm J, Mathers C, Popova S, et al. (2009) Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*, 373, 2223–2233.
- Rundle-Theile, S., Ball, K. & Gillespie, M. (2008). Raising the bar: from corporate social responsibility to corporate social performance. *Journal of Consumer Marketing*, 25(4), 245-253.
- St John, P.D., Snow, W.M. & Tyas, S.L. (2010). Alcohol use among older adults. *Reviews in Clinical Gerontology*, 20, 56-68.
- Stockwell, T., Blaze-Temple, D., Walker, C. (1991) A test of the proposal to label containers of alcoholic drink with alcohol content in Standard Drinks. *Health Promotion International*, 6, 207-215.
- Widner, S. & Zeichner, A. (1991). Alcohol abuse in the elderly. *Clinical Gerontologist*, 11(1), 3-18.

## Appendix A. Alcohol Diary Drink Size Guide

### WINE

(A) 100ml



(B) 140ml



(C) 180ml



(D) 220ml



---

### SPIRITS

(A) 20ml



(B) 30ml



(C) 40ml



(D) 50ml



---

### PORT/SHERRY

(A) 20ml



(B) 40ml



(C) 60ml



(D) 80ml



**Breathlessness is Not a Normal Part of Aging: Development and Testing of Asthma Awareness Messages for Older Australians**

*Sandra C. Jones,<sup>20</sup> Uwana Evers, Don Iverson, Peter Caputi, Sara Morgan\* & Michele Goldman\**

Centre for Health Initiatives  
University of Wollongong, Australia  
Email: sandraj@uow.edu.au  
Email: uwana@uow.edu.au  
Email: iverson@uow.edu.au  
Email: pcaputi@uow.edu.au

\* Asthma Foundation NSW  
Email: SMorgan@asthmafoundation.org.au  
Email: MGoldman@asthmafoundation.org.au

---

<sup>20</sup> Sandra Jones is the Director of the Centre for Health Initiatives, a Research Strength at the University of Wollongong. She is a Professor in the Faculty of Health & Behavioural Sciences; and from 2004 to 2009 she was Associate Dean (Research) in that faculty. Sandra has published more than 100 refereed papers and been awarded in excess of \$4 million in research funding. Her research focuses on the relationship between media and health, including the impacts of advertising in the print and electronic media on health behaviour, and the use of social marketing to improve population health. She also conducts research in the area of advertising and marketing regulation, particularly in relation to alcohol marketing.

## Introduction

At least 420,000 Australian adults aged 55 years and over, or one in 10, currently have asthma (Australian Centre for Asthma Monitoring 2008). Asthma is under-diagnosed, often misdiagnosed, and undertreated in the older adult population in Australia (Gibson, McDonald and Marks 2010, Marks and Poulos 2005, Wilson et al 2001) as it is overseas. Contrary to the perception that asthma is a childhood disease, asthma can develop in older adults (Adams and Ruffin 2005). The risk of dying from asthma increases with age (AIHW 2010). While the overall mortality rate has decreased by almost 70% since 1989, much of this could be attributed to health promotion efforts directed largely at children and their parents and caregivers (Australian Centre for Asthma Monitoring 2008). In addition, the effects of asthma on quality of life lead to a significant asthma burden. Around 70% of the asthma burden in older adults is due to years lost on account of disability (Australian Institute for Health and Welfare 2010). Previous qualitative research has shown that older adults perceive that asthma is not serious and would not impact their lives (Andrews and Jones 2009).

In the past, asthma-related health promotion has been primarily aimed at children and their caregivers. However, there is a demonstrated need for community-focused asthma awareness campaigns targeting older adults (Barnard, Pond and Usherwood 2005). The university research centre, in collaboration with a leading NGO, was awarded an ARC Linkage grant to develop a social marketing campaign targeting adults aged 55 years and over who have (or have symptoms of) asthma. The overall aim of the campaign is to increase community support for the self-management of asthma among those aged 55 years and over, and to communicate that asthma can have serious consequences for older adults. The theoretical framework underlying the message development was the Health Belief Model – notably that they need to perceive that asthma is *serious*, that they are *susceptible* to developing; believe that the *benefits* of taking action to reduce asthma symptoms outweigh the *costs*; and be exposed to appropriate and motivating *cues to action* – and the process was guided by the NSMC Benchmark Criteria for social marketing. The final campaign materials will be disseminated into the local community via a targeted social marketing campaign; this paper reports on the development of the campaign messages.

## Method

### Development of Message Concepts

A campaign brief was given to three groups of designers to create targeted campaign materials, based on the formative research (*insight*) and the HBM (*theory*). The campaign has two distinct target audiences (*segmentation*), those with and without an asthma diagnosis, who need to be targeted with two distinct messages. The brief emphasized that the overall aim of the campaign is to increase community support for the self-management of asthma among those aged 55 years and over (*customer orientation*), and to communicate that asthma can have serious consequences for older adults (*exchange*). They were also told that the campaign materials should be designed to ensure they communicate the key messages: (a) Older people can get asthma too; getting breathless is not a normal part of ageing; (b) Asthma can have a serious impact on health and lifestyle; (c) If you have asthma, do not put up with your symptoms, control them – asthma shouldn't stop you living well; and (d) If you are experiencing respiratory symptoms, see your doctor or call the information line (*behaviour*). Three distinct campaign designs were developed for testing with the target audience: (1) "Be Informed. Reclaim your life." (2) "This is not..." and (3) "Not just child's play."

### **Testing of Message Concepts**

Participants were randomly selected from a pool of 300 older adults who have taken part in the project's baseline survey (a mail-out survey sent to NSW residents aged 55 years and over living in the designated postcodes and registered on the Electoral Roll) and provided their email address for the purpose of participating in further research. Four focus groups were conducted with a total of 34 participants (between seven and 10 participants per group). Almost two-thirds of participants were female. Participants were aged 56 to 78 years, with an average age of 63 years. Over one-third of focus group attendees had been diagnosed with asthma at some stage of their life. Participants were shown the different message concepts and executions and asked to comment on what they thought the message was, who the target audience might be (and who the message would be relevant to), what they liked and didn't like about each execution, and any suggestions they had for improving the messages.

### **Results**

There was not an overall preference for one of the campaigns. One execution from the "Be informed. Reclaim your life" execution ('Frank and Bill') was preferred for the 'diagnosed' target groups; and the 'This is Not' executions were preferred for the 'undiagnosed' group. The focus group participants highlighted positive and negative aspects of all three campaigns which, in combination, provided clear directions for development of final campaign materials.

*Images:* The participants emphasized the importance of having people in all of the advertisements. They responded particularly well to images of people interacting with their grandchildren, and people engaged in everyday activities in natural settings. It was clear that there was a need to draw a careful balance between images of people who were 'clearly over 55' and people who were 'old people' (which is not how the target audience sees themselves). Participants responded very positively to the advertisements showing a comparison between two people with asthma (one under control and one not under control); and commented that it was clever to show the difference in quality of life. *Tagline and messages:* Participants liked the use of taglines such as "Get your life back", "Reclaim your life" and "Confront asthma today" because of their simplicity and the sense of empowerment conveyed by the phrases. They also commented favourably on the use of the text "shortness of breath is not a normal part of getting older". Participants also recommended that we include more information about specific symptoms. *Text and layout:* Participants made some specific recommendations about layout, including: making the call to action more prominent; reducing the amount of text; increasing the size of the text and altering the colour to increase contrast and improve readability from a distance.

### **Next steps**

The results of this research were utilized to refine the campaign messages and develop a series of executions for each of the two audience segments. The final materials consisted of A4 and A3 posters, bus shelter posters, postcards, flyers and a website – which will form the basis of a social marketing intervention (methods mix), implemented across the region in early 2012. A pre-intervention survey has been distributed to the community and 817 completed surveys (response rate = 75.1%) have been returned to date; the survey will be repeated at the completion of the campaign to assess changes in knowledge and attitudes relating to asthma in this age group.



## References

- Adams, R.A. & Ruffin, R.E. (2005). Asthma can occur in the older person. *Medicine Today*, 6(1), 40-42, 44-45.
- Andrews, K. & Jones, S.C. (2009). "We would have got it by now if we were going to get it..." An analysis of asthma awareness and beliefs in older adults. *Health Promotion Journal of Australia*, 20(2), 146-150.
- Australian Centre for Asthma Monitoring (2008). *Asthma in Australia 2008*. AIHW Asthma Series no. 3. Cat. no. ACM 14. Canberra: AIHW.
- Australian Institute for Health and Welfare (2010). *Asthma among older people in Australia*. Cat. no. ACM 19. Canberra: AIHW.
- Barnard, A., Pond, C.D. & Usherwood, T.P. (2005). Asthma and older people in general practice. *Medical Journal of Australia*, 183(1), S41.
- Gibson, P.G., McDonald, V.M. & Marks, G.B. (2010). Asthma in older adults. *The Lancet*, 376, 803-813.
- Marks, G.B. & Poulos, L.M. (2005). A nationwide perspective on asthma in older Australians. *Medical Journal of Australia*, 183(1), S14-S16.
- National Asthma Council Australia (2006). *Asthma Management Handbook 2006*. Melbourne: NACA.
- Wilson, D., Appleton, S., Adams, R. & Ruffin, R. (2001). Undiagnosed asthma in older people: an underestimated problem. *Medical Journal of Australia*, 183(1), S20.

## **Using Health Risk Assessments to Target and Tailor: An Innovative Social Marketing Program in Aged Care Facilities**

*Sandra C. Jones, Keryn Johnson, Lyn Phillipson, Danika Hall, Laura Robinson, Andrew Bonney & Joanne Telenta<sup>21</sup>*

Centre for Health Initiatives  
University of Wollongong, Australia  
Email: sandraj@uow.edu.au  
Email: kerynj@uow.edu.au  
Email: lphillip@uow.edu.au  
Email: danika@uow.edu.au  
Email: laurar@uow.edu.au  
Email: abonney@uow.edu.au  
Email: jot@uow.edu.au

---

<sup>21</sup> Ms Joanne Telenta works as a Research Project Manager in The Centre for Health Initiatives and has contributed to social marketing research in the areas of autism spectrum disorders, sun protection for adolescents, pregnant women and alcohol consumption, injecting drug users, and a number of cancer projects with The NSW Cancer Council. She also has extensive project management experience in clinical trials research in both Australia and Europe.

## Introduction

The number of Australians over the age of 65 years is expected to double by 2021. Many older Australians suffer from one or more chronic diseases – including cancer, coronary heart disease, respiratory diseases (AIHW, 2009) resulting in increased morbidity and mortality, lower quality of life and a higher need for health care (Hickey and Stilwell, 1991). There is increasing evidence that the adoption of healthy lifestyles can have significant benefits even into older age (Haveman-Nies et al, 2002). This project utilized a social marketing framework to support aged residents of retirement homes to adopt healthy lifestyle behaviours to improve their health.

Social marketing is a consumer oriented approach to behaviour change which has as one of its core principles the need for a consumer orientation; and conceptualises the core product as being the benefits of the desired behaviour (Kotler and Lee 2011; Donovan and Henley, 2010). Effective social marketing interventions are underpinned by behavioural theories. The behavioural theory underpinning this intervention was the Health Belief Model (HBM), which posits that the likelihood of a person engaging in a health-related behaviour is a function of their perceptions of: the severity of a potential illness, their susceptibility to that illness, benefits of taking a preventive action, and barriers to taking that action (Janz, Champion, and Strecher, 2002). Tailoring messages to individuals' health risks addresses the key elements of the HBM and the evidence that an intervention should appeal to individuals' self-interest to be effective (Thorogood and Coombes, 2004). Use of behavioural theory (HBM) and an evidence based tool [Health Risk Assessment (HRA)] to identify segments within the target audience and then tailor health messages for those segments also demonstrates an innovative approach consistent with social marketing's principle of consumer orientation and concept of exchange. This approach makes a theoretical contribution to social marketing by demonstrating that segmenting an audience on the basis of demographic factors (age and place of residence) and specific health risk factors (HRA) has the potential to increase the effectiveness of social marketing interventions.

## Method

An intervention study was conducted within self-care communities in the Illawarra, using an experimental design in which communities received one of two interventions: a tailored educational program based on individual health risks (intervention); or generic information/education program (comparison). *Individual Assessment* - Envelopes containing participant information sheets, consent forms, a Health Risk Assessment (HRA) were posted in resident letterboxes at three retirement villages (n=226). The HRA assesses current health status, such as disease history, sleep and pain; and indicative health behaviours that are relevant to the management of chronic disease, such as diet, physical activity, sun protection, smoking and alcohol use. All residents in the three communities were provided with feedback regarding their individual health risks (HRA results) and priority areas for action.

Residents were then asked to prioritise an area of action and set a goal for the three month intervention period. Residents in the 'intervention' group were provided with 'Individualised Health Packs'. Residents in the comparison community were provided with brochures independent of their health risk profile. *Message Development* - Individualised resident 'Health Packs' were developed to provide intervention residents with evidence based health information specific to their individual health risk profile (as determined by the HRA).

Health brochures were developed for seven priority health areas: hypertension; diet; physical activity; stress and anxiety; screening and preventive health behaviours; and reducing the risk of dementia. The principles of Keller and Lehamn (2008) and Rice and Valida (1991) were followed to ensure credibility and tailoring to the health needs of the target audience. This included: providing information specific to areas identified through the HRA met the tailoring criteria; inclusion of the collaborating organisations' logos provided credibility to the documents (Keller & Lehamn, 2008); clearly defining educational objectives relating to specific behaviour or outcomes; each brochure was designed to provide information and encourage goal-setting; materials distributed with instruction for use; brochures were distributed as part of a pack with supportive documents and instructions for use; materials related to health service delivery: this was achieved by providing community specific information and contact details where possible; diagrams and images were used to clarify and complement written material; target audience needs considered in relation to font size, style, grammar and language; evaluation and Feedback; independent evaluation of materials was undertaken (Rice & Valida, 1991); and, accuracy and readability was checked by an independent medical health professional.

## Results

Fifty three of the 226 residents returned their HRAs for analysis – a response rate of 22%; 26 (49%) residents were in the intervention group. The impact of the message delivery via brochures was assessed in both qualitative and quantitative methods. Both methods supported the individualised health packs as a means of providing health behaviour changes. Residents found the information informative and motivating as shown by comments they provided: “... was quite informative”; “... it pointed out my short comings and motivated me to improve on these issues”; “I totally agree with the project and I feel sure most residents will benefit should they desire”. A desire for discussions with a health professional was also expressed: “Excellent concept, would be much better served by personal interview”. The majority also found the brochures easy to understand and said they helped them to realise how their lifestyle impacted on their health (88.9%). Three quarters felt that these brochures helped them to understand how they could improve their health. Slightly fewer reported that the brochures motivated them to plan to improve their health and to take actions to improve their health. As a result of receiving the health information 12 respondents developed a personal health goal to work towards. Residents who received the tailored ‘Individual health packs’ reported significant improvements pre and post intervention behaviours related to dairy consumption, memory and colon screening. Residents in the control group did not show significant improvements in these areas.

## Discussion

These findings demonstrated the potential value of providing the elderly with an assessment of their health risks (the HRA) to increase the relevance of social marketing messages promoting health behaviour changes. While brochures alone are insufficient to promote health behaviour change, individualised message have been shown to be effective (Jamison, 2004; Thorogood and Coombes, 2004). Providing tailored feedback about specific health risks, and accompanying this with matching tailored health information as in this study may influence not only susceptibility, but also efficacy (belief in their capacity to engage in the desired behaviour) and provide cues to action (influences or strategies that remind or prompt them to adopt the desired behaviour). Future social marketing interventions could attempt to address resident desire for health professional consultation either online or face to face.

## References

- Donovan R. and Henley N. (2010). *Principles and Practice of Social Marketing: an international perspective*, New York: Cambridge University Press.
- Farmer, F.L., Clarke, L.L., Flocks, J.D., Bryant, C.A., Romund, C.S. and Albrecht, S.L. (2002). Community-Based Social Marketing: Involvement in Health Programs. *Journal of the Community Development Society*, 33, 1-18.
- Haveman-Nies, A. Lisette C., De Groot, Van Stavern, W. (2003). Dietary quality, lifestyle factors and healthy ageing in Europe: the SENECA study. *Age and Ageing*, 427–434.
- Hickey, T. and Stilwell, D. L. (1991). Health promotion for older people: All is not well. *The Gerontologist*, 31(6), 822-829.
- Jamison, J.R. (2001). The Health Information Brochure: A useful tool for Chiropractic practice? *Journal of Manipulative and Physiological Therapeutics*, 24(5), 331-334.
- Janz, N.K., Champion, V.L., Strecher, V.J. (2002). The health belief model. In Glanz, K. Rimer, B.K. and Lewis, F.M. (Eds) *Health Behaviour and Health Education: Theory, Research and Practice*. Jossey-Boss Publishers, San Francisco, pp 45-66.
- Keller, P.A, and Lehmann, D.R. (2008). Designing Effective Health Communications: A Meta-Analysis. *Journal of Public Policy and Marketing*, 27(2), 117–130.
- Kotler P and Lee N.R (2011) *Social Marketing: Influencing Behaviours for Good* (4th ed), Thousand Oaks, California: SAGE Publications
- Rice, M.,and Valdivia, L. (1991). A simple guide for design, use and evaluation of education materials. *Health Education and Behaviour*, 18(1), 79 – 85.
- Thorogood, M. and Coombes, Y. (2004). *Evaluation health promotion: practice and methods*. Oxford University Press: New York.

## Preventing the Spread of Colds and Flu: A University Based Social Marketing Campaign

*Sandra C. Jones,<sup>22</sup> Lyn Phillipson, Lance Barrie & Karen Larsen-Truong*

Centre for Health Initiatives  
University of Wollongong, Australia  
Email: sandraj@uow.edu.au  
Email: lphillip@uow.edu.au  
Email: lanceb@uow.edu.au  
Email: karenlt@uow.edu.au

---

<sup>22</sup> Sandra Jones is the Director of the Centre for Health Initiatives, a Research Strength at the University of Wollongong. She is a Professor in the Faculty of Health & Behavioural Sciences; and from 2004 to 2009 she was Associate Dean (Research) in that faculty. Sandra has published more than 100 refereed papers and been awarded in excess of \$4 million in research funding. Her research focuses on the relationship between media and health, including the impacts of advertising in the print and electronic media on health behaviour, and the use of social marketing to improve population health. She also conducts research in the area of advertising and marketing regulation, particularly in relation to alcohol marketing.

## **Introduction**

Each year seasonal influenza in Australia causes an estimated 18,000 hospitalisations, 300,000 General Practitioner consultations, and 1,500 to 3,500 deaths (Newall et al., 2007). Influenza and other viral infections are commonly spread person-to-person by inhaling infectious droplets transmitted when talking, coughing or sneezing (NSW Ministry of Health, 2011). Viruses can survive for an hour or more in the air of closed environments (Weber and Stilianakis, 2008); transmission of the virus from tissues to hands is possible for up to 15 minutes, and from surfaces to hands for up to five minutes (Bean et al., 1982). Individuals in closed communities such as schools, hospitals and aged care facilities are at high risk of contracting an infectious illness as the spread of the virus is aided by humidity and diminished ventilation (Collignon and Carnie, 2006). Transmission risks in universities are similar to those in other closed communities as they host a large number of students and staff daily; these students and staff use shared facilities and spend time indoors in classrooms, libraries and offices. This presents a serious public health issue for universities (Beaton et al., 2007).

Promotion of infection control messages and practices is recommended in community settings (Collignon and Carnie, 2006). Behaviours that reduce the spread of, or protect against infection from, contagious illness include washing hands regularly, covering the nose and mouth when coughing or sneezing, avoiding close contact with others, regularly cleaning surfaces and not sharing personal items (Department of Health and Ageing, 2011). Evidence suggests that university students are not aware of, or not following, these basic procedures to reduce the transmission of these illnesses even in situations of heightened alert and anxiety, such as a pandemic (Van et al., 2010). Perhaps most notable is the tendency to cough or sneeze directly into the air, or into their hands (which then touch communal surfaces such as computers and door handles), rather than into their sleeve/armpit or a disposable tissue.

## **Why Social Marketing?**

Campaigns to reduce the spread of colds and flu have tended to focus on the provision of education material which provide little practical information regarding effective interventions to reduce individual risk of infection and transmission, “leaving the public ‘warned’ but not well armed to respond to the usual ‘cold and flu’ season” (Larson, 2006). A social marketing approach was adopted in this project because: we were selling a behaviour; the behaviour change was voluntary; the beneficiary was the individual, group, or society; we wanted to engage in an exchange with the consumer; and we needed a consumer orientation (Kotler and Lee, 2008, Donovan and Henley, 2010). Importantly, an effective strategy to engage the population in the appropriate responses to reduce the transmission of infection requires a careful consideration of the 4Ps, not just ‘promotion’.

## **Methodology**

In 2011 we were funded by our university to develop and implement a campus based social marketing intervention, to reduce the spread of cold and flu among the university population. The campaign consisted of six stages including a review of previous campaigns, formative research with university staff and students (focus groups), development of campaign materials, pretesting materials with the target audience (focus groups), campaign implementation and a comprehensive evaluation (pre-post online survey). The key objectives of the campaign were to: raise awareness of the importance of preventing the spread of colds and flu; and provide clear messages to students and staff concerning actions they could take to reduce their risk of contracting or spreading colds and flu. The intervention was evaluated

by comparing responses to an online survey conducted with students and staff before (n=669) and after (n=1175) the campaign.

Implementation of the campaign occurred over a three month period in the peak cold and flu season of 2011 (July to September 2011). A core element of the campaign was a set of recommendations on behaviours (the product) that individuals can adopt to reduce the spread of colds and flu on campus. These were: wash your hands; cough and sneeze into your sleeve; and stay at home if you are sick. As well as a communication campaign (print and digital posters, a website, promotion via university media etc) (promotion), the campaign addressed the barriers to behaviour change identified in the formative research (the 'other 3 Ps'). These strategies included: desktop hygiene centres distributed across campus to enable easy access to tissues and alcohol hand rub (price and place); flu booths with branded merchandise (place, price and promotion), information resources (promotion), and 'flu geek' actors to engage passers-by (place and promotion); and ongoing activities for staff and students.

### Results

The results of the pre-post evaluation show that the campaign was highly visible, memorable and effective. *Knowledge*: Unprompted recall of the Cold and Flu Campaign was high, with the majority of students (70.3%) and staff (82.6%) reporting they had seen campaign messages. *Attitudes*: The campaign reinforced the established beliefs that washing hands frequently and staying at home if you are sick were effective strategies for preventing the spread of colds and flu. Beliefs about the efficacy of the 'cough and sneeze into your sleeve' behaviour improved significantly after the campaign, with both staff and students more likely to believe that the behaviour would reduce their risk of contracting or spreading colds and flu after the campaign. *Behaviour*: Pre-post analysis showed statistically significant and meaningful increases in the number of staff and students reporting coughing and sneezing into their sleeve; the number of staff staying home if they are sick; and the number of students washing their hands regularly while on campus.

### Discussion

Our intervention clearly communicated the key messages to the target audience, with high unprompted recall, and even higher prompted recall. We were able to change not only attitudes and beliefs, but actual prevention behaviours. The campaign reinforced the 'wash your hands' behaviour, promoted discussion of the 'stay at home if you are sick' behaviour, and convinced many to adopt a new behaviour ('cough and sneeze into your sleeve'). The latter two are particularly notable given the existing social norms which are contrary to the promoted behaviour – the 'soldier on' and come to work norm and the 'ick factor' of coughing and sneezing into your sleeve (rather than the socially acceptable but disease-transmitting 'cover your mouth with your hand').

These changes were achieved despite several limitations inherent in the pilot project – most notably the very short period between the decision to fund the project and the launch of the campaign. Key to the success of this intervention was the use of multiple strategies – addressing all of the 4Ps rather than a single-strategy communication campaign. In addition, the use of a 'settings-based' intervention ensured high levels of awareness and exposure to campaign messages and resources to support knowledge, attitude and awareness change, all of which are sometimes difficult to achieve in small scale community based campaigns.



## References

- Bean, B., Moore, B.M., Sterner, B., Peterson, L.R., Gerding, D.N., Balfour, H.H. (1982). Survival of influenza viruses on environmental surfaces. *Journal of Infectious Diseases*, 146(1), 47-51.
- Beaton, R., Stergachis, A., Thompson, J., Osaki, C., Johnson, C., Charvat, S.J. and Marsden-Haug, N. (2007). Pandemic Policy and Planning Considerations for Universities: Findings From a Tabletop Exercise. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, 5(4), 327-334.
- Collignon, P.J. and Carnie, J.A. (2006). Infection control and pandemic influenza. *Medical Journal of Australia* 185, s54-S57.
- Department of Health and Ageing (2011). Protecting yourself and others. Retrieved February 9, 2012, from <http://www.health.gov.au/internet/panflu/publishing.nsf/Content/protecting-1>
- Donovan, R. and Henley, N. (2010). *Principles and Practice of Social Marketing: An International Perspective*. Cambridge University Press.
- Kotler, P. and Lee, N.R. (2008). *Social Marketing: Influencing behaviors for good* (3<sup>rd</sup> Ed.). Thousand Oaks, CA: Sage Publications.
- Larson, E. (2006). Warned, but Not Well Armed: Preventing Viral Upper Respiratory Infections in Households. *Public Health Nursing*, 24(1), 48-59.
- Newall, A.T., Scuffham, P.A., Hodgkinson, B. (2007). Economic report into the cost of influenza to the Australian health system. Retrieved February 9, 2012, from <http://www.influenzaspecialistgroup.org.au>
- NSW Ministry of Health (2011). Influenza Factsheet. Retrieved February 9, 2012, from <http://www.health.nsw.gov.au/factsheets/infectious/influenza.html>.
- Van, D., McLaws, M.L., Crimmins, J., MacIntyre, C. R., and Seale, H. (2010). University life and pandemic influenza: Attitudes and intended behaviour of staff and students towards pandemic (H1N1) 2009. *BMC Public Health*, 10(1), 130.
- Weber, T.P. and Stilianakis, N.I. (2008). Inactivation of influenza A viruses in the environment and modes of transmission: A critical review. *Journal of Infection*, 57(5), 361-373.

**“I Hope This Can be Shared with Everyone in Lots of Schools”: A Novel Intervention to Improve Social Skills of Peers of Children with Autism**

*Professor Sandra Jones, Joanne Telenta<sup>23</sup> & Fiona McKay\**

Centre for Health Initiatives  
Innovation Campus  
University of Wollongong  
Wollongong, NSW, 2522  
Email: [jot@uow.edu.au](mailto:jot@uow.edu.au)  
Email: [sandraj@uow.edu.au](mailto:sandraj@uow.edu.au)  
Ph: +61 2 4221 4847  
Fax: +61 2 4221 3700

\*Dapto High School  
Email: [FIONA.MCKAY@det.nsw.edu.au](mailto:FIONA.MCKAY@det.nsw.edu.au)

---

<sup>23</sup> Ms Joanne Telenta works as a Research Project Manager in The Centre for Health Initiatives and has contributed to social marketing research in the areas of autism spectrum disorders, sun protection for adolescents, pregnant women and alcohol consumption, injecting drug users, and a number of cancer projects with The NSW Cancer Council. She also has extensive project management experience in clinical trials research in both Australia and Europe.

## Introduction

Autism spectrum disorders (ASDs) are lifelong developmental disabilities characterised by marked difficulties in social interaction, impaired communication, restricted and repetitive interests and behaviours, and sensory sensitivities (Aspect 2009). While there is considerable debate as to prevalence, Centrelink data shows an estimated prevalence of 62.5 per 10,000 for 6-12 year old children (McDermott et al. 2007). While young children find social situations aversive and prefer to play alone, as these children reach their teens many desire social contact with their peers but lack the ability to form and maintain friendships. Observations in schools demonstrate peer interaction in children with ASDs is of lower frequency and poorer quality than peer counterparts (Aspect 2012). The standard approach has been to work on social skills development with the ASD child and/or to educate teachers and support workers in social interaction facilitation. However, these approaches ignore the central element of peer relationships - the need for both parties to better understand each other and develop skills in communicating in a way that is acceptable and understandable to the other. There is a small body of evidence that disclosure of an ASD diagnosis and peer education can increase acceptance by peers (Dowjotas, 2009) although there are no published studies on interventions in schools (Keane, 2007).

Social marketing (Andreasen 1995, Kotler & Lee 2008, Donovan & Henley 2010) is ideally placed to inform the development of appropriate interventions in this under-researched area. We seek to influence the behaviour of a target audience (peers of students with ASD) to improve the welfare of the children with ASD (by providing a supportive environment), the target audience (by facilitating more positive interactions with their peers with ASD) and the wider community (by increasing opportunities for young people with ASD to integrate into and contribute more fully to their 'neurotypical' community). Importantly, this requires more than an 'information' campaign; we need to engage the target audience in a mutually beneficial exchange ("what's in it for me if I'm nicer to those kids?"), using the full marketing mix – positioning supporting peers with autism as a desirable *product*, at an affordable *price* (addressing barriers and providing skills), in the right *place* (the school environment where skills learnt can immediately be practiced), with the right *promotion* (communicating messages in a way that is relevant and engaging to this discerning audience).

## Methodology

The aims of this study were to: (1) develop a resource that was informative and interesting to students; (2) develop a 'presenters' manual' to enable those who adopt the resource to be able to deliver it with confidence; (3) test the acceptability of the resource by engaging local schools in the delivery of the materials; and (4) demonstrate the effectiveness of the resource in increasing students' awareness and understanding of ASD, and their willingness to interact with and assist these students. We reviewed existing ASD resources and interviewed experts in the field to develop a 13-minute presentation (utilising software tools Prezi and i-movie); an accompanying manual for presenters with additional ASD information; and a set of exercises to reinforce the presentation and concepts. We also developed a pre- and post paper based survey for the students and teachers in order to evaluate the acceptability of the materials and the feasibility and effectiveness of the intervention. The materials were trialled at two high schools with students in Year 7 (12-13 years old). This age group was seen as the key target for such an intervention as (in NSW) this is the first year of secondary school; the

transition to high school with its change to single-subject teachers and class cohorts, complex timetabling, and increased demands on social skills is the point at which children with ASD are most vulnerable to peer rejection. School one has an in-house ASD unit with dedicated teachers; the ASD students attend classes within the unit but are integrated into the school for a wide range of activities. School two does not have a dedicated ASD unit or specialised teachers, but has students with ASD in approximately the same ratios as other government high schools. In school one the intervention was delivered over 2-3 sessions in the MAC class (an 'open' class where teachers can present on topics of interest to the student body); and in school two the intervention was delivered in a single session in PDHPE classes. At both schools only one teacher took on the role of presenter.

## Results

A total of 282 students completed the pre-intervention surveys. Approximately half claimed to know what Autism/ASD is; the majority of their open-ended descriptions suggested their understanding was faulty or limited. Comments included 'people with autism generally don't understand things the way we do' and 'I think it is a disorder where you can go sort of crazy'. Two thirds (68%) stated that they did not know what the issues for ASD students were; many correctly identified issues such as communication, bullying, and interaction with others, but there were some misnomers, such as 'You have to eat white bread'. Only 45% of students said they felt comfortable around ASD students, and 28% said they did not know how to act.

A total of 250 students completed the post-intervention surveys. Overall the presentation was viewed positively with 93% of students finding the information helpful; and 86% finding the exercises useful. The majority (54%) reported in the pre-intervention survey that they could not have helped a student with ASD; whereas following the presentation 92% felt they could help a student with ASD. This was further supported by their open-ended responses, such as:

- *'Thankyou I had no idea what it was and the symptoms. This has really helped and I will be able to help someone in the future. Hope this can be shared with everyone in lots of schools'*
- *'This was great! I knew someone with ASD and I found sometimes it was a bit hard to communicate. I know what I can try for him to be more comfortable...'*

Both of the teachers endorsed the presentation and manual, and suggested the inclusion of more detail on the issues ASD students have and what they (teachers and peers) can do to help, as well as the addition of music or YouTube clips. Students similarly suggested the inclusion of music, but also wanted to hear voices of 'someone with ASD to talk to the class.

## Discussion

This was a pilot study, designed primarily to test the acceptability and feasibility of a small-scale social marketing intervention to increase the capacity and willingness of secondary students to provide support and friendship to their peers with ASD. Given the limited budget (and consequent limitations on the production quality of the intervention materials), the variation in delivery styles of the two teachers, and the short duration of the intervention, the outcomes of the intervention – based on the qualitative and quantitative feedback from the students and teachers – exceeded our expectations. The results of this pilot study confirm that utilising the 4Ps of social marketing can result in a mutually beneficial exchange. Peers of ASD students are willing to improve their understanding of autism and would like to be provided with the skills to enable them to be more effective in interacting with and assisting their peers with ASD. There is clearly a role for the development and evaluation of larger scale social marketing interventions to facilitate the integration of students with ASD into the

social environment of secondary schools, bringing about substantial improvements in the wellbeing of adolescents with ASD, their peers, and the wider community.

## **References**

Andreasen, A.R. (1995). *Marketing social change*. San Francisco: Jossey-Bass.

Aspect (2012). What's happening in the world of autism? Available at: [http://www.autismspectrum.org.au/index.php?option=com\\_content&view=article&id=147&Itemid=148](http://www.autismspectrum.org.au/index.php?option=com_content&view=article&id=147&Itemid=148), accessed 15/02/12.

Donovan, R. and Henley, N. (2010). *Principles and Practice of Social Marketing: An International Perspective*. Cambridge University Press.

Dowjotas, J.M. (2009) "Why Can't We Be Friends?: The Effects of Disclosure and Severity on Typical Students' Attitudes Toward Peers with Autism Spectrum Disorders" (2009). Honors Projects. Paper 126. Available at: [http://digitalcommons.iwu.edu/psych\\_honproj/126](http://digitalcommons.iwu.edu/psych_honproj/126), accessed 17/02/12.

Keane, E. (2007). The integration of students with autism into NSW primary schools. Unpublished PhD thesis. Charles Sturt University.

Kotler, P. and Lee, N.R. (2008). *Social Marketing: Influencing behaviors for good* (3<sup>rd</sup> Ed.). Thousand Oaks, CA: Sage Publications.

McDermott, S., Williams, K., Ridley, G., Glasson, E., & Wray, J. (2007). The Prevalence of Autism in Australia: Can it be Established from Existing Data? Report to the Australian Advisory Board on Autism Spectrum Disorders

## **Surprise Hit or the Blind Date from Hell? Complementarities and Conflicts in Strategies for Achieving Outcomes from Social Marketing and Modern Regulation**

*Stefan Kaufman, PhD<sup>24</sup> & Dr. Jim Curtis*

Behaviour Works  
Monash Sustainability Institute  
Monash University  
Melbourne  
Australia

---

<sup>24</sup> Stefan Kaufman manages the Social Research Program for EPA Victoria, which over the past 5 years has involved conducting and managing research on evaluation, environmental perceptions, risk communication and behaviour change. He holds a PhD in Human Ecology from the Australian National University, which examined how would-be environmental change agents handle the challenges of differences of understanding between change agents and their target audiences. His research and professional interests focus on the links between individual, organisational and societal change for sustainability, and the potential roles of social research in making those links explicit and intentional. He is an honorary appointee with Behaviour Works at the Monash Sustainability Institute, Monash University.

## Introduction

Many conversations I have with social marketers unfamiliar with regulatory authorities taper off when I mention that I work for one: “oh, that’s interesting; I work on voluntary behaviour changes though”. This is despite notable social marketing by regulators in Victoria alone (i.e. Transport Accident Commission and Work Safe Victoria). Globally, social marketing techniques have targeted behaviour changes with a regulatory dimension, such as litter prevention, stormwater pollution, taxation compliance and many more (Kotler & Lee 2008, Mackenzie-Mohr 2011). Work is also emerging relating behaviour change frameworks to key intervention functions (e.g., norms, persuasion, incentives and coercion) and the policy tool frameworks that deliver them (e.g., regulation, fiscal measures, communication/marketing) (Mitchie 2011; Rothschild 1999). This paper aims to spread the notion that regulators often must use marketing, education and any number of intervention methods over and above coercion and incentivisation, and that marketers may find new and interesting challenges in helping us.

## Social Marketing, Education, and Law

Rothschild (1999) suggests that the decision of what intervention types to apply and combine can be made by consideration of the target audience’s Motivations (perceived self-interest and desirability of change), Opportunity (enabling environment /low ‘cost / lack of barriers), and Ability (skills, confidence and knowledge), or ‘M.O.A.’.

**Table 1: Conceptual framework for intervention choice based on Motivation, Opportunity and Ability segmentation analysis (after Rothschild 1999: 31).**

<b>MOTIVATION</b>	<b>Yes</b>		<b>No</b>	
<b>OPPORTUNITY</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>ABILITY</b>	Prone to act, may need reminding <i>Education</i>	Willing, able, but blocked, need help <i>Marketing</i>	Able, ready but resistant <i>Law</i>	Unable, resistant, blocked. <i>Marketing, Law</i>
<b>Yes</b>				
<b>No</b>	Willing, ready, but don’t know how. <i>Education, Marketing</i>	Willing, but blocked and don’t know how. <i>Education, Marketing</i>	Don’t want to, could, and don’t know how. <i>Education, marketing, law</i>	Don’t want to, blocked, and don’t know how. <i>Education, marketing, law</i>

If education expands awareness of options without increasing the chances that participants will pursue them, and law constrains choices to the socially desired options (with possible reactance), then marketing, Rothschild argues, offers an attractive middle ground in many cases by allowing an exchange or trade-off between the rights and responsibilities of the individual, and the needs of the community. By shifting the focus from preferred intervention approach to a pragmatic assessment of the behavioural outcome required, Marketers, Regulators and other ‘Managers’ are urged to a greater appreciation of the need to accommodate the realities of target audiences with the suitability interventions if outcomes are going to be achieved. Different interventions types may be cheaper, or more acceptable, but are ultimately wasted if they fail to achieve the social goal that justifies them.

### **Key Elements of Modern Regulation**

Over the past two decades, regulatory scholars have observed a transformation in the goals and methods of government to achieve outcomes, with some of the biggest changes occurring in regulatory agencies (Peterson & Fensling 2011; Sparrow 2000). Peterson & Fensling (2011) review a number of descriptive and normative frameworks for these changes. Key concepts include:

- Prioritising regulatory activities and deployment of regulators resources on an evidence based assessment of risk.
- Using a pyramid of regulatory enforcement measures — from a broad base of light handed ‘persuasion’ and ‘soft law’ incentives, to successively stronger and harder legal measures (such as prosecutions and licence revocation) address more serious offenses.
- The use of multiple rather than single policy instruments, to better match the regulation to the circumstances of those being regulated.
- Fostering the capacity of regulatory institutions to change direction and adapt to new circumstances, priorities and objectives, by assessing the organisational infrastructure of the regulatory regime and its sensitivity across key tasks: detecting undesirable behaviour, developing responses to that behaviour, enforcing the responses, assessing their success and modifying them in light of changing circumstances.

Clearly, and particularly for the bottom right boxes in Rothschild’s table, there is great scope to combine intervention methods in a regulatory context (with some caveats – see commentary in appendices 1). Regulatory research highlights that effective regulatory activity depends on leveraging much more complex motivations and mechanisms than instrumental rationality enforced by coercion and incentives, and indeed relies crucially on careful fostering of self-regulation and cooperation from different stakeholders at multiple scales, combined with credible surveillance of compliance (Gunningham et al 2005; Ettiene 2011; Short & Toffel 2010; Lee 2008).

Key factors identified include the internalised belief in being detected breaking the law; perceived legitimacy of the regulatory requirements; relationship with the regulator; perceived social costs of non-compliance - shame, guilt; and concern with informal sanctions imposed by the local community, society, NGOs (Gunningham et al 2005). Internal firm dynamics and motivations also appear to be important in determining the sensitivity of a given firm to external factors, and require further research (Howard-Grenville et al 2008). Indeed, while both are important, in most cases ‘broader’ social motivations for compliance are stronger explanatory factors of actual behaviour than instrumental motivations that can be enforced (Tyler 2011). This research supports, and adds detail, to Rothschild’s conceptual framework.

### **Conclusion**

A more evidence based and holistic intervention toolkit across the spectrum of options, and continually informed by reflections from practice would be hugely beneficial to all ‘managers’. Interestingly, focusing on needs and outcomes, rather than methods, challenges us to consider the overall importance of the goals of intervention against the pragmatic and values based imperative to address them as efficiently as possible. If we regard social marketing as the collected wisdom of applied behavioural science to tractable elements of public good problems, and modern regulation as being focused on devoting scarce resources to ensuring target audiences behaviour protects public goods, relating the two raises an interesting point. Are there public goods that are so important they must be protected even if there is no efficient way to do so? And if so, how can both modern regulation and social



marketing ensure that we remain focused on achieving necessary outcomes, even if at great cost or under great political pressure, rather than just tackling problems amenable to ‘what works’ most efficiently?

### References:

Etienne, J. (2011). Compliance theory: A goal framing approach. *Law & Policy*, 33(3), 305-333.

Gunningham, N. A., Thornton, D., & Kagan, R. A. (2005). Motivating management: Corporate compliance in environmental protection. *Law & Policy*, 27(2), 289-316.

Howard-Grenville, J., Nash, J., & Coglianese, C. (2008). Constructing the license to operate: Internal factors and their influence on corporate environmental decisions. *Law & Policy*, 30(1), 73-107.

Kotler, P., & Lee, N. (2008). *Social marketing: Influencing behaviors for good* (3rd ed.). Thousand Oaks: Sage Publications, 444pp.

McKenzie-Mohr, D. (2011). *Fostering sustainable behavior: An introduction to community-based social marketing* (3rd ed.). Gabriola Island: New Society Publishers.

Michie, S., van Stralen, M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(1), 42.

Peterson, D. & Fensling, S (2011) *Risk-based regulation: good practice and lessons for the Victorian Context*. Conference paper presented at the Victorian Competition and Efficiency Commission Regulatory Conference, Melbourne, April 2011, pp 33.

Rothschild, Michael L. (1999). *Carrots, sticks and promises: A conceptual framework for the management of public health and social issue behaviours*.

Short, J. L., & Toffel, M. W. (2010). Making self-regulation more than merely symbolic: The critical role of the legal environment. *Administrative Science Quarterly*, 55(3), 361-396.

Sparrow, Malcolm K. (2000) *The Regulatory Craft: controlling risks, solving problems, and managing compliance*. Brookings Institution Press, 370pp.

Tyler, Tom R. (2011) *Why people cooperate: The role of social motivations*, Princeton University Press, 215pp.

## Appendices 1: Selected complementarities and conflicts between social marketing and modern regulation

Selected elements of Kotler & Lee's (2008) 10 step social marketing planning framework present a useful frame to consider the complementarities and conflicts between modern regulation (MR) and social marketing (SM), as presented in the below table. Selected steps are addressed due to space limitations, although all are worthy of comment.

**Table 1: Complementarities and conflicts between modern regulation (MR) and a social marketing (SM) planning framework.**

Steps	Complementarities	Conflicts	Comments
3.0 Target Market Profile – size, demographics, geographics, behaviours, psychographics	Most MR frameworks emphasise the need to profile the population within jurisdictions, however lack detail on what aspects and preferred methods. SM routinely profiles populations.	Firms, not individuals, are often the population of interest for regulatory agencies.  By the nature of illegal activity, it can be difficult to create and access data needed to profile populations, although both SM and MR have techniques to tackle difficult topics and populations.	Do we know enough about the changes in approach needed to profile firms, not individuals? Are there tips and tricks germane to one body of knowledge and useful to another?
4.0 Marketing Objectives and Goals -behaviour knowledge and beliefs - measurable and time sensitive	Both approaches seek to target the right motivations and knowledge to achieve an outcome	Due to issues of information asymmetry and complexity, it is often difficult for a regulator to be specific about behaviours, tending towards prevention and outcomes focus. This often assumes that the right motivations will trigger a suite of appropriate behaviours.	Do SM literature and approaches tend to pick the low hanging fruit of behaviour change, and would more attention to resolving issues of complexity and information asymmetry benefit both approaches? Is targeting positive 'spill over' behaviours part of the answer?
6.0 – Positioning statement – how the target behaviour should be seen by the target audience relative to competing behaviours	A clear value proposition should be as useful to a compliance campaign as a marketing campaign.	Between the rest of government, businesses, the public and NGOs, it is rare that a single positioning statement is acceptable to all audiences, nor is the regulator always the best messenger to deliver it. This can hinder actually identifying what it is.	Handling multi-stakeholder expectations is a challenge to both approaches, and methods and techniques to do so effectively without confusing neither the organisation nor its stakeholders would be extremely useful.
7.0 Marketing Mix Strategies (4 Ps)	SM has a proven track record of designing and delivering attractive behavioural 'products', and MR needs an approach to develop the same.	As noted above, realising the benefits of compliance is often dependent on third parties scrutiny and influence on entities, requiring complex, multi-stakeholder campaigns.  Regulatory agencies may have limited capacity to tailor their approach to the diversity of firms, and a lack of information, capacity or	Would a focus on the 'ecology' of behaviour changes and influential actors benefit SM? In complex, dynamic problems, would a focus on motivating actors to solve problems be a more robust strategy than trying to isolate individual behaviours?

		political will may further constrain solutions.	
8. Evaluation, 9. budget 10. implementation plan	The discipline of being able to show that an outcome has been achieved by targeting scarce resources effectively in a professional manner is central to both approaches, with many lessons to be shared.	All interventions are somewhat political, legally backed ones are particularly so. To have the time, resources and political support to design and deliver effective interventions requires a particularly mature, evidence informed government environment.	Both approaches have a strong vested interest in the evidence based policy movement, and have valuable contributions to make to it.

## Social Behaviour Influence Model: Implications for Social Marketing

*Katherine C Lafreniere & Dr Sameer Deshpande*<sup>25</sup>

Faculty of Management  
University of Lethbridge  
Canada

Email: [katie.lafreniere@uleth.ca](mailto:katie.lafreniere@uleth.ca)

Email: [Sameer.deshpande@uleth.ca](mailto:Sameer.deshpande@uleth.ca)

---

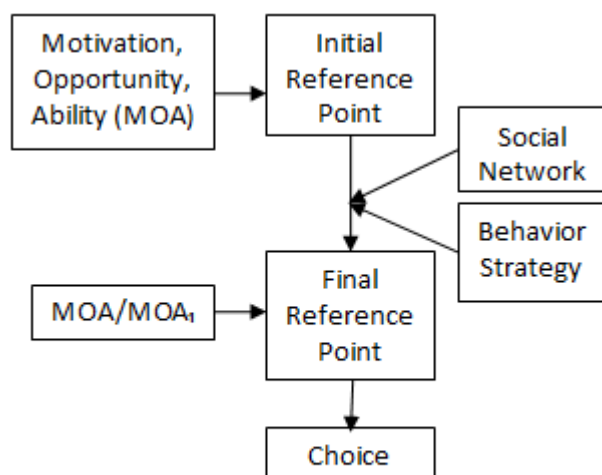
<sup>25</sup> Sameer Deshpande is an Associate Professor of Marketing in the Faculty of Management and faculty member of the Centre for Socially Responsible Marketing at the University of Lethbridge, Canada. His research interests include applying social marketing thought to a variety of public health issues. He has published his research in several academic journals and books. Additionally, he has offered social marketing workshops to several non-profit and government agencies primarily in Canada. He serves as advisor on governmental and on governmental social marketing campaign teams.

Behavior change is central to social marketing efforts. We present a “Social Behaviour Influence” model incorporating factors from a behaviour management framework into decision framing to provide an enhanced understanding of social behavior influence. Puto’s (1987) discussion of how reference points are formed and Rothschild’s (1999) MOA framework for the management of public health and social issue behaviours are integrated to formulate the model and resultant applications. This knowledge of how a target audience decides on enacting desired social behaviours will assist social marketers achieve the elusive behaviour change objectives.

### The Social Behaviour Influence (SBI) Model and Applications

We begin with a description of the SBI model, followed by its application to solving social problems. A reference point refers to the asset position that one is expected to attain (Kühberger, 1998). It is based on past experience and acts as a benchmark in the evaluation of current choices (Tarnanidis, Owusu-Frimpong, & Marciniak, 2010). People that perceive options below a reference point are more risk-seeking to avoid losses, while those perceiving options above a reference point are more risk-averse to ensure gains (Kahneman & Tversky, 1979). Rothschild’s (1999) use of motivation (i.e. desire to carry out new behaviour), opportunity in the environment facilitating new behaviour, and ability (i.e. perceived skills to enact new behaviour) to explain individual perceptions of a social problem is well established in the social marketing literature (e.g., Binney, Hall, & Shaw, 2003). Given the similarities in concepts, it is reasonable to consider the initial reference point as a reflection of motivation, opportunity and ability (hereinafter referred to as MOA) in the social choice context. For example, individuals deciding whether to recycle at a drop-off depot may perceive low opportunity because they do not have the resources, such as transportation, to visit the drop-off depot. Thus, low levels of MOA may result in a perception that options are below the initial reference point.

The initial reference point becomes the final reference point unless environmental factors present at the time of the decision exert sufficient influence to shift it to a new position (Puto, 1987). Behaviour strategies and/or social networks modify a decision maker’s reference point and ultimately increase the attractiveness of the desired behaviour. Behaviour strategies refer to the strategies and tactics inherent in education, marketing and law (Rothschild, 1999). Social networks refer to the decision maker’s communications with other stakeholders.



**Figure 1. The Social Behaviour Influence Model**

### Applications of the SBI Model

Combining the two frameworks creates opportunities to better target the decision maker in two new ways. First, it describes how the sales message accompanying the behaviour strategy should be framed to the target audience. For low MOA, social marketers should use a negative sales message, such as avoiding a loss. Prospect Theory posits that a negative sales message can draw attention to options below a reference point and thus encourage risk taking (Puto, 1987). For example, campaigns should highlight how people who gamble experience huge financial losses. Similarly, for high MOA, social marketers should use a positive sales message, such as an opportunity to gain a personal benefit.

Second, the SBI model reveals situations where behaviour strategies are less effective in behaviour change and offers tailored solutions. Situations occur where individuals are strongly committed to the initial reference point and will not change behaviour regardless of environmental factors (Qualls & Puto, 1989). We posit four possible outcomes arising from commitment to the initial reference point. 1) For high commitment, campaign managers may not be able to change the behaviour. The manager should therefore reduce the consequences of that behaviour. For example, Needle Exchange Programs provides injection drug users with clean needles and other supplies in order to prevent or reduce harm of the risky behaviour (Kaiser Foundation, 2003). The next three outcomes describe low commitment to the initial reference point. For low commitment, behaviour strategies and social networks can target an individual's reference point and ultimately increase the attractiveness of the desired behaviour. 2) The appropriate behaviour strategy may influence the final reference point more than the social network. For example, when a desired behaviour is not openly discussed amongst peers (e.g., when to see a dentist) or decision makers perform the current behavior even though it is frowned upon by their peers (e.g., smoking cigarettes). Social marketers should analyze the MOA of the target market and consequently decide on a behaviour strategy (see Rothschild, 1999 for selecting appropriate behaviour strategies). 3) The social network may influence the final reference point more than the appropriate behaviour strategy. For example, colleagues who regularly go out for lunch together may be influenced more by each other than by a behaviour strategy. The appropriate behavior strategy must be called on to target the social network rather than the decision maker. 4) Both the appropriate behaviour strategy and the social network may influence the final reference point. For example, individuals who drive under the influence of alcohol may be influenced by the appropriate behaviour strategy and the social network. The appropriate behaviour strategy will be called on to modify the decision makers' and the social network's existing levels of MOA.

## **Conclusion**

This study proposes SBI model combining Puto's (1987) theory of the formation of reference points and Rothschild's (1999) MOA framework. We posit that the combined model is more effective at targeting behaviour than either model alone. By bringing together the unique strengths of each model, we show how the sales message accompanying the behaviour strategy should be framed to the target audience. Additionally, we show how commitment to the reference point may reduce the effectiveness of a behaviour strategy in four distinct outcomes and offer tailored solutions. By theoretically demonstrating that a successful social marketing campaign depends on not only MOA and behaviour strategies but also the reference point and commitment to the initial reference point, social marketers can ensure that the appropriate behaviour strategy and sales message better targets the decision maker and social network.

## References

- Binney, W., Hall, J., Shaw, M. (2003). A further development in social marketing: Application of the MOA framework and behavioral implications. *Marketing Theory*, 3(3), 387-403.
- Kaiser Foundation. (2003). State of the knowledge: Needle Exchange Programs. Retrieved April 15, 2011, from <http://www.upnbc.org/needleexchange.pdf>.
- Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decision under risk. *Econometrica*, 47(2), 263-291. doi:10.2307/1914185.
- Kühberger, A. (1998). The influence of framing on risky decisions: A meta-analysis. *Organizational Behavior and Human Decision Processes*, 75(1), 23-55. doi: 10.1006/obhd.1998.2781.
- Puto, C. P. (1987). The framing of buying decisions. *Journal of Consumer Research*, 14(3), 301-315. doi:10.1086/209115.
- Qualls, W. J., & Puto, C. P. (1989). Organizational climate and decision framing: An integrated approach to analyzing industrial buying decisions. *Journal of Marketing Research*, 26(2), 179-192. doi:10.2307/3172604.
- Rothschild, M. L. (1999). Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of Marketing*, 63(4), 24-37. doi:10.2307/1251972.
- Tarnanidis, T. K., Owusu-Frimpong, N. & Marciniak, R. (2010). Consumer choice: Between explicit and implicit reference points. *Marketing Review*, 10(3), 269-286. doi: 10.1362/146934710X523113.

## Transnational Advocacy Networks and the Social Marketing of ‘Food Fears’

*Alana Mann*<sup>26</sup>

University of Sydney

---

<sup>26</sup> Dr Alana Mann is a lecturer in the Department of Media and Communications at the University of Sydney. Her doctoral thesis is *Framing Food Sovereignty: A Study of Social Movement Communication*.



Health concerns related to food safety motivate consumers to take more interest in where their food comes from, who produces it and how. According to a 2004 survey commissioned by Kellogg (Bostrom, 2005) the popularity of organic food can largely be attributed to outbreaks of diseases such as Bovine Spongiform Encephalopathy (BSE), salmonella and more general concerns over the health impacts of genetically modified organisms (GMOs) and pesticide use. This provides a political opportunity for members of global social movement La Via Campesina ('the peasant way') and allied organisations to promote a return to small-scale agriculture that reconnects local rural and urban communities.

The analysis of the social marketing initiatives of Spanish members of La Via Campesina presented in this paper illustrates how actors joined in transnational advocacy networks mobilise public opinion in local contexts by linking industrial agriculture with health risks, loss of livelihoods and cultural homogenisation. Transnational advocacy networks are comprised of "relevant actors working internationally on an issue...bound together by shared values, a common discourse, and dense exchange of information and services" (Keck and Sikkink, 1998, p.2). Sites for voluntary and reciprocal patterns of communication and exchange, TANs are made up of diverse actors united by principled ideas or values. These may include national and international NGOs, research and advocacy groups, government bodies, local social movements and media organisations. Most effective in lobbying, targeting elites and supplying information to well-placed insiders, TANs gain relevance when the channels of claimants are blocked within national public spheres.

A member of the broad transnational network opposed to neoliberal globalisation - Our World is Not For Sale (OWINFS) – La Via Campesina is particularly concerned with the impact of industrial agriculture and free trade agreements on the ability of regions, nations and communities to feed themselves, and the homogenising effects of the global food system on group culture and territorial identity. Food safety scares create crises of confidence and undermine trust in the food system; they have driven governments to increase the transparency and participatory dimensions of policy-making around food. Yet La Via Campesina argues that industrial corporations have continued to displace public goals with private profit, demonstrated in the application of intellectual property (IP) rights around food products including seeds. Food scares now travel across borders as a result of global trade, resulting in a need for more international regulation and oversight such as the WTO's health and safety non-tariff barriers and articles such as the Codex Alimentarius.

In Europe smaller producers are resisting the commodification of food and favour a retreat to multifunctional agriculture, a trend that resonates with European consumers who share concerns about food safety. In Spain, these include the use of GMOs, which the country has accepted since 1998. Agro-ecological products including organics are promoted outside mainstream marketing channels and the sector reports consumer confusion over 'bio' products. European members of La Via Campesina and their networks promote agro-ecological approaches as alternatives to commercial agriculture through an "identity-based economy" frame (Itcaina, 2005). The shift to small-scale farming that integrates ethical values, fairness, solidarity and participative democracy is largely driven by peasant-based farmers unions such as Euskal Herriko Nekazarien Elkartasuna (EHNE), situated in the Basque Country (Euskadi). In response to calls for transparency, EHNE's direct marketing initiatives focus on provenance, framing issues of food quality and food safety as symbols of the crisis of commercial agriculture. Its Nekasarea initiative involves the direct sale of weekly produce to consumers throughout the Bizkaia Province. Inspired by the French

Association pour le Maintiend'une Agriculture Paysanne (AMAP)<sup>27</sup> the Nekasarea project “promotes and disseminates a [local] model of agriculture” that counters traditional corporate structures. The network implements partnership initiatives that facilitate short chain supplies in production and distribution. In doing so, it seeks “new ways of interaction between people as producers and consumers about the effects of different agricultural and consumer models” (Red Nekasarea, 2010).

## References

Bostrom, M. (2005). *Digesting Public Opinion: A Meta-Analysis of Attitudes Toward Food, Health and Farms*. Frameworks Institute.

Itcaina, X., & Cadiou, S. (2007). Sectoral Issues and Environmental Causes: The Mobilisation of the French Basque Fishermen after the Sinking of the Prestige. *French Politics*, 5, 315-332.

Keck, M., & Sikkink, K. (1998). *Activists Beyond Borders: Transnational Advocacy Networks in International Politics*. Ithica: Cornell University Press.

Red Nekasarea: (2010) *The Right to Consume Quality Products, Organic and Fair Prices*. Retrieved September 1, 2010, from <http://www.google.com.au/searchq=NEKASARE&ie=utf-8&oe=utf-8&aq=t&rls=org.mozilla:enUS:official&client=firefox-a>

---

<sup>27</sup> Association for the Maintenance of Family Farming, also described as community-supported agriculture.

# **Smokers' Perceptions of the Tobacco Endgame: Implications for Upstream and Downstream Social Marketing**

*Ninya Maubach<sup>28</sup>, Janet Hoek, Heather Gifford\*, Stephanie Erick\*\*, Richard Edwards\*\*\* & Rhiannon Newcombe\*\*\*\**

<sup>1</sup>Department of Marketing  
University of Otago  
Dunedin,  
New Zealand  
Email: [ninya.maubach@otago.ac.nz](mailto:ninya.maubach@otago.ac.nz)  
Email: [janet.hoek@otago.ac.nz](mailto:janet.hoek@otago.ac.nz)

\*Whakauae Research for Māori Health and Development  
P O Box  
Whanganui  
New Zealand  
Email: [heather.whakauae@xtra.co.nz](mailto:heather.whakauae@xtra.co.nz)

\*\*Tala Pasifika  
Heart Foundation of New Zealand  
P O Box  
Auckland  
Email: [StephanieE@heartfoundation.org.nz](mailto:StephanieE@heartfoundation.org.nz)

\*\*\*Department of Public Health,  
University of Otago  
Wellington  
New Zealand  
Email: [Richard.edwards@otago.ac.nz](mailto:Richard.edwards@otago.ac.nz)

\*\*\*\*Health Sponsorship Council  
P O Box  
Wellington  
New Zealand  
Email: [rhiannon@hsc.org.nz](mailto:rhiannon@hsc.org.nz)

---

<sup>28</sup> Dr Ninya Maubach is a post-doctoral fellow in the Department of Marketing at the University of Otago. Her PhD examined food labelling and was included on the Dean's list of exceptional theses in 2011. She is currently continuing her work in food labelling and working in tobacco control, where she is a member of the ASPIRE2025 collaboration, a designated University of Otago research theme that is testing research designed to assist the achievement of the smokefree 2025 goal.

## Introduction

International interest in the tobacco ‘endgame’ – a rapid reduction in smoking prevalence to below 5% – has increased recently (Malone, 2010). For example, Australian, UK, and Finnish researchers have explored how limiting tobacco availability and visibility, and modifying product composition, would reduce smoking prevalence (Heydon, Kennington, Jalleh, & Lin, 2011; Ministry of Social Affairs and Health, 2010; Shahab & West, 2010). The New Zealand government recently committed to “the longer term goal of making New Zealand essentially a smoke-free nation by 2025” (New Zealand Government, 2011) and Finland has set the same goal for 2040 (Ministry of Social Affairs and Health, 2010).

## Framing and the Moral Foundation of the Tobacco Endgame

To date, the tobacco industry has framed debate over smoking by describing cigarettes as a legal consumer product and smoking as a freely chosen behaviour, engaged in by those who know and accept the risks it poses (British American Tobacco, 2010, 2011; Imperial Tobacco New Zealand Limited, 2010, 2011). This reasoning depicts tobacco control measures as authoritarian interference with individuals’ liberties by an excessively paternalistic ‘nanny state’ whose actions will denigrate an already marginalized group (Philip Morris Australia, 2011). Because up-stream social marketing seeks to create physical, social and economic environments that promote healthy behaviours among all groups, it inevitably conflicts with the tobacco industry’s rhetoric. Achieving endgame outcomes will require significant increases in smoking cessation, decreases in lapsing among quitters, and reduced smoking initiation, particularly among groups with higher smoking prevalence. The level and rapidity of behaviour change sought in New Zealand is unprecedented and raises important questions about public acceptance of the government’s vision.

As proponents of endgame strategies challenge established, addictive behaviours that simultaneously harm individual smokers, yet profit tobacco companies, policies promoting rapid smoking cessation may elicit reactance. This conflict heightens the need for researchers, advocates, and policy makers to understand how smokers perceive the endgame and the up- and down-stream measures required to realize a smoke-free society (Fox, 2005; Hawe, 2009).

## Methods

We addressed these questions by undertaking in-depth interviews with 47 smokers from three priority groups: Māori, Pacific peoples, and young adults (including pregnant women in each group). After providing a standard description of the government’s 2025 endgame goal, we explored participants’ thoughts of a society where few people smoked. We analysed the transcripts using thematic analysis (Braun & Clarke, 2006).

## Results: An Aspirational Vision

A large majority from all groups supported the tobacco ‘endgame’, saw it as consistent with the smokefree future they wanted for themselves, and expressed few reservations: *“I think it’s really appealing. I think 2025 – you know to – to even make that – that year, you know, is – just makes you – you really look forward to it.”* (Pacific, male, 35). A minority, particularly Māori, saw the goal as highly desirable, but challenging: *“That’s fine if they want to do it... how they are going to do it is a different story.”* (Māori, female, 45).

Some participants drew on individual freedom arguments, yet, on balance, supported the goal because of the long-term benefits they saw: *“again I get angry because it is that thing of you know, telling you what to do but then it’s – it’s the long term I think it’s a good thing... because again you’ve gotta think of it in terms of our people – Pacifica/Māori.”* (Pacific,

female, 43). While most regarded government action as positive, some empathized with those not yet ready to quit of their own volition and recognized that the 2025 goal might threaten them: *"So it's just like, I will do what I like, thank you. And I don't like, yeah. But then, you know, it's in everybody's best interest... but for somebody who's addicted to smoking, they'll be very upset...it's absolutely terrifying to somebody who's a smoker. Like, it's really scary."*(Young Adult (YA), female, 24).

### **Achieving the Endgame**

Participants identified four strategies for achieving the endgame vision: restricting supply; decreasing visibility; reducing availability, and providing greater cessation support. These themes reflect the need for both up- and down-stream social marketing interventions. Many saw tighter controls on supply as pivotal; they endorsed a tobacco free vision, but thought this could not be realized while tobacco was readily available: *"...you can't have that kind of goal when they're selling them in the shops. What's the point? You know what – seriously - what's the point? It's too readily available."* (Pacific, female, 38). Participants endorsed reducing tobacco's visibility, including extending smokefree outdoor areas: *"I think there shouldn't also be smoking in CBD areas ... or at least designated parks or bench areas that are clearly marked for smoking ... just to socially change people's mentality of having the right to smoke"* (YA, male, 29). Many also saw price as an important policy tool though recognised it had disproportionate effects on poorer households. Nevertheless, most agreed with price increases, which they thought would deter young people: *"At least that stops it being something that's easily acquirable for young people, that's probably the best benefit of it for, of the price of cigarettes... Yeah it does, it takes it out of their sort of price range."* (YA, male, 23). As well as supporting up-stream measures, participants suggested increased quit support, particularly targeted down-stream measures. For example, participants called for support to be more widely available and empathic, and asked that it feature people "like them": *"...if you're in a community, you know, populated with mostly Pacific Islanders and Māori then of course it'd be best to use non-smoking Pacific Island/Māoris ...sorta like a brother and sister you can talk to... to help you quit or stop."* (Pacific, male, 25).

### **Discussion and Conclusions**

The four themes evident in participants' comments reflect existing policy measures, such as increased excise taxes, and suggest others, such as restricting supply. The findings suggest groups disproportionately affected by tobacco harms regard tobacco as a hazardous product that merits greater regulation, and highlight a discrepancy between smokers' acceptance of measures and politicians' willingness to develop and implement these. While further research is required to assess how these themes emerge among a larger sample, the findings offer several insights. First, participants' willingness to place social benefits ahead of their personal convenience reflects the conflict many feel about smoking: they need nicotine, yet resent this need; they wish to be smokefree, but do not want their decisions dictated. While participants supported diverse up-stream measures, their reservations reflect the tobacco industry's discourse of individual choice and highlight opportunities for down-stream measures. In particular, participants' ambivalence suggests endgame scenarios must be framed to illustrate how they empower (rather than disenfranchise) smokers and promote (rather than reduce) individual choice. As tobacco becomes less visible and accessible, quitting, and quit support, must increase in salience. Integrating up-stream measures that promote smokefree environments with down-stream campaigns that support smokers' cessation journeys are vital to regaining the moral authority assumed by the tobacco industry, which, ironically, champions choice and freedom.

## References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, 77-101. doi: 10.1191/1478088706qp063oa.

British American Tobacco. (2010). A submission to Parliament's Māori Affairs Committee's Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. Retrieved 15 May, 2010, from [http://www.parliament.nz/NR/rdonlyres/5378803B-9B0C-4F2C-B48F-FF7BC9CA83C5/127448/49SCMA\\_EVI\\_00DBSCH\\_INQ\\_9591\\_1\\_A31747\\_BritishAmeric.pdf](http://www.parliament.nz/NR/rdonlyres/5378803B-9B0C-4F2C-B48F-FF7BC9CA83C5/127448/49SCMA_EVI_00DBSCH_INQ_9591_1_A31747_BritishAmeric.pdf).

British American Tobacco. (2011). Smoke-free Environments (Controls and Enforcement) Amendment Bill A submission to Parliament's Health Committee Retrieved 12 February, 2011, from [http://www.parliament.nz/NR/rdonlyres/37486533-247D-491B-8F3E-C9FA7D9A3E14/181279/49SCHE\\_EVI\\_00DBHOH\\_BILL10487\\_1\\_A165475\\_BritishAmer.pdf](http://www.parliament.nz/NR/rdonlyres/37486533-247D-491B-8F3E-C9FA7D9A3E14/181279/49SCHE_EVI_00DBHOH_BILL10487_1_A165475_BritishAmer.pdf).

Fox, B. J. (2005). Framing tobacco control efforts within an ethical context. *Tobacco Control*, 14(suppl\_2), ii38-ii44. doi: 10.1136/tc.2004.008300.

Hawe, P. (2009). The social determinants of health: how can a radical agenda be mainstreamed? *Canadian Journal of Public Health*, 100(4), 291.

Heydon, N. J., Kennington, K. S., Jalleh, G., & Lin, C. (2011). Western Australian smokers strongly support regulations on the use of chemicals and additives in cigarettes. *Tobacco Control*. doi: 10.1136/tobaccocontrol-2011-050302.

*Submission to the Maori Affairs Select Committee Enquiry into the tobacco industry in Aotearoa New Zealand and the consequences of tobacco use for Maori*, (2010).

Imperial Tobacco New Zealand Limited. (2011). Submission to the Health Select Committee on the Smoke-free Environments (Controls & Enforcement) Amendment Bill Retrieved 12 February, 2011, from [http://www.parliament.nz/NR/rdonlyres/BBAE6A55-8165-43F5-A4D0-C34DF5FF9760/181363/49SCHE\\_EVI\\_00DBHOH\\_BILL10487\\_1\\_A165622\\_ImperialTob.pdf](http://www.parliament.nz/NR/rdonlyres/BBAE6A55-8165-43F5-A4D0-C34DF5FF9760/181363/49SCHE_EVI_00DBHOH_BILL10487_1_A165622_ImperialTob.pdf).

Malone, R. E. (2010). Imagining things otherwise: new endgame ideas for tobacco control. *Tobacco Control*, 19(5), 349-350. doi: 10.1136/tc.2010.039727.

Ministry of Social Affairs and Health. (2010). The aim of the Tobacco Act is to put an end to smoking in Finland Retrieved from <http://www.ensp.org/node/233>.

New Zealand Government. (2011). *Government Final Response to Report of the Māori Affairs Committee on Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori, presented to the House of Representatives in accordance with Standing Order 248 (J.1)*. Wellington: Retrieved from [http://www.parliament.nz/en-NZ/PB/Presented/Papers/d/9/b/49DBHOH\\_PAP21175\\_1-Government-Final-Response-to-Report-of-the-M-ori.htm](http://www.parliament.nz/en-NZ/PB/Presented/Papers/d/9/b/49DBHOH_PAP21175_1-Government-Final-Response-to-Report-of-the-M-ori.htm).

Philip Morris Australia. (2011). <https://www.ideservetobeheard.com.au/home.php> Retrieved 05 November, 2011, from <https://www.ideservetobeheard.com.au/home.php>.

Shahab, L., & West, R. (2010). Public support in England for a total ban on the sale of tobacco products. *Tobacco Control*, 19(2), 143-147. doi: 10.1136/tc.2009.033415

## **Group Effects on Risky Drinking: Exploring Multifaceted Direct and Indirect Peer Pressure**

*Ryan J. A. McAndrew<sup>29</sup>, Rebekah Russell-Bennett & Sharyn Rundle-Thiele\**

Queensland University of Technology  
Gardens Point Campus, Brisbane, Queensland 4001, Australia  
Email: [r1.mcandrew@qut.edu.au](mailto:r1.mcandrew@qut.edu.au)

\*Griffith University  
Email: [S.Rundle-thiele@Griffith.edu.au](mailto:S.Rundle-thiele@Griffith.edu.au)

---

<sup>29</sup> Mr Ryan McAndrew is a doctoral candidate at the School of Advertising, Marketing, & Public Relations at Queensland University of Technology. His research focuses on high risk consumption behaviours, specifically risky drinking in groups. He has worked on social marketing programmes such as Mumbub Connect, a two-way SMS campaign to increase breastfeeding rates, and with BreastScreen Queensland.



## **Introduction**

Traditionally, researchers have framed risky drinking from an individual or personal choice perspective (Kuntsche, Knibbe, Gmel, & Engels, 2005). For example, Kuntsche and colleagues have identified four main motives for drinking; these are: enhancing, social drinking, drinking to cope, and drinking to avoid social rejection. Group attributes such as direct peer pressure have also been found to play an important role in adolescent risky drinking, with peer influence being the one of the most salient and consistent predictors of drinking behaviour among adolescents (Leung, Toumbourou, & Hemphill, 2011). However, young adults are less likely to be influenced by direct peer pressure, with resistance to peer pressure plateauing at age 18 (Leung et al., 2011). Often more indirect group effects still impact on their drinking behaviour. This research seeks to explore these indirect group effects through the theoretical lenses of collective intentions (Bagozzi, 2002) and Köhler group motivational gains (Köhler, 1926; Hertel, Kerr, & Messe, 2000).

## **Literature Review**

### **Collective Intentions**

Group action constitutes shared concepts reflecting joint wills and volition (Bagozzi, 2000). For example, virtual community members are likely to perceive themselves as members of the group, and form participation intentions in relation to this plural target (Bagozzi, 2002). Much in the same way friends within a friendship group would derive pleasure from communal group activities such as drinking on a Friday night. Tuomela (1995) has set out to define we-intentions as a commitment of an individual to participate in joint action that involves an implicit or explicit agreement between the participants to engage in that joint action. But this definition has been regarded as an oversimplification by some authors (Bagozzi, 2000). Contrasting Tuomela's definition Bratman (1999) writes that shared intentions mean that the group as a whole can be meaningfully said to have an intention. Both conceptualisations suggest group intentions involve cooperation and coordination of plans and actions, but the way in which these group intentions are produced is debatable (Bagozzi, 2000; Bratman, 1999; Tuomela, 1995).

### **Köhler Group Motivational Gains**

Köhler motivation gain effects is a phenomena where less able workers tend to perform better when in a group than when working individually (Messé, Hertel, Kerr, Lount, & Park, 2002). Two psychological mechanisms account for this (Stroebe et al., 1996). Conjunctive task which makes a person indispensable to a group by making their participation necessary for a group to achieve a goal (Hertel et al., 2000); and secondly social comparison which is believed to be made up of both explicit competition, where successful competition becomes a salient goal (Kerr & Hertel, 2011), and indirect competition, where participants try to determine 'what's normal' or what they think is expected of them, by observing those around them. Gaps in the current literature have called for researchers to "examine other types of tasks and settings" (Sambolec, Kerr, & Messe, 2007), "explore a wider variety of groups" (Kerr, Seok, Poulsen, Harris, & Messe, 2008), examine its "external validity" (Kerr, Messe, Park, & Sambolec, 2005), unwrap whether the goal for indispensability is "maximising group performance or maximising social evaluation" (Kerr et al., 2007), and determine "boundary conditions" (Baranski, et al., 2007). Since this theory has yet to be applied to a consumer context and has been restricted to mostly experimental designs with participants who are strangers (Kerr & Seok, 2011) the current research will investigate the role of this effect in risky drinking in friendship groups.

## Methodology

Interviews were selected as the main method of inquiry. Participants were recruited through an Australian University with information forms being distributed in classes; personal networks were also used. Selection was made on the basis that the respondent drank alcohol and was a young adult. The format of the interview was either face-to-face or telephone interviews depending on the participant's preference. As per Francis's (2010) recommendations, interviews were conducted until data saturation was reached, that is, when no new additional data are found that develop aspects of a conceptual category (Glaser & Strauss, 1967); this occurred at 17 interviews. The interviews ranged from 12 to 50 minutes in length, averaging 25 minutes. The sample was made up of 9 males and 8 females ranging in age from 18 to 30, averaging 24. Data analysis was conducted using template analysis which involves applying a set of a priori codes to the data which will likely undergo revision as the research process proceeds (Marshall & Rossman, 2006).

## Discussion and Implications

Competitive motives, where competition becomes a salient goal (Kerr & Hertel, 2011), for drinking was very limited; most people said it was not something that even remotely occurred within the group. *"God no, it was never [done.]" (Tom), "No, not in the slightest" (Mark).* However, some people did say that when they were younger it was very common and as they matured it became a rare occurrence. *"Sometimes. It's bad. Sometimes, not often." (Dave). "I think when you're younger, most definitely. When you're in that younger age group it's like, 'What, you've only had ten beers? Oh my God. Sweet Jesus.'" (Tif).* When explicit competition was a salient goal it was seen in some cases as a way to demonstrate masculinity in front of other males: *"To a degree they probably are [competing with each other]. I think there probably is an element of trying to be the dominant male in the group" (Teddy).* Indirect motives were identified as events where other friends encouraged respondents implicitly. *"They wouldn't say it like this, but tell them to catch up. Like, you should be more drunk. Have a good time, that kind of thing..." (Mark).* Feeling left out if they didn't participate also played an important role: *"it's just you do like to be involved I guess" (Kate).* Indirect effects were somewhat hard to examine with interviews, future research will need to use projective techniques and observational methods.

Conjunctive task events were expressed when group members bought rounds or drinks for each other, did shots together, or played drinking games. These were seen as group activities that everyone must participate in unless they were not playing from inception. *"I'd say if they half way through the game and then decide they're not going to play that would, they'd get really given a pretty hard time about it. It would hard to say no." (Kate)* Participants were divided over whether shots, rounds and buying drinks amicably increased their own levels of consumption, with around half saying that it did. *"...you're buying drinks for someone, I think you would probably end up drinking more because even if you didn't want to drink they might be, it's my turn to buy you a drink. It just happens like that. You don't want someone to buy you a drink and then feel like you haven't bought them any drinks. So you just force the drink on them." (Mark).* All participants said that their drinking was controlled by them, but once conjunctive task events were discussed their previous claims of independence were somewhat contradictory. Collective intentions were seen when groups went shopping for alcohol together and planned a big night out. Celebratory events were seen as key aspect of this phenomenon, important milestones included; birthdays, finishing exams or assignments, promotions at work. Negative events also promoted group drinking, these included sporting teams losing and relationship breakups.

### Conclusion & Implications

Whilst strategies could be developed to teach respondents how to deal with direct influence and conjunctive task events, these techniques would only serve those people who are motivated to use them. Due to indirect influence and collective intentions, group processes are likely to override individual autonomy. As such, focus should be directed on the group as whole, not just a few individuals in the group who are motivated to drink at moderate levels. Providing alternatives to drinking events would serve as one approach. These alternatives would need to be seen as competitively desirable, that is, from the point of view of the consumer they need to be either more attractive or more fun than risky drinking. Activities suggested by respondents included: Increasing opening hours for shopping, more sporting events to participate in, video game events with free food on university campus. Each event would need to be tailored to specific segments of the population as people drink for different reasons and thus events will serve slightly different needs.

### References

- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2010). *Alcohol: No ordinary commodity research and public policy*. United States: Oxford University.
- Bagozzi, R. P. (2002). Intentional social action in virtual communities. *Journal of interactive marketing* , 16 (2), 2.
- Bagozzi, R. P., & Dholakia, U. (1999). Goal setting and goal striving in consumer behavior. *Journal of Marketing* , 63, 19-32.
- Baranski, J. V., Thompson, M. M., Lichacz, F. M., McCann, C., Gil, V., Pasto, L., et al. (2007). Effects of sleep loss on team decision making: Motivational loss or motivational gain? *Human Factors: The Journal of the Human Factors and Ergonomics Society* , 49 (4), 646-660.
- Bratman, M. E. (1997). I intend that We. In G. Holmstron-Hintikka, & R. Tuomela, *Contemporary action theory* (pp. 49-63). Dordrecht, The Netherlands: Kluwer.
- Curry, L. A., Nembhard, I. M., & Bradley, E. H. (1999). Qualitative and mixed methods provide unique contributions to outcomes research. *Journal of the American Health Association* , 1442-1452.
- Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., et al. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology and Health* , 25 (10), 1229-1245.
- Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Hertel, B., & Weber, G. (2007). Motivation gains of inferior group members: A meta-analytical review. *Journal of Personality and Social Psychology* , 93 (6), 973-993.

Hertel, G., Kerr, N. L., & Messe, L. A. (2000). Motivation gains in groups: Paradigmatic and theoretical advances on the Kohler effect. *Journal Personality and Social Psychology* , 79, 580-601.

Kerr, N. L., & Hertel, G. (2011). The Köhler group motivation gain: How to motivate the 'weak links' in a group. *Social and Personality Compass* , 5 (1), 43-55.

Kerr, N. L., & Seok, D. H. (2011). "...with a little help from my friends": Interpersonal attraction and group motivation gain. *Journal of Management Psychology* , 26 (3), 205-218.

Kerr, N. L., Messe, L. M., Park, E. S., & Sambolec, E. (2005). Identifiability, performance feedback and the Kohler effect. *Group processes and Intergroup Relations* , 8 (4), 375-390.

Kerr, N. L., Messe, L. M., Seok, D., Sambolec, E., Lount, R. M., & Park, E. S. (2007). Psychological mechanism underlying the Kohler motivation gain. *Personality and Social Psychology Bulletin* , 33 (6), 828-841.

Kerr, N. L., Seok, D., Poulsen, J., Harris, D., & Messe, L. M. (2008). Social ostracism and group motivation gain. *European Journal of Social Psychology* , 38 (4), 736-746.

Kuntsche, E., Knibbe, R., Gmel, G., & Engels, R. (2005). Why do young people drink? A review of drinking motives. *Clinical Psychology Review* , 25, 841-861.

Leung, R. K., Toumbourou, J. W., & Hemphill, S. A. (2011). The effect of peer influence and selection processes on adolescent alcohol use: a systematic review of longitudinal studies. *Journal of Health Psychology Review* .

Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research* (4th ed.). Thousand Oaks: Sage.

Messé, L. A., Hertel, G., Kerr, N. L., Lount, R. B., & Park, E. S. (2002). Knowledge of partner's ability as a moderator of group motivation gains: An exploration of the Kohler discrepancy effect. *Journal of Personality and Social Psychology* , 82 (6), 935-946.

Osmokv. (2010, October 13). Finnish news anchor reporting on misconduct of bars selling alcohol. Retrieved March 14, 2012, from <http://www.youtube.com/watch?v=y8tgRIaw2Ac>

Sambolec, E. J., Kerr, N. L., & Messe, L. A. (2007). The role of competitiveness at social tasks: Can indirect cues enhance performance? *Journal of Applied Sport Psychology* , 19 (2).

Searle, J. R. (1990). Collective intentions and actions. In P. Cohen, J. Morgan, & M. Pollack, *Intentions in communication* (pp. 401-415). Cambridge, MA: MIT Press.

Stroebe, W., Stroebe, M., Abakoumkin, G., & Schut, H. (1996). The role of loneliness and social support in adjustment to loss: A test of attachment versus stress theory. *Journal of Personality and Social Psychology* , 70 (6), 1241-1249.

Tuomela, R. (1995). *The importance of us: A philosophy study of the basic social notions*. Standord, CA: Stanford University Press.

## **From Mechanistic Structures to Holistic Systems: How Social Marketing Captures the Bigger Picture through System Indicators**

*Patricia McHugh<sup>30</sup> & Dr. Christine Domegan*

CISC and Marketing Discipline,  
J.E. Cairnes School of Business and Economics,  
National University of Ireland, Galway  
IRELAND  
Email: p.mchugh9@nuigalway.ie  
Email: christine.domegan@nuigalway.ie

---

<sup>30</sup> Patricia McHugh is a doctoral research fellow at the J.E. Cairnes School of Business and Economics in NUI, Galway, Ireland. Her doctoral research examines the development of system indicators for innovation policy, through the application of social marketing to science outreach activities in Ireland. Patricia received her Bachelor of Commerce Degree from NUI, Galway in 2006. She was awarded the title University Scholar for high academic achievement in her second year of the B.Comm. Patricia received her M.B.S. in Marketing from NUI, Galway in 2007. She was awarded two prestigious marketing fellowships from Thermo King Ireland and NUI, Galway for achieving first place in the Marketing Specialisation of the B.Comm Degree.

## Introduction

Social marketing has proven instrumental in shaping voluntary behavioural change for the greater good of the individual and society in areas such as obesity, drink driving, smoking cessation and global warming. Societal issues are becoming increasingly complex and wicked (Roberts, 2011; Chapman, 2004) and perhaps even more sinister (Hastings and Domegan 2012), challenging the conventional approaches to social change. Traditionally, difficult or messy problems (Chapman, 2004) have been approached through individualistic methods such as the mechanistic structure which represents short term gain to a long term problem. Mechanistic structural approaches represent a linear system of command and control governance styles. A mechanistic system subsumes control and power at the top of the hierarchy where upstream social actors know best. However “knowing best not only closes the door to learning, it also closes off the possibility of understanding other perspectives” (Chapman, 2004, p. 12), which is foundational to interactive and integrative holistic systems.

This conceptual paper details how holistic systems overcome the myopic micro view of mechanistic structures, as illustrated in Figure One, by focusing on macro environmental influences in a system (Reidenbach and Oliva, 1983). The paper also details how system indicators influence and shape the intricate interplays between up, mid and downstream stakeholders in a total market approach to complex societal issues.

**Figure One Mechanistic Structures versus Holistic Systems**

	<b>Mechanistic Structure</b>	<b>Holistic System</b>
<b>Governance Style</b>	<i>Command and control</i>	<i>Adaptive to change</i>
<b>System Structure</b>	<i>Hierarchical</i>	<i>Collaborative</i>
<b>Focus</b>	<i>Find a solution</i>	<i>Make an improvement</i>
<b>Boundaries between Levels</b>	<i>Boundaries well delineated</i>	<i>Boundaries blurred</i>
<b>Integration of Values and Facts</b>	<i>Separation of values and facts</i>	<i>Complex mixing of value and facts</i>
<b>Mode of Interaction</b>	<i>Transfer is linear (one-sided)</i>	<i>Transfer is non-linear (two-sided)</i>
<b>Type of Output</b>	<i>Product</i>	<i>Process</i>
<b>Type of Knowledge Use</b>	<i>Instrumental use</i>	<i>Reflexive use</i>
<b>Feedback</b>	<i>Closed feedback loops</i>	<i>Double / Triple feedback loops</i>

Adapted from: Pulzl and Rametsteiner (2009)

## Holistic Systems

Holistic systems are comparable to total market approaches, whereby stakeholders from up, mid and downstream levels are fully integrated throughout the societal process of change. Holistic systems capture the broader picture, focusing on the multiple structures, functions, processes and environments in which actors engage (Shaw and Jones, 2005; Hult and Ferrell, 1997). Furthermore, holistic systems acknowledge that change is evolutionary and social issues do not remain constant, they evolve into uncertain and unpredictable patterns.

Alternatively, mechanistic structures aim to find solutions; a means to an end. Overtime, mechanistic structures become undermined by feedback, complexity and interconnectedness (Chapman, 2004), which are intrinsic to holistic systems. Holistic systems, like total market approaches, aim to make collaborative improvements over the long term, where the

integration of multiple levels in a system are seen as evolutionary, non-linear and interactive, requiring intensive communication and collaboration between societal actors from up, mid and downstream levels (Todtling and Trippl, 2005). Holistic systems acknowledge that complex problems are difficult to solve, as they incorporate multiple environments, multiple layers, multiple levels and multiple stakeholders. The assessment of multi-linear processes in a holistic system is extremely difficult to undertake.

### **System Indicators in Social Marketing**

System indicators allow social marketers to focus on “what is being co-ordinated; the system parts and their unique attributes and how coordination is occurring; the mechanisms that forge the integration of system parts and sustain them over time as a coherent whole” (Roberts, 2011, p. 677). System indicators examine the interrelationships and interconnections between elements, processes and outcomes in a system (Vargo and Lusch, 2010). More specifically, system indicators in social marketing examine the elements that stipulate and shape the intricate interplays between macro, meso and micro phenomena, where macro-structures condition meso and micro-dynamics and vice versa new macro structures are shaped by meso and micro processes (Lundvall, 2007). System indicators fall into three broad categories in social marketing; knowledge, networks and relations. More specifically knowledge measures transfer, exchange and generation. Network indicators consist of involvement, connections and positions, while relational indicators measure trust, commitment, learning and reciprocity.

The assessment of total market knowledge in a system not only identifies the linear flow of communication but it also explores the shared learning and communication patterns which emulate from webs of interactions. In a holistic system, social actors from multiple levels and layers co-integrate, co-sense and co-contextualise their individual skill sets, ideas and intellectual capabilities, ensuring the empowerment of mutual interests rather than focusing on individual silos of knowledge from one sector alone, a trait which is attributable to hierarchical mechanistic structures (Dodgson and Hinze, 2000). Collaborative co-configuration changes the roles of resource integrators from being isolated, passive and unaware to strategically connected, active and informed, promoting an all inclusive approach to effective social change (APSC, 2007; Prahalad and Venkat, 2004). Inclusivity highlights the importance of relational indicators, exploring feedback loops, reciprocal exchanges and balanced partnerships between social actors in a system.

System indicators provide a forum in which holistic systems can be deconstructed and understood from multiple levels and multiple perspectives. The outlined system indicators are currently under empirical investigation in relation to science outreach and policy systems in Ireland. The examination and exploration of such indicators can assist social marketers in bridging the gap between individual and population based societal change, whilst also providing a platform in devising solutions to complex, wicked societal issues such as science outreach, health, the environment and child poverty.

### **Conclusion**

This paper illustrated through a total market lens, how holistic systems can assist in the understanding of complex societal issues. The paper also illustrated how system indicators examine the interrelationships and interconnections between elements, processes and outcomes in a system, capturing and reflecting on how best each societal group can take responsibility for and respond to, complex and challenging societal problems.

## References

Australian Public Service Commission (2007) Tackling Wicked Problems - A Public Policy Perspective. Contemporary Government Challenges Series, Barton, ACT: Commonwealth of Australia.

Chapman, J. (2004) System Failure – Why Governments Must Learn to Think Differently, 2<sup>nd</sup> Edition. London, UK, Demos.

Dodgson, M. and Hinze, S. (2000) Measuring innovation - indicators used to measure the innovation process: defects and possible remedies. *Research Evaluation*, 8 (2), 101 – 114.

Hastings, G. and Domegan, C. (2012) Social Marketing: Why Should the Devil Have all the Tubes? A few More Tunes, forthcoming 2<sup>nd</sup> Edition, UK, Routledge.

Hult, G. and Ferrell, O.C. (1997) Global organisational learning capacity in purchasing: construct and measurement. *Journal of Business Research*, 40, 97 – 111.

Lundvall, B.A. (2007) National innovation systems – analytical concept and development tool. *Industry and Innovation*, 14 (1), 95 – 119.

Prahalad, C.K. and Venkat, R. (2004) Co-creating unique value with customers. *Strategy and Leadership*, 32 (3), 4 - 9.

Pulzl, H. and Rametsteiner, E. (2009) Indicator development as ‘boundary spanning’ between scientists and policy makers. *Science and Public Policy*, 36 (10), 743 – 752.

Reidenbach, R.E. and Oliva, T.A. (1983) General systems theory and the development of marketing thought. *Proceedings from the First Conference on Historical Analysis and Research in Marketing (CHARM)*, 1, 170 – 181.

Roberts, N.C. (2011) Beyond smokestacks and silos: open-source, web-enabled coordination in organisations and networks. *Public Administration Review*, 71 (5), 677 – 693.

Shaw, E.H. and Jones, D.G. (2005) A history of schools of marketing thought. *Marketing Theory*, 5 (3), 239 – 281.

Todtling, F. and Trippl, M. (2005) One size fits all? Towards a differentiated regional innovation policy approach. *Research Policy*, 34, 1203 – 1219.

Vargo, S.L. and Lusch, R.F. (2010) It’s all B2B ... and beyond: Toward a systems perspective on the market. *Industrial Marketing Management*, 40 (2), 181 – 187.



## **The Stone versus The Bird: Social Marketing's Role in Co-Creating Science Policy**

*Patricia McHugh<sup>31</sup> & Dr. Christine Domegan*

CISC and Marketing Discipline,  
J.E. Cairnes School of Business and Economics,  
National University of Ireland, Galway  
IRELAND  
Email: p.mchugh9@nuigalway.ie  
Email: christine.domegan@nuigalway.ie

---

<sup>31</sup> Patricia McHugh is a doctoral research fellow at the J.E. Cairnes School of Business and Economics in NUI, Galway, Ireland. Her doctoral research examines the development of system indicators for innovation policy, through the application of social marketing to science outreach activities in Ireland. Patricia received her Bachelor of Commerce Degree from NUI, Galway in 2006. She was awarded the title University Scholar for high academic achievement in her second year of the B.Comm. Patricia received her M.B.S. in Marketing from NUI, Galway in 2007. She was awarded two prestigious marketing fellowships from Thermo King Ireland and NUI, Galway for achieving first place in the Marketing Specialisation of the B.Comm Degree.

The trajectory of a stone can be calculated quite precisely using the law of mechanics, and it is possible to ensure that the stone reaches a specified destination. However, it is not possible to predict the outcome of throwing a live bird in the same way, even though the same laws of physics ultimately govern the bird's motion through the air (Chapman, 2004, p. 51).

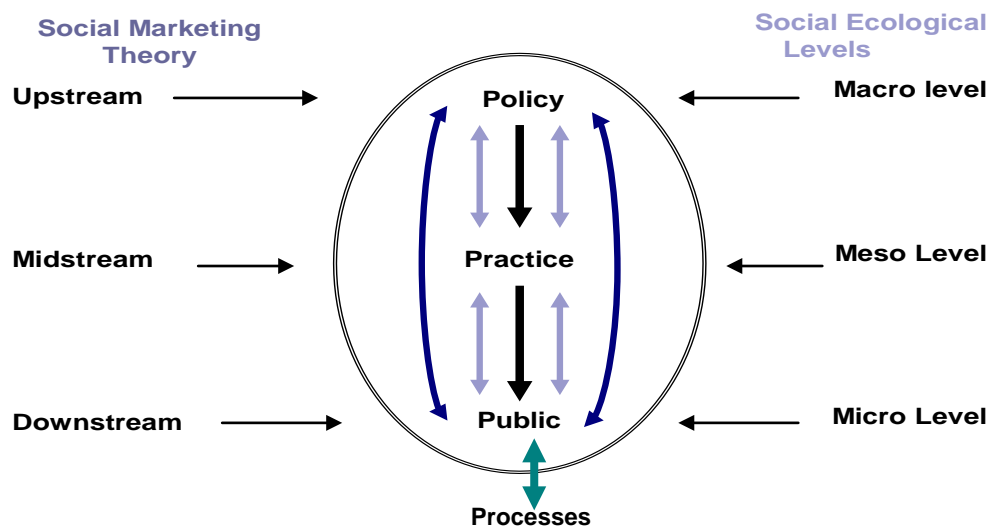
This poignant observation underpins the mechanics of policy formulation and co-ordination worldwide. The stone is an apt metaphor for authoritative and hierarchical policy structures which are bound by command and control governance styles (Chapman, 2004). Alternatively, the bird represents the heart of social marketing, where behaviour is perceived as complex, unpredictable and non-linear. Like a bird, societal issues such as obesity, global warming, dementia and poverty are extremely complex and often described as 'wicked', 'sinister' or 'difficult' problems (Hastings and Domegan, 2012; Roberts, 2011; Chapman, 2004). Policy formulation strategies, both historically and presently have been constricted by the 'stone' strategy. Changes in the economic and social environments now precipitate a paradigm shift from the traditional system of linear governance to a holistic system of co-created change.

This paper will illustrate through a social ecological behavioural perspective, how policy co-ordination processes can deviate from the linear 'stone' approach to the implementation of the adaptive 'bird' strategy. The paper details how complex policy issues relating to science, health, the environment and child poverty require broader systems of active and empowered partnerships, alongside social marketing network formations at every level; from national to individual, ensuring a total market approach to change.

Social ecology analyses societal issues from two facets; the influence of physical environmental structures and the influence of social factors. Social ecology understands the uncertain flight behavioural tendencies of a bird, whilst also acknowledging the unpredictable behavioural patterns of policy systems. The current social ecological system between science 'and' society embraces a unilateral governance style of top-down didactic decision making and communication.

Social ecological behaviour in a top-down linear system between science 'and' society incorporates 3Ps, namely, policy makers, practitioners and the public itself. The cynosure of the science 'and' society paradigm relates to the linearity of communication, whereby policy actors in the hierarchical macro level 'market to' the subordinate practice and public levels (Lusch, Vargo and O'Brien, 2007). The 3P or 'stone' strategy holds similar values to the goods-dominant logic of marketing (Lusch and Vargo, 2009), whereby the process is rational and mechanistic. However, policy makers need to acknowledge the limitations of a reductionist approach in understanding behaviour and accept that behaviour does not occur in a vacuum. Behavioural systems incorporate individual, interpersonal, community, societal and public policy levels (Morgan and Hunt, 1994; McLeroy et al., 1988) which require holistic and dynamic-systems thinking rather than linear thinking (Vargo and Lusch, 2010; APSC, 2007). The 'stone' strategy needs to be replaced by a systemic, multi-directional and multi-dimensional model of interconnectedness, facilitating co-synergistic and co-reciprocal processes in a population-based model of science 'in' society, as depicted in Figure Two.

**Figure Two A Co-Creational Social Ecological System for Science ‘in’ Society**



The co-creational social ecological system for science ‘in’ society depicts a population-based model of the 4Ps, whereby the communication and delivery of exchanges between up, mid and downstream societal levels embody reciprocal, interconnected and adaptive *processes*. In essence, social ecology is a big picture model concerned with the co-creation of top-down, bottom-up and interactive behavioural solutions. The dominant mode of response is non-linear (Chapman, 2004), requiring action *within* and *between* every level, encouraging stakeholders to become effective agents of change in co-defining, co-contextualising, co-sensing, and co-creating meaningful solutions to complex societal issues.

Total market approaches to policy transcend traditional push/pull strategies of linear communications, to the adoption of population-based systems integration and networking models, whereby the policy, practice and public levels are fully integrated (Dodgson and Hinze, 2000). This integrated social ecological approach to policy co-ordination emphasises the richness of interconnections between system actors and the ability to co-create experiential solutions to complex problems. Social ecological systems hold similarities with the service-dominant logic in marketing, where the focus shifts from optimisation to learning in dynamic environments (Vargo and Lusch, 2010). Furthermore, co-creational processes inspire actors to co-learn and co-adapt through double and triple feedback loops. Presently, “while failure is not acceptable, learning is not possible – with the paradoxical result that failures will continue” throughout policy deliberation processes which span many spectrums such as health, food, energy and water conservation (Chapman, 2004, p. 71). Reciprocal learning and the incorporation of adaptive feedback loops between up, mid and downstream levels facilitate the empowerment of mutuality resulting in a win-win-win situation for the social ecological levels of policy, practice and the public in total market systems.

This paper illustrated through a social ecological behavioural perspective, how policy co-ordination processes can deviate from the linear ‘stone’ approach to the implementation of an adaptive ‘bird’ strategy. The paper also detailed how complex societal issues, such as science require social marketing network formations at every level; from national to individual to ensure co-created social change. The theoretical concepts outlined in this paper are currently under empirical investigation. More specifically, the practical level of a policy system is

being examined, in order to deepen and shape our understanding of how the mediators of science respond to complex and challenging policy issues for science ‘in’ society.

## **References**

Australian Public Service Commission (2007) Tackling Wicked Problems - A Public Policy Perspective. Contemporary Government Challenges Series, Barton, ACT: Commonwealth of Australia.

Chapman, J. (2004) System Failure – Why Governments Must Learn to Think Differently, 2<sup>nd</sup> Edition. London, UK, Demos

Dodgson, M. and Hinze, S. (2000) Measuring innovation - indicators used to measure the innovation process: defects and possible remedies. Research Evaluation, 8 (2), 101 – 114.

Hastings, G. and Domegan, C. (2012) Social Marketing: Why Should the Devil Have all the Tubes? A few More Tunes, forthcoming 2<sup>nd</sup> Edition, UK, Routledge.

Lusch, R.F. and Vargo, S.L. (2009) Service-dominant logic – a guiding framework for inbound marketing. Marketing Review St. Gallen, 26 (6), 6 – 10.

Lusch, R.F., Vargo, S.L. and O’Brien, M. (2007) Competing through service: insights from service dominant logic. Journal of Retailing, 83 (1), 5 – 18.

McLeroy, K.R., Bibeau, D., Steckler, A. and Glanz, K. (1988) An ecological perspective on health promotion programmes. Health Education Quarterly, 15 (4), 351 – 377.

Morgan, R.M. and Hunt, S.D. (1994) The commitment-trust theory of relationship marketing. Journal of Marketing, 58 (3), 20 – 38.

Roberts, N.C. (2011) Beyond smokestacks and silos: open-source, web-enabled coordination in organisations and networks. Public Administration Review, 71 (5), 677 – 693.

Vargo, S.L. and Lusch, R.F. (2010) It’s all B2B ... and beyond: Toward a systems perspective on the market. Industrial Marketing Management, 40 (2), 181 – 187.

## Using Social marketing Initiatives to Address Disconnection in the Lockyer Valley Region

*Dr Karen Miller & Cec Pedersen*<sup>32</sup>

School of Management and Marketing  
Faculty of Business and Law  
University of Southern Queensland, Toowoomba, Australia  
Email: [karen.miller@usq.edu.au](mailto:karen.miller@usq.edu.au)  
Phone: +61 7 4631 1264  
Email: [cec.pedersen@usq.edu.au](mailto:cec.pedersen@usq.edu.au)  
Phone: + 61 7 4631 2396

---

<sup>32</sup>Presenters at the AASM conference will be Cec Pedersen, a senior lecturer in management and Karen Miller, a marketing lecturer. Both presenters are from the School of Management and Marketing. Cec Pedersen is the School External Relationship Manager and Coordinator and practices in community engagement; he comes from a group general manager work background and has considerable experience in political and policy formulation environments, together with leveraged social and business networks. Karen Miller has published in the *Journal of Business Research*, the *Journal of Brand Management*, the *Australasian Marketing Journal* and researches into brand management, brand value and consumer behaviour; and is interested in exploring new research methods and ways of viewing the world. The authors thank and acknowledge the input of Neil Williamson from the LVRC to the project and Chris O'Reilly from the School of Management and Marketing for providing constructive criticism and feedback to help improve the paper.

## **Introduction**

The Lockyer Valley (LV) lies west of Brisbane and east of Toowoomba, Queensland, Australia, and is an area recognised as exhibiting high-levels of disconnection between its residents. High-levels of community disconnection may impede sustainable growth, affect the ongoing flood recovery and impede initiatives by the local council and state government to improve connectivity. This makes the LV an interesting case to study ways of reducing residential disconnection and building community connectivity. Feelings of disconnect occur when residents have a separate self-schema and feel separate or distinct from other residents (Babin & Harris, 2011). Some residents do not identify with the LV as a place to call home, and more readily identify with neighbouring regions such as Ipswich, Somerset and Toowoomba, as these areas are where some LV residents work and/or send their children to school. Underpinning connectivity is community engagement (CE) theory, which is a synergistic activity whereby participants exchange information, experience relationships and the pleasures of human contact which, in turn, rewards participating people intrinsically through pride in oneself and extrinsically by way of social approval (Abdul-Ghani, Hyde & Marshall, 2011). CE theories suggest that identifying with a single community, feeling connectedness and having a sense of belongingness leads to positive outcomes for the locality (LV) and its residents (Rose, 2000; Mathwick, Wiertz & Ruyter, 2008). CE theorists (e.g. Foster-Fisherman, Cantillon, Pierce & Van Egeren, 2007; Taylor, 2007) also suggest that residents should be drivers of the change process. The Catch-22 situation for the LV is how the residents can drive a change if they are not connecting with each other or perceiving their own self-schema as a LV resident.

This is a conceptual paper as the prelude to a case study project featuring the Lockyer Valley (LV) region. It is envisaged the project will consist of three phases: the first as reported herein (the connectivity aspect); the second phase will involve making connections and establishing the engagement processes; and the third phase will involve establishing a broader sense of purpose and moving residents in the NE corner towards identity with the 'brand' (LV Region). An observation of the literature shows us that sociology/psychology/social policy theory is typically used to underpin most CE endeavours (especially in the areas of health, law and order, government, education, etc.) and that, typically, there is existing connectivity. It is our view that consumer behaviour (CB) theory (relating to social marketing) might be a better 'fit' when connectivity does not exist. Social marketing (SM) is a tool used by governments and community groups to apply marketing principles to influence and change people's behaviours for social good (Kotler & Zaltman, 1971). Within the marketing context, there are a number of theories—and the most relevant of these for the LV situation appear to be CB theories relating to attitude change (AC).

## **Attitude Change Theories**

There are a number of attitude change (AC) theories including the Elaboration Likelihood Model of Persuasion (Petty & Cacioppo, 1986), Hierarchy of Effects (Barry, 1987), Balance (or Consistency) Theory (Heider, 1958; Woodside, 2004), Social Judgement Theory (Doherty & Kurz, 1996), Heuristic-Systematic Model of Information Processing (Chaiken, Liberman & Eagly, 1989) and Compliance, Identification and Internalisation (Kolman, 1938). Each of these theories focus on the thought processes of people, their feelings and behaviours, and recognise that disengaged individuals are unlikely to seek change and may even dismiss initiatives aimed at them.

These AC theories and CE theories share a number of characteristics, as both attitudes and engagement are cognitive, affective and behavioural (Boxelaar, Paine & Beilin, 2006;

Lavery, Tinadana, Scott, Harrington, Ramsey, Ytuarte-Nunez & James, 2010). That is, engaged residents should have a positive state of mind characterized by high energy, commitment, and loyalty toward a geographical area (e.g., the Lockyer Valley) and they should experience positive feelings or emotions about people living in the same area, as well as to the locality itself (Ryan, Agnitsch, Zhao & Mullick, 2005).

Where AC theories and CE theories differ is that CE theories do not take into account the issue of disengagement or disconnection, or focus on ways to create the initial connection. Using AC theories together with CE theories (see Figure 1) can create multiple pathways to facilitate change. Asking people to change is a difficult process and AC theories take into account people that are 'unaware' or 'dis-interested' (e.g. the disengaged), which is an important issue.

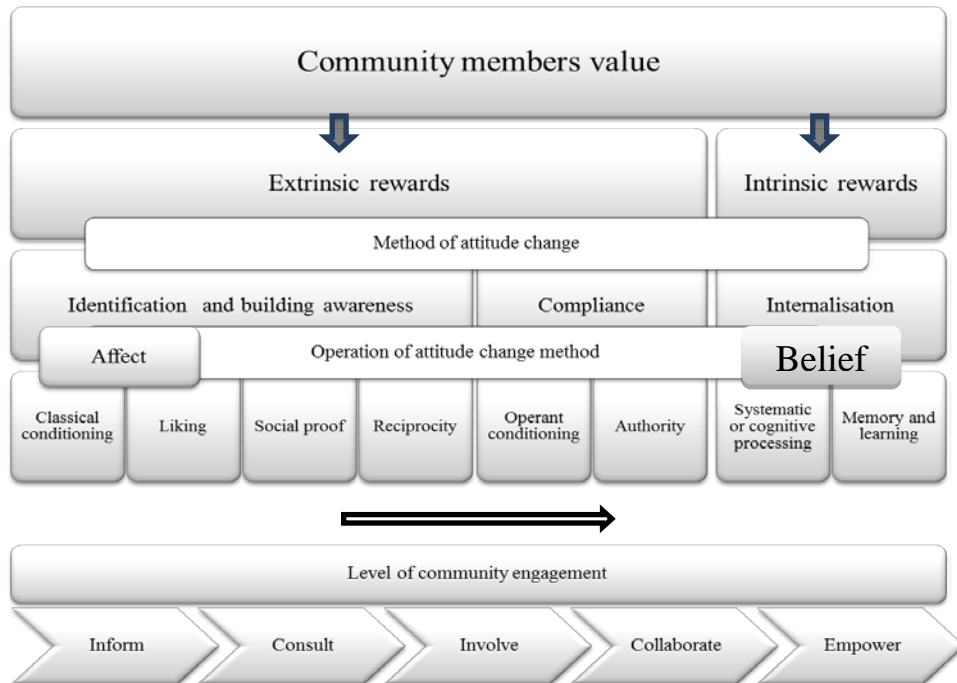
Subsequently, we created Figure 1 which extends current CE theory by encapsulating the CE hierarchical model and the various AC theories to create multiple change-pathways to connectivity (phase 1) and engagement (phase 2). Essentially, a community that is connected and engaged should be 'like-minded' in as much that they have a shared consciousness and a shared sense of belonging, as well as a sense of shared identity, traditions and a moral obligation to help individual members and the community as a whole (Farmer, Dawson, Martin & Tucker 2007; Eversole, 2012) (phase 3). Which of the model's pathways is used in each phase will depend on the LV residents' awareness, involvement, willingness and motivation to change. Other important factors to facilitate this change process includes existing social networks, government resources, stakeholder resources, structures in place and opinion leaders to champion the change (Chaskin, 2001; Andreasen 2002).

At the heart of Figure 1 (the three-phase change process) is value (intrinsic and extrinsic); and to facilitate the change process people must perceive value (what is in it for me?). The behavioural component of engagement reflects a community member's willingness to participate and cooperate with others in a way that creates value for themselves and for others (Froding, Elander & Eriksson, 2012). The ultimate goal is to have LV residents on the Belief pathway (see Figure 1). The Belief pathway, if taken, is likely to facilitate an enduring and sustainable change, however, the Belief pathway is the most difficult path for a disengaged community member.

To create awareness and an interest for the disengaged or disinterested LV resident, Figure 1 proposes multiple pathways. For instance, linking an already-liked condition to the LV through classical conditioning enables heuristic processing and provides rewards, creates positive feelings, and can facilitate identification, liking and reciprocity (Chaiken et al., 1989; Kolman, 1938; Petty, Cacioppo & Schuman, 1983; Woodside, 2004).

### **Conclusion**

In summary, the model (Figure 1) has multiple pathways to facilitate change and takes into account that individuals are different, some are easily motivated and willing to change, while others will resist change. A limitation is that Figure 1 caters specifically to the LV case, however, there are potential research opportunities and applications of Figure 1 to other isolated/rural communities; fly in/fly out communities; and major new residential developments in which connectivity is either not developed or missing.



**Figure 1:** A framework for facilitating behavioural change to build connectivity and develop community engagement

## References

Abdul-Ghani, E., Hyde, K.F. & Marshall, R. (2011). Emic and etic interpretations of engagement with a consumer-to-consumer online auction site. *Journal of Business Research*, 64, 1060-1066.

Andreasen, A.R. (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy and Marketing*, 21(1), 3-13.

Babin, B.J. & Harris, E. G. (2011). *CB* (3rd Ed.). Mason, OH, Cengage Learning South-Western.

Barry, T (1987). The development of the hierarchy of effects: An historical perspective. *Current issues and research in advertising*, 9(2), 251-295.

Boxelaar, L. Paine, M. & Beilin, R. (2006). Community engagement and public administration: of silos, overlays and technologies of government. *Australian Journal of Public Administration*, 65(1), 113-126.

Chaiken, S., Liberman, A. & Eagly, A. (1989). Heuristic and systematic information processing within and beyond the persuasion context. In Uleman, J. S. & Bargh, J. A. (Eds), *Unintended Thought* (pp.212-250). New York, Guilford Press.

Chaskin, R.J. (2001). Building community capacity: a definitional framework and case studies from a comprehensive community initiative. *Journal of Urban Affairs*, 36 (3), 291-323.



Doherty, M.E. & Kurz, E.M. (1996). Social judgement theory. *Journal of Thinking and Reasoning*, 2(2-3), 109-140.

Eversole, R. (2012). Remaking participation: challenges for community development practice. *Journal of Community Development*, 47(1), 29-41.

Farmer, J., Dawson, P., Martin, E., Tucker, J. (2007). Rurality, remoteness and the change process: evidence from a study of maternity services in the north of Scotland. *Health Services Management Research*, 20(1), 59–68.

Foster-Fisherman, P.G., Pierce, S. J. & Van Egeren, L.A. (2009). Who participates and why: building a process model of citizen participation. *Journal of Health Education Behaviour*, 36(3), 550-569.

Froding, K. Elander, I. & Eriksson, C. (2012). Neighbourhood development and public health initiatives: who participates? *Health Promotion International*, 27(1), 102-116 doi: 10.1093/heapro/dar024.

Heider, F. (1958). *The psychology of interpersonal relations*, New York, John Wiley  
Kolman, H.C. (1938). Compliance, identification and internalization: three processes of attitude change. *Journal of Conflict Resolution*, 2(1), 51-60.

Kotler, P & Zaltman, G (1971). Social Marketing: An approach to planned social change. *Journal of Marketing*, 35(July), 3-12.

Lavery, J.V., Tinadana, P.O., Scott, T.W., Harrington, L.C., Ramsey, J.M., Ytuarte-Nunez, C. and James, A.A. (2010). Towards a framework for community engagement in global health research. *Trends in Paasitology*, 26(6), 279-283.

Mathwick, C., Wiertz, C. & Ruyter, K.D. (2008). Social capital production in a virtual P3 community. *Journal of Consumer Research*, 34(April), 832-848.

Petty, R.E., Cacioppo J.E. & Schuman D. (1983). Central and peripheral routes to advertising effectiveness: the moderating role of involvement. *Journal of Consumer Research*, 15(2), 210-224.

Petty, R.E. & Cacioppo, J.E. (1986). The Elaboration Likelihood Model of Persuasion. *Advances in Experimental Social Psychology*, 19, 123-162.

Rose, N. (2000). Community, citizenship, and the third way. *American Behavioural Scientist*, 43(9), 1395-1411.

Ryan, V.D., Agnitsch, K.A., Zhao, L. & Mullick, R. (2005). Making sense of voluntary participation: a theoretical synthesis. *Journal of Rural Sociology*, 70(3), 287-313.

Taylor, M. (2007). Community participation in the real world. *Urban Studies* 44(2), 297-317.

Woodside, A (2004). Advancing means-end chains by incorporating Heidler's Balance Theory and Fournier's Consumer-Brand Relationship Typology. *Psychology of Marketing*, 21(4), 279-294.

**Towards Environmentally Sustainable Diets:  
Engaging with Australian Consumers**

*Dr David Pearson*<sup>33</sup>

Faculty of Arts and Design  
University of Canberra, ACT 2601  
Phone +61 (0) 2 6201 5720  
Email: [david.pearson@canberra.edu.au](mailto:david.pearson@canberra.edu.au)

---

<sup>33</sup> Dr David Pearson has worked extensively in the field of sustainable food consumption. He is the Foundation Chair of Sustainability Development and Food Security Research Cluster at the University of Canberra, where he also teaches Advertising and Marketing Communication. Recent activities include working with the ACT Government to provide advice and information on effecting behavioral change in relation to consumers' dietary habits. The outputs from his research projects have made a significant contribution to the existing literature on environmentally sustainable diets and he has published a wide range of international journals including those focusing on food marketing.

## **Introduction**

This paper presents empirical research that explores opportunities for the socially desirable change of engaging consumers in actions that contribute to them having more environmentally sustainable diets. In Australia Governments at all levels are considering ways in which they could contribute to reducing the negative impacts that consumers are having on the environment through their use of natural resources and associated waste generation. In addition to water, energy, and transport food has recently been included as an area of major concern, not least due to the fact that it contributes around 20% of all greenhouse gas emissions (Friel et al 2009).

## **Environmentally Sustainable Diets**

Due to ongoing population growth, rising per capita caloric intake, and changing dietary preferences such as an increased consumption of meat and dairy products, future global demand for food is anticipated to increase significantly (Edwards et al 2011). As such the world food system is being asked to produce more whilst simultaneously using fewer natural resources and adapting to the consequences of climate change (Pearson 2012).

The Sustainable Development Commission in the UK has developed a list of nine priority actions, at the household level, for improving sustainability of the food system. The high priority actions for a sustainable diet are: lowering consumption of meat, lowering consumption of dairy products, consuming less low nutritional value products, and reducing food waste. Actions which result in tradeoffs between different aspects of sustainability were given a lower priority. These are: increasing consumption of seasonal, and field grown, fresh fruits and vegetables (and hence reducing consumption of foods grown in heated greenhouses), only eating fish from sustainable sources, increasing consumption of organic food, and finally, that of reducing purchases of bottled water (Sustainable Development Commission 2009).

## **Food System in Australia**

At a national level Australia is classified as being 'food secure' with domestic production exceeding consumption by a large amount (Edwards et al 2011). Whilst Australia benefits from a bounty of food products, their consumption is unevenly spread across the population. Tragically many Australians suffer from 'over-nutrition' with over half of the adult population (62%) classified as being overweight or obese (Australian Bureau of Statistics 2008). In addition, some Australians suffer from 'under-nutrition.' This is often associated with economic disadvantage and social isolation.

The reasons behind an individuals' food choices are multiple and varied. Both supply-side (such as product availability and pricing) and demand-side factors (consumers' attitudes, beliefs and values) influence their choices (Henryks and Pearson 2010, Pearson et al 2011). The actual purchases may be compromises between consumers' preferred choices and any other priorities (such as convenience, time, money and availability) (Zander and Hamm 2010). The Australian Government provides a regular update of healthy eating advice for consumers through the Australian Dietary Guidelines. The most recent version, which is currently under public consultation, in addition to health advice, encourages consumers to avoid overconsumption, minimise food waste, as well as reduce and recycle packaging (National Health and Medical Research Council 2011).

## **Results - Food Shoppers' Behaviour**

An online questionnaire was made available to self-selected food shoppers in Canberra, Australia. These respondents would be expected to be innovators and hence 'early adopters' of environmentally sustainable dietary behaviours (Department of Environment Food and Rural Affairs 2007) due to their relatively high level of affluence - with an average household income of almost \$100 000 compared with \$55 000 for Australia, and education - 78% with Bachelors Degree compared with Australia 19% (Australian Bureau of Statistics 2011). A total of 163 valid responses were received. As anticipated the majority of the respondents (75%) were female. They represented all age groups and living arrangements, ranging from unrelated single adults through the various stages of having children living at home through to the largest group which were empty nesters (73%).

Results indicate that effectively all respondents (96%) would like to lead a more environmentally friendly lifestyle and most (77%) knew what they could do to be more environmentally friendly. Further, over half (53%) think about the environment when they are making food related choices. In relation to those behaviors with the biggest environmental impact, around 1 in every 10 respondents has already stopped eating junk food, claim they do not waste food, and a similar number no longer eat meat. Around only 1 in 20 respondents has stopped eating dairy products. In relation to food waste there are the combined issues of throwing food out as well as eating more than is required. This latter issue is important as a significant portion of the survey respondents, at around 1 in 3, were classified as being overweight or obese.

This research also investigated how likely these consumers were to change their behavior when confronted with the statement that it would improve the environmental sustainability of their diets. In relation to the four most important areas, around 70% of respondents would consider reducing their food waste as well as their consumption of junk food. Around 30% would reduce their purchases of meat, but only 15% would reduce their consumption of dairy products. In relation to the less important areas around 80% would consider reducing their purchases of bottled water, with a similar number being willing to increase their purchases of seasonal fruits and vegetables. In contrast, around 50% would increase their purchases of organic food, sustainably sourced fish, and activities that reduce energy use.

## **Conclusion**

Through profiling consumer concerns this research identified a significant opportunity to engage more consumers in sustainable dietary behaviours as most of the 'early adopters' would like to lead a more environmentally friendly lifestyle but only a few are engaging in high priority sustainable dietary behaviors. The most prospective areas are reducing the amount of junk food eaten and reducing the amount of food wasted. Further research would be required to identify the most appropriate policy instruments for achieving this change. This article has approached the task from a perspective of voluntary changes where specification of the message and media to communicate with this audience are pertinent. Whilst consideration of other social marketing methods including incentives and disincentives – eg. a junk food tax, or even involuntary changes - eg. removing junk food from specific retail outlets as an example of choice editing, are relevant (French 2011). All these approaches require building a solid understanding of underlying motivations within the temporal, social and spatial lived experiences where the decisions occur (Binney and Brennan 2011).

## References

- Australian Bureau of Statistics 2008. National Health Survey. Canberra, Report No: 4364.0.
- Australian Bureau of Statistics 2011. Household Income and Income Distribution, Australia, 2009-10 Canberra.
- Binney W, Brennan L. 2011. Introduction to special issue on not-profit and social marketing. *Australasian Marketing Journal*, 19, 41-2.
- Department of Environment Food and Rural Affairs 2007. Public understanding of sustainable consumption of food. London.
- Edwards F, Dixon J, Hall G, Larsen K, Lockie S, Wood B, Lawrence M, Hanigan I, Hogan A, Hattesley L. 2011. Climate change adaptation at the intersection of food and health. *Asia-Pacific Journal of Public Health*. Supplement to 23(2),91S-104S.
- French, J. 2011. Why nudging is not enough. *Journal of Social Marketing*, 1(2), 154-162
- Friel S, Dangour A, Garnett T, Lock K, Chalabi Z, Roberts I, Butler A, Butler C, Waage J, McMichael A, Haines A. 2009. Public health benefits of strategies to reduce greenhouse-gas emissions: food and agriculture. *Lancet*. November, 46-55.
- Henryks J, Pearson D. 2010. Misreading between the lines: Consumer confusion over organic food labelling. *Australian Journal of Communications*. 37(3), 73-86.
- Pearson D, Henryks J, Jones H. 2011. Organic Food: What we know (and don't know) about consumers. *Renewable Agriculture and Food Systems* 26(2), 171-7.
- Pearson D, 2012. Exploring individual values and attitudes for a more sustainable Canberra: the example of food. Canberra, Australia, ACT Commissioner for Sustainability and Environment.
- Sustainable Development Commission 2009. Setting the table: Advice to Government on priority elements of sustainable diets. London.
- Zander K, Hamm U. 2010. Consumer preferences for additional ethical attributes of organic food. *Food Quality and Preference*. 21, 495-503.

## **The Theory of Planned Behaviour and Blood Donation: Does it Apply to CALD Communities?<sup>34</sup>**

*Michael Jay Polonsky, Andre M.N. Renzaho\* & Ahmed Shahriar Ferdous\*\**

School of Management and Marketing  
Deakin University  
70 Elgar Road  
Burwood VIC 3125 Australia.  
Phone: +61 3 92446968  
International: +61 3 92517083  
Email: [Michael.Polonsky@deakin.edu.au](mailto:Michael.Polonsky@deakin.edu.au)

\*School of Public Health and Preventive Medicine  
Monash University  
Level 3, Burnet Building, 89 Commercial Road  
Melbourne Vic 3004  
Australia  
Email: [andre.renzaho@monash.edu](mailto:andre.renzaho@monash.edu)

\*\*Doctoral Candidate  
School of Management and Marketing  
Deakin University  
70 Elgar Road  
Burwood VIC 3125 AUSTRALIA  
Phone: 61 3 92446373  
Email: [aferdous@deakin.edu.au](mailto:aferdous@deakin.edu.au)

---

<sup>34</sup> We would like to acknowledge the Australian Red Cross Blood Service (the Blood Service) and Australian governments that fully fund the Blood Service for the provision of blood products and services to the Australian community. We also acknowledge the African communities for participating in the study, and the African review panel for acting as a steering committee for this project.

## **Introduction**

In Australia blood donation is dependent on voluntary contributions from members of the community, with the Australian Red Cross Blood Service (Blood Service) being the sole provider of blood and blood products (Australian Red Cross, 2010). Being self sufficient in blood donations is difficult as only 3.5% of all Australians donate, yet over their life one in three Australians will need blood products (Australian Red Cross Blood Service 2012). Including culturally and linguistically diverse (CALD) communities is more complicated because people from migrant communities have lower donation rates (Flood et al 2006). This makes recruiting blood donors in Australia harder as 44 percent of Australians are either born overseas or have one parent who was born overseas (Australian Bureau of Statistics 2007), meaning many Australians would fall within CALD communities.

A variety of factors have been examined in regards to motivating blood donation (Bednall and Bove 2011) and the theory of planned behaviour (TPB) is one model that has been extensively used (Gile and Cains 1995). The TPB suggests that factors such as attitudes, subjective norms and perceived behaviour control/self efficacy shape intentions, which in turn shape behaviour (Ajzen and Fishbein 1977). Many versions of the TPB have been used to examine blood donation globally, e.g., NZ (Holdershaw, Gendall and Wright 2011), UK (Giles and Cairns, 1995), Netherlands (Lemmens et al 2005) and Australia (Masser et al 2009; Masser et al forthcoming; Reid and Wood 2008).

The TPB has not been applied in regards to blood donation amongst CALD communities and this is examined within this research, i.e. whether subjective norms, attitudes towards blood donation and self efficacy impact on donation intentions amongst one Australian CALD community.

## **Method**

A survey was undertaken with African migrants and refugees in Victoria and South Australia, resulting in 450 usable surveys. Structural Equation Modelling (SEM) was used to examine the constructs and then the relationships between self efficacy (3 items); subjective norm (4 items); attitudes (4 items) in regards to intentions (4 items). All constructs were drawn on previous TPB blood donation literature.

## **Results and Discussion**

CFA was used to purifying the 4 constructs and then the structural model was assessed. This identified that the basic TPB model did not hold (see Table 1). An adjusted model was run incorporating an additional path between self efficacy and attitudes (France, France and Himawan 2007), which improved the model.

Table 1: TPB and Revised Model

	Model 1 (55% variance explained)	Model 2 (59% variance explained)
$\chi^2/\text{d.f. } (\leq 3.0)$	9.586	4.177
CFI ( $\geq .90$ )	<b>0.90</b>	<b>0.964</b>
TLI ( $\geq .90$ )	0.877	<b>0.955</b>
RMSEA ( $\leq .08$ )	0.142	<b>0.08</b>
Subjective Norm- Intentions	<b>.25 (p&lt;.00)</b>	<b>.24 (p&lt;.00)</b>
Self Efficacy- Intentions	<b>.69 (p&lt;.00)</b>	<b>.71 (p&lt;.00)</b>
Attitudes- Intentions	<b>.11 (p&lt;.01)</b>	.03 (p=n.s)
Self Efficacy-Attitudes	NA	<b>.82 (p&lt;.00)</b>

Within Model 2 Subjective Norms and Self Efficacy were significant, but Attitudes were not, which is different to what Masser et al (2009; Forthcoming) and Robinson et al (2008) have shown for general Australian donors samples. However, Armitage and Conner (2001) found that Attitudes were not always significant predictors of intentions or behaviour within TPB models. This suggests that for CALD communities' attitude towards blood donation does not impact on their donation intentions, rather intentions are driven by subjective norms and self efficacy. Social marketers need to therefore seek to adopt different models of communicating about blood donation, to focus on these drivers of behaviour.



## References

- Ajzen, I. & Fishbein, M. (1977) Attitude-behaviour relations: a theoretical analysis and review of empirical research. *Psychological Bulletin*, 84, 888-918.
- Armitage, C.J. & Conner, M. (2001) Efficacy of the theory of planned behaviour: A meta-analytic review, *British Journal of Social Psychology*, 40, 471-500.
- Australian Bureau of Statistics. (2007). 2006 Census of Population and Housing. Canberra: Commonwealth of Australia.
- Australian Red Cross (2010). Financials 2009-2010, Retrieved January 12 2012 from [http://www.redcross.org.au/files/ARC\\_2010\\_Financials.pdf](http://www.redcross.org.au/files/ARC_2010_Financials.pdf)
- Australian Red Cross Blood Service (2012) "All About Blood" Retrieved January 12 2012 from <http://www.donateblood.com.au/all-about-blood>.
- Bednall, T.C. & Bove. L.L. (2011). Donating blood: a meta-analytic review of self-reported motivators and deterrents. *Transfusion Medicine Reviews*, 25, 317-334.
- Flood, P., P. Wills, P. Lawler, G. Ryan and K.A. Rickard (2006) Review of Australia's Plasma Fractionation Arrangements," commonwealth Government Australia: Canberra. <http://www.health.gov.au/plasmafractionationreview>
- France, J.L., France C.R. & Himawan, L.K. (2007) A Path analysis of intention to redonate among experienced blood donors: an extension of the theory of planned behaviour, *Transfusion*, 47, 1006-1013.
- Giles M., & Cairns E. (1995). Blood donation and Ajzen's theory of planned behaviour: an examination of perceived behavioural control. *British Journal of Social Psychology* 1995, 34, 173-88.
- Holdershaw, J., Gendall, P. & Wright, M. (2011). Predicting blood donation behaviour: further application of the theory of planned behaviour. *Journal of Social Marketing*, 1, 120 – 132
- Lemmens, K.P.H., Abraham, C., Hoekstra, T., Ruiter, R.A.C., De Kort, W.L.A.M., Brug, J. & Schaalma, H.P. (2005). Why don't young people volunteer to give blood? An investigation of the correlates of donation intentions among young nondonors, *Transfusion*, 45, 945-955.
- Masser, B.M., K.M. White, M.K. Hyde, D.J. Terry, N.G. Robinson (2009). Predicting blood donation intentions and behavior among Australian blood donors: testing an extended theory of planned behavior model *Transfusion*, 49, 320–329.
- Masser, B.M., Bednall, T.C., White, K.M., & Terry, D. (forthcoming) Predicting the retention of first-time donors using an extended theory of planned behavior. *Transfusion*, Forthcoming DOI: 10.1111/j.1537-2995.2011.03479.x
- Reid, M., & Wood, A. (2008). An investigation into blood donation intentions among non-donors. *International Journal of Nonprofit and Voluntary Sector Marketing*, 13, 31-43.

Robinson NG, Masser BM, White KM, Hyde, M.K., & Terry, D.J. (2008) Predicting intentions to donate blood among nondonors in Australia: an extended theory of planned behavior. *Transfusion*, 48, 2559-67.

# **Television Advertising of Fruit to Children: Promoting Anticipation of Great Taste and Constructing Memories of Great Taste to Increase Consumption and Purchase Requests**

*Linda Portsmouth<sup>35</sup> & Rob Donovan\**

School of Public Health & WA Centre for Health Promotion Research  
Curtin Health Innovation Research Institute  
Curtin University, Western Australia  
Email: [L.Portsmouth@curtin.edu.au](mailto:L.Portsmouth@curtin.edu.au)

\* Centre for Behavioural Research in Cancer Control,  
Curtin Health Innovation Research Institute  
Curtin University, Western Australia  
Email: [R.Donovan@curtin.edu.au](mailto:R.Donovan@curtin.edu.au)

---

<sup>35</sup> Linda Portsmouth is a Health Promotion lecturer in the School of Public Health at Curtin University. Her specialist teaching areas include: social marketing for public health, mass media impact on public health, and behaviour change communication. She is also a free-lance health promotion filmmaker and a PhD student being supervised by Professor Rob Donovan.

## **Introduction**

Australian children are not eating enough fruit and vegetables, are eating more sugar and fat than recommended by the Australian Dietary Guidelines, and a record number are overweight or obese (Commonwealth of Australia, 2008). Television advertising for foods high in sugar and fat are frequently broadcast in children's programming timeslots (Chapman et al., 2006; Neville et al. 2005; Zuppa et al., 2003). Children ask for and eat the foods that they see advertised (Hitchings & Moynihan, 1998) and eat more of them after seeing television advertisements (Halford et al., 2007). Giveaways and messages promoting taste or fun were the most used marketing strategies to Australian children, with the most frequently used features being cartoons and scenes of people eating the food within a social setting (Hill & Radimer, 1997). Goris et al. (2010) attribute 10 per cent to 28 per cent of Australia's childhood obesity to television food advertising.

Research with adults has suggested that advertising can positively influence future product experiences (Hoch & Ha, 1986; Kempf & Smith, 1998; Marks & Kamins, 1988; Olsen & Dover, 1979; Smith, 1993) and can positively reconstruct what adults remember about their experience of using a product – even if the taste of the product was actually unpleasant (Braun, 1999; Braun-LaTour & LaTour, 2005). The role that these advertising effects may play in influencing the food consumption patterns of children has not previously been investigated. This research sought to determine if television ads for apples can positively reconstruct children's memories, making them remember the taste of an apple as more enjoyable than it actually was ('backward framing'), and whether advertising before consumption positively enhances children's anticipation of eating apples, making them judge the subsequent taste of the apple as more enjoyable than it really is ('forward framing'). The study also aimed to determine: whether advertising the positive taste attribute of apples or the positive fun/social experience of eating apples is more effective in influencing children's taste judgement; and whether advertising-enhanced positive taste judgement of apples increases children's intentions to consume that food in the future and/or request their parents to purchase that food.

## **Methodology**

Scripts for two 30-second television advertisements were developed based on findings from focus groups with children. One advertisement promoted the great taste of apples - highlighting images of children eating apples with appreciation and verbalising their response to the great taste (e.g. "Yum"). The second advertisement highlighted the great fun apples could be – children were not shown eating apples and no reference was made to the taste of apples, but children were shown having fun with apples (e.g. juggling apples, playing catch) accompanied by laughter and cheering as children admired the skill of other children. Both ads contained a talking cartoon apple character. Likeability pre-testing of the two ads and sensory pre-testing of apples samples (including two strengths of salt and vinegar solution) were undertaken in a primary school prior to the main study. The study was conducted at the Perth Royal Show. An 'AdTest Centre' was constructed in an undercover pavilion and families with children passing by were invited to enter the centre, and allow their children to participate. The children watched three minutes of G rated children's television (with one advertising break with three advertisements) before a half way point during which they ate an apple slice. They then watched a three minute continuation of the television program (with another advertising break with three advertisements). Over 800 children participated – half of them were 7 - 8 years and half were 11 - 12 years. Half were male and half were female.

They experienced one of five exposure conditions: a television segment containing no apple ads (control/comparison group); an apple ad highlighting either taste or fun *before* the apple slice was eaten; or an apple ad highlighting either taste or fun *after* the apple slice was eaten. Half of the children ate a slice of pleasant apple while the other half ate an identical apple slice painted with a salt and vinegar solution. The children were then asked: to rate the apple taste on a nine point scale; whether they would like another slice to eat; and whether they would ask their parents to buy the apple sampled. Their height, weight and postcode were recorded.

## Results

Chi-square analyses compared taste ratings for each of the advertising exposure conditions to the control group. This analysis revealed that children who were exposed to apple advertising rated the apples as more tasty – with the Taste Ad in the After position and the Fun Ad in both the Before and After positions being statistically significant. Further Chi-square analyses showed a statistically significant impact of the Fun Ad in the Before position for older children, Fun Ad in both positions for boys and the Taste Ad in the After position for girls. Similar analyses for the salt and vinegar apple revealed that children exposed to apple ads gave higher taste ratings than the controls – the Taste Ad After being statistically significant. There was an increase in children's desire to eat another slice of pleasant apple – for the apple advertising conditions compared with the controls – with the Taste Ad After being statistically significant. Both Taste and Fun ads resulted in a statistically significant increased intention to ask parents to purchase the pleasant apples – particularly with younger children. The Taste Ad in both positions resulted in statistically significant increased purchase requests for the unpleasant salt and vinegar apples – particularly for older children and girls.

Logistic regression analysis controlling for gender, Body Mass Index, socio-economic status and age revealed that girls were 1.7 times more likely than boys – and younger children were 1.6 times more likely than older children – to give high taste ratings for pleasant apples. Children in the Taste Ad/After condition were 2 times more likely, those in the Fun Ad/After condition were 2.3 times more likely, and those in the Fun Ad/Before condition were 3 times more likely to rate the taste of pleasant apples highly. Overall, children who gave a high taste rating were 3.2 times more likely to ask their parents to purchase the advertised apple.

## Conclusion

Television advertising has a forward and backward framing effect on children's taste ratings of apples; it is able to enhance future taste experiences and reconstruct memories of taste experiences. Advertising which communicates great taste, and advertising which communicates fun social experiences, both have an impact on taste rating. The Fun ad had more overall impact on taste rating of pleasant tasting apples – but only the Taste Ad increased consumption and impacted on taste rating when the taste of the apple was unpleasant. Advertising-enhanced taste ratings increased intended purchase requests.

## References

- Braun, K.A. (1999). Postexperience advertising effects on consumer memory. *Journal of Consumer Research*, 25(4), 319-334.
- Braun-LaTour, K., & LaTour, M. (2005). Transforming consumer experience: when timing matters. *Journal of Advertising*, 34(3), 19-30.
- Chapman, K., Nicholas, P., & Supramaniam, R. (2006). How much food advertising is on the Australian television? *Health Promotion International*, 21(3), 172-180.
- Commonwealth of Australia (2008). 2007 *Australian National Children's Nutrition and Physical Activity Survey – Main findings*. Canberra, ACT.: Commonwealth of Australia. Retrieved February 14, 2012 from <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-childrens-survey>
- Goris, J.M., Peterssen, S., Stamatakis, E., & Veerman, J.L. (2010). Television food advertising and the prevalence of childhood overweight and obesity: A multicountry comparison. *Public Health Nutrition*, 13(7), 1003-1012.
- Halford, J.C.G., Boyland, E.J., Brown, V., Hughes, G.M., Stacey, L., McKean, S., & Dovey, T.M. (2007). Beyond-brand effect of television food advertisements on food choice in children: the effects of weight status. *Public Health Nutrition*, 11(9), 897-904.
- Hill, J., & Radimer, K. (1997). A content analysis of food advertisements in television for Australian children. *Australian Journal of Nutrition and Dietetics*, 54(4), 174-182.
- Hitchings, E., & Moynihan, P.J. (1998). The relationships between television food advertisements recalled and actual foods consumed by children. *Journal of Human Nutrition and Dietetics*, 11(6), 511-117.
- Hoch, S.J., & . Ha, Y.W. (1986). Consumer learning: advertising and the ambiguity of product experience. *Journal of Consumer Research*, 13(2), 221-233.
- Kempf, D.S., & Smith, R.E. (1998). Consumer processing of product trial and the influence of prior advertising: a structural modeling approach. *Journal of Marketing Research*, 35(3), 325-338.
- Marks, L.J., & Kamins, M.A. (1988). The use of product sampling and advertising: effects of sequence of exposure and degree of advertising claim exaggeration on consumers' belief strength, belief confidence, and attitudes. *Journal of Marketing Research*, 25(3), 266-282.
- Neville, L., Thomas, M., & Bauman, A. (2005). Food advertising on Australian television: The extent of children's exposure. *Health Promotion International*, 20(2), 105-112.
- Olson, J.C., & Dover, P.A. (1979). Disconfirmation of consumer expectations through product trial. *Journal of Applied Psychology*, 64(2), 179-189.

- Smith, R.E. (1993). Integrating information from advertising and trial: processes and effects on consumer response to product information. *Journal of Marketing Research*, 30(2), 204-219.
- Zuppa, J.A., Morton, H., & Mehta, K. (2003). Television food advertising: Counterproductive to children's health? A content analysis using the Australian Guide to Healthy Eating. *Nutrition and Dietetics*, 60(2), 78-84.

**Associations Between Commercial Communication and Food Knowledge, Preferences  
and Diet: A Cross-European Study**

*Lucia A. Reisch, Wencke Gwozdz, Gianni Barba\*, Stefaan De Henauw\*\*, Natalia  
Lascorz\*\*\*, Kenn Konstabel\*\*\*\*, Iris Pigeo\*\*\*\*\* – on behalf of the IDEFICS  
Consortium*

Department of Intercultural Communication and Management, Centre for Social  
Responsibility, Copenhagen Business School, Frederiksberg, Denmark

Institute of Food Sciences National Research Council, Italy\*

Department of Public Health, Faculty of Medicine and Health Sciences, University  
Hospital, Ghent University, Ghent, Belgium\*\*

Growth, Exercise, Nutrition and Development Research Group, University of Zaragoza,  
Zaragoza, Spain\*\*\*

National Institute for Health Development, Tallinn, Estonia\*\*\*\*

Institute for Epidemiology and Prevention Research (BIPS), Bremen, Germany\*\*\*\*\*

Faculty 03 Mathematics and Computer Science, University of Bremen, Bremen,  
Germany\*\*\*\*\*



## Introduction

One major cause of obesity and children's unhealthy dietary choices is an obesogenic food environment characterized by a wealth of highly sophisticated *advertising messages* and ubiquitous food availability that encourages the consumption of calorie-dense food products with low nutritional value (IOM 2006). Despite claims that effectively countering harmful food marketing practices requires child awareness and understanding, together with the ability and motivation to resist (Harris et al. 2009), most empirical research, as well as evaluations of social marketing programs, shows that providing information and education — the major policy strategy of recent decades — fails to decrease advertising's effects on children. Here, social marketing has the power to inform the debate on the effects of commercial communication on children's dietary-related behavior. To enhance such understanding, this paper analyzes the association between food advertising and children's food knowledge, food preferences, diets and weight status. In doing so, it must take two issues into consideration: First, to develop a genuine understanding of advertising's effects on knowledge, preferences, diets and weight status, researchers must address a wider advertising context than is customary in the vast literature on advertising and children, including, for example, the family as a potential "communication buffer" for mass mediated commercial communication. Second, to investigate why enhancing knowledge does not necessarily lead to healthier preferences and food choices, researchers should relate them to both advertising and advertising contexts. We use a human ecological model (Story et al. 2002) and thus, operate on different levels:

1. The social environment where the child is embedded in families, neighborhoods and peer groups, that influence its food preferences and practices via transposing their social and cultural norms and attitudes, food likes and dislikes, consumption practices, and food habits via exposure and learning processes.
2. The immediate physical environment and its opportunities (e.g., neighborhood bikeability and walkability; accessibility and availability of healthy food) provides the options and barriers of the immediate "choice architecture" for healthful eating, as well as for physical activity as the other decisive influential factor of becoming overweight.
3. The wider media environment and in particular commercial communication (e.g., food advertising and all kinds of stealth marketing) have been shown to shape food related attitudes, preferences, and practices.

## Advertising Exposure, Food Knowledge, Food Preferences and Diet

Children in Europe and the U.S. are heavily exposed to mass media, watching over two and a half hours of television daily on average (Cairns et al. 2009, Holt et al. 2007). Because ad-free children's channels are still exceptions, these hours of viewing bombard children with advertising (OFCOM 2004). As a result, in the U.S., foods consumed in front of the TV account for about 20–25% of children's daily energy intake (Matheson et al. 2004).

In the U.S., children aged between 2 and 11 are exposed to about 25,000 commercials per year (Desrochers and Holt 2007) – 20% of these commercials are for food products, 98% of them high in sugar, fat, and/or sodium (Hawkes 2007). The "big five" of these products—sugared breakfast cereals, soft drinks, confectionary, savory snacks, and fast food outlets—also represent the majority of advertised food in Europe (Cairns et al. 2009), and there is ample empirical evidence that such unhealthy advertising content often leads to unhealthier food choices (Taveras et al. 2006). In fact, research identifies a direct causal effect of exposure to food advertising on children's diet; in particular, an increase in snack consumption (Harris et al. 2009) and overall calorie consumption (Epstein et al. 2008), an immediately lower intake of

fruits and vegetables (Livingstone and Helsper 2004), and higher rates of obesity (Chou et al. 2008).

A review on social marketing nutrition interventions shows that behavior, knowledge as well as socio-psychological factors are influenced by these interventions (Gordon et al. 2006). Behavioral change is moderately provoked by social marketing activities, but limited effect can be shown in health outcomes such as obesity (Stead et al. 2007).

### **Data & Methodology**

Our analysis, which is part of the IDEFICS study on the identification and prevention of dietary- and lifestyle-induced health effects in children and infants (cf. Ahrens et al. 2011), is based on data collected in 2009 using a convenience sampling technique. The overall sample size is 229 children aged between 6 and 10 years distributed over five countries (Belgium, Estonia, Germany, Italy, and Spain).

The data on children's food knowledge and preferences are gathered via a choice experiment (see Gwozdz and Reisch 2011) based on Kopelman et al. (2007). The primary stimuli are two brochures showing 10 matched pairs of food cards; one picturing a relatively healthy food, the other a relatively unhealthy food. Diet is captured via a diet quality index (Feskanich et al. 2004), relative sugar intake and relative fat intake. All diet variables are based on the Children's Eating Habits Questionnaire (CEHQ) (Lanfer et al., 2011).

Regarding the independent variables, we differentiate between three different level of advertising contexts (as mentioned above): 1) The *social environment* comprises food-related lifestyles at home (Scholderer et al 2004), and general parental attitudes toward advertising (Diehl and Daum 1995); 2) The *immediate physical environment* involves children's advertising literacy, as well as their exposure to TV advertising (TV in bedroom, audiovisual media time) and 3) the *wider media environment* reflects children's advertising literacy based on a questionnaire developed by Diehl (2005) and covers three dimensions: credibility, suspiciousness, and entertainment.

By regression analyses, we estimated the association these three levels of advertising context and food knowledge and preferences, diet and weight status.

### **Main Findings & Discussion**

Among the 229 children that participated in the choice experiment, the average score for food knowledge is 7.76 ( $SD = 1.18$ ), higher than the average score of 4.78 ( $SD = 2.08$ ) for healthful food preferences.

The *immediate physical as well as the wider media environment*—including access to, availability of, and exposure to advertising as well as advertising literacy, —plays an important role in children's food knowledge but not necessarily in their preferences. The role of *social environment*, i.e., the exposure to convenient food at home may come along with lower food knowledge, but is not associated to children's preferences. We do not find any direct relationship between knowledge and preferences, which is in line with previous research (see Kopelman et al. 2007). Moreover, although the environments we defined seem to be decisive for both knowledge and preferences, they play different roles in each. Hence, it seems reasonable to argue that increasing knowledge by adapting influential factors does not necessarily lead to healthier preferences.

Regarding diet, we find associations between media literacy and diet, e.g., relative sugar is higher when advertising is perceived as a useful source of information. The social environment plays an important role for the overall diet quality and the relative fat intake. We do not find any evidence of a link between dietary factors and food knowledge or preference. When it comes to weight status, only the physical environment (access and exposure) is strongly associated, e.g., children with a high TV exposure have also a high weight status.

Overall, these findings imply that identifying diet or preference factors alone is not sufficient for developing effective social marketing strategies and intervention programs. Rather, there is an urgent need for empirical evidence on causality, a dynamic that the present study has no power to determine statistically. Longitudinal or experimental approaches, in contrast, could throw useful light on this causality issue.

In sum, this study supports the contention that traditional policy strategies, based primarily on informational and educational goals, are insufficient to decrease the effects of advertising on children. That is, although knowledge about good health remains an unquestioned goal, it cannot adequately guide behavior in a healthier direction (Shepherd and Towler 1992). Rather, given the complexity of advertising's effects, social marketing strategies should consider the broader advertising context and attend more to influencing preferences and making the healthy choice the easy choice.

## References

- Ahrens, W., Bammann, K., Buchecker, K., De Henauw, S., Iacoviello, L., Hebestreit, A., Krogh, V., Marild, S., Molnar, D., Moreno, L. A., Pitsiladis, Y., Reisch, L. A., Siani, A., Tornaritis, M., Veidebaum, T., Pigeot, I. 2011. The IDEFICS Study: Design, participation, participation in the baseline survey. *International Journal of Obesity*, 35 (S1), S3–S15.
- Cairns, G., Angus, K., Hastings, G. 2009. The extent, nature and effects of food promotion to children: A review of the evidence to December 2008. Geneva: World Health Organization.
- Chou, S-Y., Rashad, I., Grossman, M. 2008. Fast-food restaurant advertising on television and its influence on childhood obesity. *Journal of Law and Economics*, 51 (4), 599–618.
- Desrochers, D. M., Holt, D. J. 2007. Children's exposure to television advertising: implications for childhood obesity. *Journal of Public Policy and Marketing*, 26 (2), 182–201.
- Diehl, J. M. 2005. Macht Werbung dick? Einfluss der Lebensmittelwerbung auf Kinder und Jugendliche. *Ernährungs-Umschau*, 52, 40–46.
- Diehl, J.M., Daum, I. 1995. Television food commercials aimed at children and parents. In: Curzon, M.E., Diehl, J.M., Ghraf, R., Lentze, M.J. (Eds.). *Carbohydrates in infant nutrition and dental health* (pp. 169-183). Munich: Urban & Vogel.
- Epstein, L. H., Roemmich, J. N., Robinson, J. L., Paluch, R. A., Winiewicz, D. D., Fuerch, J. H., Robinson, T. N. 2008. A randomized trial of the effects of reducing television viewing and computer use on body mass index on young children. *Archives of Pediatric and Adolescent Medicine*, 162, 239–245.
- Feskanich, D., Rockett, H., Colditz, R. H., Graham, A. 2004. Modifying the healthy eating index to assess diet quality in children and adolescents. *Journal of the American Dietetic Association*, 104(9), 1375–1383.
- Gordon, R., McDermott, L., Stead, M., & Angus, K. 2006. The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*, 120(12), 1133-1139.
- Gwozd, W., Reisch, L. A. 2011. Instruments for analyzing the influence of commercials on children's food choices. *International Journal of Obesity*, 35(S1): S137-S143.

Harris, J. L., Brownell, K. D., Bargh, J. A. 2009. The food marketing defense model: Integrating psychological research to protect youth and inform public polic. *Social Issues and Policy Review*, 3 (1), 211–271.

Hawkes, C 2007. Regulating food marketing to young people worldwide: Trends and policy drivers. *American Journal of Public Health*, 97 (11), 1962–1973.

Holt, D. J., Ippolito, P. M., Desrochers, D. M., Kelley, C. R. 2007. Children's exposure to TV advertising in 1977 and 2004: Information for the obesity debate. Bureau of Economics Staff Report No. 133. Washington, DC: Federal Trade Commission.

IOM [Institute of Medicine] 2006. Food marketing to children and youth: Threat or opportunity? Washington, DC: National Academies Press.

Kopelman, C. A., Roberts, L. M., Adab, P. 2007. Advertising of food to children: Is brand logo recognition related to their food kKnowledge, eating behaviours and food preferences? *Journal of Public Health*, 29 (4), 358–367.

Lanfer A, Hebestreit A, Ahrens W, Krogh V, Sieri S, Lissner L, Eiben G, Siani A, Huybrechts I, Loit H-L, Papoutsou S, Kovács E, Pala V. 2011. Reproducibility of food consumption frequencies derived from the Children's Eating Habits Questionnaire used in the IDEFICS study. *International Journal of Obesity*, 35, S61–S68.

Livingstone, S., Helsper, E. J. 2004. Advertising "unhealthy" foods to children: understanding promotion on children. London: OFCOM.

Matheson, D. M., Killen, J. D., Wang, Y., Varady, A., Robinson, T. N. 2004. Children's food consumption during television viewing. *American Journal of Clinical Nutrition*, 79, 1088–1094.

McDermott L, Stead M, Hastings G. 2005. What is and what is not social marketing: the challenge of reviewing the evidence. *Journal of Marketing Management*, 21, 545–553.

Office of Communication (OFCOM) 2004. Childhood obesity—Food advertising in context: Children's food choices, parents' understanding and influence, and the role of food promotion. OFCOM, London.

Scholderer, J., Brunsø, K., Bredahl, L., Grunert, K. G. 2004. Cross-cultural validity of the Food-Related Lifestyles Instrument (FRL) within Western Europe. *Appetite*, 42, 197-211.

Story, Mary, Dianne Neumark-Sztainer, and Simone French (2002), "Individual and Environmental Influences on Adolescent Eating Behaviors," *Journal of the American Dietetic Association*, 102 (3, S1), S40–S51.

Shepherd, R., Towler, G. 1992. Nutrition knowledge, attitudes and fat intake: Application of the theory of reasoned action. *Journal of Human Nutrition and Dietetics*, 20, 159–169.

Stead, M., Hastings, G., McDermott, L. 2007. The meaning, effectiveness and future of social marketing. *Obesity Reviews*, 8, 189-193.

Taveras, E. M., Sandora, T. J., Shih, M.-C., Ross-Degnan, D., Goldmann, D. A., Gillman, M. W. 2006. The association of television and video viewing with fast food intake by preschool-age children. *Obesity*, 14 (11), 2034–2041.

## Marketing Social Norms to Reduce Domestic Energy Consumption

*Ruth Rettie<sup>36</sup> & Tim Harries*

Behaviour and Practice Research Group,  
Kingston University Business School  
Kingston University, UK  
Email: [r.rettie@kingston.ac.uk](mailto:r.rettie@kingston.ac.uk)  
Email: [t.harries@kingston.ac.uk](mailto:t.harries@kingston.ac.uk)

---

<sup>36</sup> Ruth Rettie is Professor of Social Marketing and Director of the Behaviour and Practice Research Group at Kingston University. Her background is interdisciplinary, combining philosophy (MA, BLitt, BPhil), business (MBA) and a PhD in sociology with ten years as a brand manager. Professor Rettie's work is published in many journals from several disciplines. Her current research applies social marketing and sociological perspectives to the adoption of sustainable behaviours. Professor Rettie is principal investigator of CHARM (EPSRC) and Smart Communities (ESRC), and is part of the Low Carbon Communities Challenge evaluation team (UK Department for Energy and Climate Change).

## **The Social Norms Approach**

Social marketing approaches to behaviour change have traditionally assumed a direct relationship between attitudes and behaviour, and have attempted to change behaviour by providing information designed to influence attitudes. However, there is evidence that this is of limited validity for pro-environmental behaviours (Young, Hwang, McDonald & Oates, 2010; Schlegelmilch, Bohlen & Diamantopoulos, 1996; Bamberg & Möser, 2007). In contrast, the social norms approach, whose roots are in theories of conformity (Asch, 1955; Milgram, 1974), does not attempt to change attitudes, attempting instead to influence behaviour by communicating norms about what most people do.

The social norms approach has been widely used in US campaigns aimed at reducing substance abuse among young people (Perkins, 2003) and is increasingly being applied in sustainability contexts (Shultz, 1999; Goldstein, Cialdini & Griskevicius, 2008; Nomura, John & Cotterill, 2011). Cialdini, Kallgren and Reno (1991) distinguish between two types of social norms – descriptive and injunctive. The former are defined as being about what most people do and have most influence when they refer to the behaviours of the respondents' reference group (Lewis & Neighbors, 2004). The latter are more overtly normative and concern what people *should* do rather than what they actually do. Both types of norm can be effective in behaviour change campaigns. The social norms approach has been criticised because it relies on self-report of behaviour and has not always been effective (Thombs, Dotterer, Olds, Sharp & Raub, 2004).

Several authors have applied the social norms approach to domestic electricity consumption (Schultz, Nolan, Cialdini, Goldstein & Griskevicius, 2007; Nolan, Schultz, Cialdini, Goldstein, & Griskevicius, 2008; Allcott, 2011). Schultz et al. found that the approach led to statistically significant reductions in electricity usage amongst those with above average consumption and that injunctive messages (including 'smiley faces') prevented those already below average from increasing their consumption (in what they termed a 'boomerang effect'). Most recently, Allcott (2011) examined a series of experimental programmes in the USA involving 600,000 households and found that two years of social norms information led to a 2% reduction in electricity consumption.

## **Methods**

This paper reports on a project funded by the RCUK Digital Economy Programme that set out to test the applicability of the social norms approach to domestic electricity consumption in the UK. Unlike previous studies, feedback showed hourly consumption and was available in near real-time, so participants were able to identify activities that caused consumption changes. Furthermore, the study compared the impact of social norms feedback (social-norms group) not only with no feedback at all (control group) but also with the receipt of feedback that only described a household's own usage (individual feedback group). Electricity-use data was collected from 370 households over eighteen weeks. Information was sent to participants in the social-norms and individual feedback groups by three means: email, SMS and via personalised websites (see Appendix). The websites and emails displayed electricity usage graphs and included energy saving tips.

The graphs seen by members of the social-norms group differed from those provided to the individual group in two ways. Firstly, they contained information about average and '20% best' consumption levels. Secondly, they included normative messages about a household's

level of consumption – e.g. “Your energy consumption was above average”, if energy use was above average, or ‘Your energy consumption was among the best 20% 😊😊😊 Well done, keep it up!’ if they were in the lowest consuming quintile. Data analysed included energy consumption measurements, web and email access data, pre and post trial questionnaires, thirty semi-structured interviews and three focus groups.

## **Findings**

Data emailed directly to participants was viewed with greater frequency than the web-based information. Participants receiving social norms feedback were significantly more likely to open the emails with an average of 20 opened emails compared to 14 for the individual group ( $N = 209$ ,  $p < .05$ ), although there was no statistical difference in the frequency with which the web pages were accessed by the two groups. This suggests that social norms communications are more engaging to householders than communications limited to their own usage – a finding supported by data from the questionnaires and qualitative interviews.

The questionnaire analysis suggests that compared to the control group, the two intervention groups were nearly twice as likely to have tried to reduce their consumption and almost three times as likely to claim to have actually changed the way they use electricity (though there was no significant difference between the two intervention groups). However, despite this evidence of a change in intention and beliefs about behaviour change, there is only limited evidence of any actual behaviour change, supporting previous research about the tenuous relationship between behaviour and attitudes. All groups reduced their consumption during the study (probably due to seasonal changes) but the two intervention groups both reduced their consumption relative to their initial baseline consumption by 3% more than the control group. Unfortunately the effect size was lower than predicted from previous research and, given the sample size and standard deviation in consumption change, too small for significance testing.

The qualitative research indicates that participants found it easy to understand the graphical social norm feedback and, contrary to Roberts, Humphries and Hyldon (2007), were not averse to receiving social norms feedback. Feedback generated considerable interest and engagement though there was some scepticism about the comparability of the other homes used to calculate the norms feedback. Indeed, some participants actively sought to achieve, or maintain, usage within the ‘20% best’ level. The qualitative research also indicates possible explanations for the lower than anticipated effect size and the relative inefficacy of the social norms approach. These include: recruitment bias, which meant that many participants had already attempted to minimise their consumption prior to participating in the study; reactivity amongst all groups as a result of their awareness of being involved in the study; limited potential to reduce electricity consumption because none of the participants used electricity for air-conditioning or as their main heating fuel; lack of credibility of the social norms information; duration of the data collection (which was too short-term to include longer-term changes cued by the interventions); household dynamics that prevented changes to household energy consuming practices, and variation in participant responses to the interventions. Overall the qualitative research indicates that social norms feedback can increase engagement in feedback data but that this does not necessarily lead to behaviour change.



## References

- Allcott, H. 2011. Social norms and energy conservation. *Journal of Public Economics* 95, 1082-95.
- Asch, E.A. 1987. *Social Psychology*, Oxford University Press, Oxford
- Bamberg, S. Möser, G. 2007. Twenty years after Hines, Hungerford, and Tomera: A new meta-analysis of psycho-social determinants of pro-environmental behaviour. [\*Journal of Environmental Psychology\* 27\(1\)](#), 14-25.
- Cialdini, R. B., Kallgren, C.A., Reno, R.R. 1991. A focus theory of normative conduct: a research-evaluation of the role of norms in human behaviour, *Advances in Experimental Social Psychology* 24, 201-34.
- Goldstein, N.J., Cialdini, R.B., Griskevicius, V. 2008. A room with a viewpoint: Using social norms to motivate environmental conservation in hotels. *Journal of Consumer Research* 35(3), 472-82.
- Milgram, S. 1974. *Obedience to authority: an experimental view*, London, Tavistock Publications Ltd.
- Nolan, J.M., Schultz, P.W., Cialdini, R.B., Goldstein, N.J., Griskevicius, V. 2008. Normative social influence is under detected. *Personality and Social Psychology Bulletin* 34, (7), 913-923.
- Nomura, H., John P., Cotterill, S. 2011. The use of feedback to enhance environmental outcomes: a randomized controlled trial of a food waste scheme. *Local Environment* 16(7), 637-53.
- Perkins, H.W. 2003. *The social norms approach to preventing school and college age substance abuse*, Jossey-Bass, San Francisco.
- Roberts, S., Humphries, H., Hyldon, V. 2007. *Consumer preferences for improving energy consumption feedback*, Report to Ofgem, UK.
- Schlegelmilch, B.B., Bohlen, G.M., Diamantopoulos, A. 1996. The link between green purchasing decisions and measures of environmental consciousness. *European Journal of Marketing* 30(5), 35-55.
- Schultz, P.W. 1999. Changing behavior with normative feedback interventions: A field experiment of curbside recycling. *Basic and Applied Social Psychology* 21, 25-36.
- Schultz, P. W., Nolan, J. M., Cialdini, R. B., Goldstein, N. J., Griskevicius, V. 2007. The constructive, destructive, and reconstructive power of social norms. *Psychological Science* 18(5), 429-34.
- Thombs, D.L., Dotterer, S., Olds, R.S., Sharp, K.E., Raub, C.G. (2004). A close look at why one social norm campaign did not reduce student drinking. *Journal of American College Health*, 53, 61–68.

Young, W., Hwang, K., McDonald, S., Oates, C.J. 2010. Sustainable consumption: green consumer behaviour when purchasing products”, *Sustainable Development* 18(1), 21-31.

## Dissuasive Cigarette Sticks: A Logical Complement to Plain Packaging?

*Cherie Robertson, Janet Hoek<sup>37</sup>, Dave Hammond\*, Melanie Wakefield\*\*, and Lisa McNeill*

Department of Marketing  
University of Otago  
Dunedin,  
New Zealand  
Email: [cherie.robertson3@gmail.com](mailto:cherie.robertson3@gmail.com)  
Email: [janet.hoek@otago.ac.nz](mailto:janet.hoek@otago.ac.nz)  
Email: [lisa.mcneill@otago.ac.nz](mailto:lisa.mcneill@otago.ac.nz)

\*School of Public Health & Health Systems  
University of Waterloo,  
Ontario,  
Canada N2L3G1  
Email: [dhammond@uwaterloo.ca](mailto:dhammond@uwaterloo.ca)

\*\*Centre for Behavioural Research in Cancer  
Cancer Council Victoria  
1 Rathdowne Street  
Carlton, Victoria,  
Australia 3053  
Email: [melanie.wakefield@cancervic.org.au](mailto:melanie.wakefield@cancervic.org.au)

---

<sup>37</sup> Janet Hoek is a Professor of Marketing at the University of Otago, New Zealand. Her work focuses on marketing and public policy and she is interested in testing evidence for up-stream tobacco control interventions. She is a member of the NZFSA Academy, the FSANZ social science expert advisory group, and the Australian Government's expert advisory group on plain packaging. She has been an expert advisor to the NZ government's select committee enquiry hearings into tobacco control and regulation of food marketing.

## Background

Tobacco companies use cigarette packages and sticks to create symbolic meanings that smokers value (Callard, Thompson, & Collishaw, 2005; Gendall et al., 2011; Scheffels, 2008; Wakefield, Morley, Horan, & Cummings, 2002). When buying cigarettes, smokers purchase more than an efficient nicotine delivery mechanism; they also access images of glamour, sophistication or ruggedness, which they use to define and project desired images of themselves (Aslam, 2006; Christian, 1986; Hammond, Dockrell, Arnott, Lee, & McNeill, 2009). Innovations such as designer tipping and slimmer, elongated longer cigarettes appeal to young women's psychosocial needs, encourage them to start smoking, and imply brands with these features are less harmful (Carpenter, Wayne, & Connolly, 2005; Cook, Wayne, Keithly, & Connolly, 2003; Mutti et al., 2011). Tobacco companies also use specific colours to reach key demographics, such as young women (Doxey & Hammond, 2011; Freeman, 2007).

To date, tobacco regulation has focussed on external packaging, with many countries planning to follow Australia's lead and introduce plain packaging of tobacco products. Plain packaging recognises brands' symbolic connotations and the fact that consumers purchase brands to access these as much as they do to obtain the product's functional properties (Belk, 1988; Elliott, 1994, 2004). Plain packaging has strong empirical support; removing external brand imagery from tobacco packages will decrease their attractiveness (Germain, Wakefield, & Durkin, 2010; M Wakefield, Germain, & Durkin, 2008), diminish the experience of smoking (Moodie, Mackintosh, Hastings, & Ford, 2011), and increase cessation attempts (Hoek, Wong, Gendall, Louviere, & Cong, 2011).

As plain packaging becomes adopted, researchers have suggested that cigarette sticks could become a new brand communication medium (Freeman, Chapman, & Rimmer, 2008). Like external packaging, sticks feature brand imagery that creates specific connotations. Despite evidence suggesting cigarette stick design may attract and reinforce young adult women smokers (Carpenter, et al., 2005), few researchers have explored how this group would respond to dissuasive cigarette sticks. Since dissuasively coloured tobacco packages elicit strong aversive reactions independently of health warnings (Ministry of Social Affairs and Health, 2010), it is timely to consider whether dissuasively coloured sticks could stimulate similar responses and so contribute independently to reductions in smoking prevalence.

## Methods

To address this question, we conducted fourteen in-depth interviews with young adult female smokers (social and daily) aged 18 to 24 years. The interview used a semi-structured protocol that allowed detailed probing and each interview lasted between 30 and 60 minutes. Stimuli included current cigarette sticks and a set of dissuasively coloured sticks developed by a graphic artist. These latter stimuli were informed by the Australian plain packaging research and refined in earlier focus groups; Appendix 1 contains an example of the stimuli tested. With participants' permission, interviews were recorded then transcribed and reviewed using a thematic analysis approach (Braun & Clarke, 2006).

## Results

### Accouterments of Social Acceptability

While participants saw decorative sticks as attractive, they found unadorned cigarettes boring and dull: *"..these ones just seem a bit kind of boring and not as cool as them (attractive cigarettes)."* The need for 'cool' cigarettes reflected the ambivalence participants felt about smoking: while they depended on nicotine, they felt anxious about how others might perceive them. Smoking 'cleaner', or ostensibly higher quality cigarettes, helped them construct an

image that differentiated them from negative stereotypes. Attractive stick attributes thus transformed cigarettes into social accessories that smokers used to resolve the dissonance they felt: *"...so it sort of felt like I was being cheap, – so I thought if I bought more expensive cigarettes that I wouldn't feel so bad about – feel so cheap about smoking"*.

### **Marring the Social Façade**

Participants had strongly negative responses to the dissuasive colours tested, which connoted phlegm, tar, poison, faeces and vomit and directly linked negative health outcomes such as yellowing nails and teeth with the very act of consumption. Green and dark colours prompted realisations that participants found disconcerting: *"You don't really see much of the tar that goes into them. You don't see obviously long term results... when you're actually doing the thing (smoking), there's nothing that shows just how bad it is, what you're doing. Definitely a gross-coloured smoke would help it."*

Participants also thought the dissuasive sticks would attract unwanted attention, highlight their status as smokers, and reinforce negative opinions of smoking; these posited outcomes led several to question their own behaviour: *"If I saw someone smoking these and I was just a social smoker, then it'd probably remind me how dirty it was and maybe I would have been able to stop a lot earlier ... I wish they had brought it in... they would have made me stop."* Replacing the 'clean' white stick with a colour that evoked negative connotations would make cigarettes less pleasant and satisfying to smoke, something participants thought would influence social smokers. However, participants thought addicted daily smokers' reliance on nicotine would override the influence they expected dissuasive features to exert on social smokers, though they expected daily smokers' enjoyment of smoking to diminish.

### **Discussion and Conclusions**

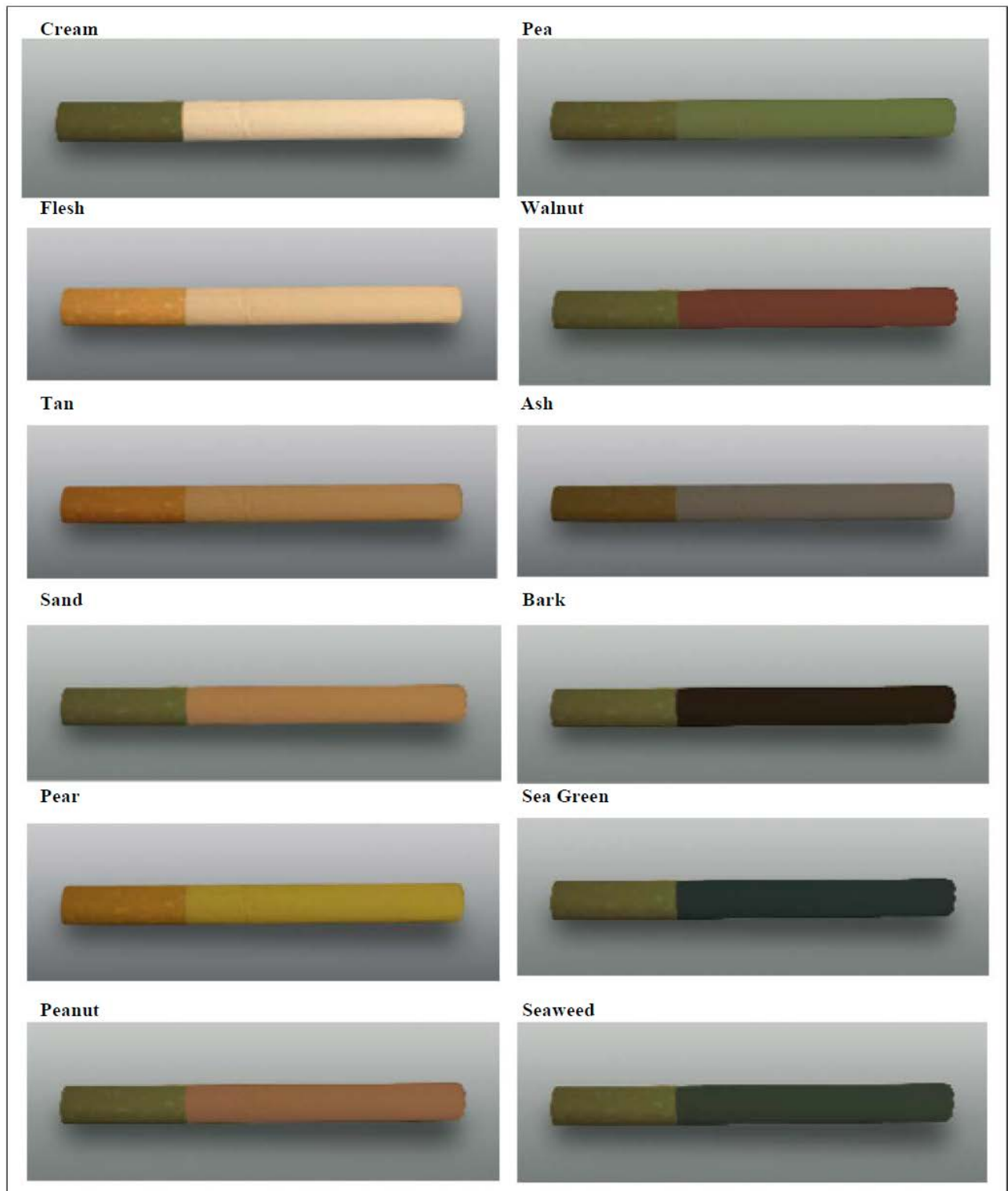
Findings documenting how tobacco companies have communicated glamour, slimness and femininity to women via cigarette product and pack design highlight the potential dissuasive sticks may have as a tobacco control measure (Carpenter, et al., 2005). Participants strongly disliked cigarettes that lacked current sticks' appealing connotations and felt dissuasively-coloured cigarette sticks promoted the negative stereotypes they wished to avoid. More specifically, dissuasively-coloured cigarettes replaced cigarettes' positive connotations with negative health connotations and elicited images of death. Removing the evocative design imagery that transforms cigarettes into social accessories could relegate cigarettes to embarrassing social appendages that smokers are reluctant to display or consume publically.

Because the dissuasive colours we tested reinforced the risks and health effects of smoking, participants believed the most unattractive colours would deter smoking initiation and decrease tobacco consumption, particularly for social smokers. Although daily smokers disliked the plain cigarettes, they felt their physiological need for nicotine would override the sticks' dissuasive properties. This finding highlights the importance of varied tobacco control measures that reach and influence different smoker sub-groups. Although a small, qualitative study, the findings were very consistent and suggest dissuasively-coloured cigarette sticks could complement plain tobacco packaging. Experimental work testing this proposition is currently underway to assess whether combining dissuasive sticks and packaging could more effectively deter smoking experimentation and prevent the addiction that typically quickly follows.

## References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, 77-101. doi: 10.1191/1478088706qp063oa.
- Callard, C., Thompson, D., & Collishaw, N. (2005). *Curing the Addiction to Profits: A Supply-side Approach to Phasing Out Tobacco*. Ottawa: Canadian Centre for Policy Alternatives.
- Carpenter, C. M., Wayne, G. F., & Connolly, G. N. (2005). Designing cigarettes for women: new findings from the tobacco industry documents. *Addiction*, 100(6), 837-851. doi: 10.1111/j.1360-0443.2005.01072.x.
- Cook, B. L., Wayne, G. F., Keithly, L., & Connolly, G. (2003). One size does not fit all: how the tobacco industry has altered cigarette design to target consumer groups with specific psychological and psychosocial needs. *Addiction*, 98(11), 1547-1561. doi: 10.1046/j.1360-0443.2003.00563.x.
- Doxey, J., & Hammond, D. (2011). Deadly in pink: the impact of cigarette packaging among young women. *Tobacco Control*, 20(5), 353-360. doi: 10.1136/tc.2010.038315
- Freeman, B. (2007). USA: not so pretty in pink. *Tob Control*, 16(2), 75-76.
- Freeman, B., Chapman, S., & Rimmer, M. (2008). The case for the plain packaging of tobacco products. *Addiction*, 103, 580-590. doi: 10.1111/j.1360-0443.2008.02145.x.
- Gendall, P., Hoek, J., Edwards, R., Gifford, H., Pirikahu, G., Pene, G., . . . McCool, J. (2011). Young Adults' Interpretations of Tobacco Brands: Implications for Tobacco Control. *Nicotine & Tobacco Research*, in press. doi: 10.1093/ntr/ntr094.
- Ministry of Social Affairs and Health. (2010). *The aim of the Tobacco Act is to put an end to smoking in Finland [Finnish government media release]*. Helsinki: Ministry of Social Affairs and Health.
- Mutti, S., Hammond, D., Borland, R., Cummings, M. K., O'Connor, R. J., & Fong, G. T. (2011). Beyond light and mild: cigarette brand descriptors and perceptions of risk in the International Tobacco Control (ITC) Four Country Survey. *Addiction*, no-no. doi: 10.1111/j.1360-0443.2011.03402.x.
- Scheffels, J. (2008). A difference that makes a difference: young adult smokers' accounts of cigarette brands and package design. *Tobacco Control*, 17, 118-122. doi: 10.1136/tc.2007.021592.
- Wakefield, M., Morley, C., Horan, J., & Cummings, K. (2002). The cigarette pack as image: New evidence from tobacco industry documents. *Tobacco Control*, 11(Suppl 1:), i73-i80. doi: 10.1136/tc.11.suppl\_1.i73.

## Appendix 1: Test Stimuli



## Establishing an Evaluation Template and Grid

*Audrey Robinson-Maynard<sup>38</sup>, Dr. Julia Meaton & Dr. Nii Amoo*

University of Huddersfield Business School  
United Kingdom

---

<sup>38</sup> Audrey Robinson-Maynard is a former Divisional Manager in Local Government, Social Services Children Assessment Services and budget holder for that service. She holds various qualifications in Social Work and Management. Audrey gained a BA from the University of Huddersfield and her MSc from London Guildhall University. She is at present completing a PhD in Social Marketing at the University of Huddersfield. Audrey has been and still is actively involved in setting up and the progressing of Community Organisations, from hostels for homeless young people to after school clubs. She has been involved in many community research projects and has published work relating to Child Care and the law.



## Introduction

The concept of social marketing (SM) is still a developing discipline and still without a universal definition. It is subject to the interpretation of its global users, as they implement intensive and extended programmes ranging from 'healthy eating' to 'clean air'. This kaleidoscope of applications has meant that few campaigns are the same, many being shaped by the varied interpretations of SM. While this ambiguity allows a flexibility of applications, it also makes it difficult for marketers to identify contributing **key criteria** for successful SM campaigns. Several researches and practitioners have previously identified **benchmark** criteria for the streamlining of social marketing exercises, including Andreassen's (1995, 2002), French & Blair-Stevens (2005, 2007) and Lefebvre (2006). However, these criteria have not been fully analysed regarding their individual contribution to the success or failure of SM campaigns or even how well they work together. This paper attempts to address this gap and presents an 'Evaluation Template and Grid' (ETG) that identify these **key criteria** that have been statistically proven to contribute to the success of SM campaigns. This paper further explains how and why ETG was developed and discusses the appraisal procedures that can be used to guide the development of **successful social marketing campaigns**.

## Theoretical Procedure

ETG was developed after an in-depth study of 12 SM case studies that represented campaigns from around the world (see appendix A). They were selected because they generally complied with Andreassen's (2002) benchmarks, were peer reviewed, dealt with diverse problems of mixed target groups and were all in the public domain, authored by various commentators in the field of SM such as, Forster et al. 1998; Hastings, 2007; Quinn et al. 2007 and Sun et al. 2007. For the profile of these companies see appendix B.

## Evaluation Procedure and Techniques

The different aspects in each of the 12 case studies were investigated and their major variables appraised. Two objectives became fundamental to the research, (a) 'to identify variables evident in successful SM campaigns' and (b) 'to evaluate relationship building with target audiences and the effect these have in advancing and sustaining exchange behaviours.' Together these objectives lead the researcher to ask the broader research question - **"are there other variables that would define more precisely SM processes to earn them the true title of SM"?**

Through a qualitative data analysis of these 12 case studies factors hypothesised to be of key importance for success were identified, resulting in 19 benchmarking criteria (see appendix C). These were then tested by quantitative survey of the study's research population of one hundred global cases (see appendix D for countries). Using both qualitative and quantitative methods helped to identify patterns and relationships in the data allowing for a more comprehensive understanding of the case studies and their variables (Creswell, 2007; Hennink, Hunter & Batley, 2011; Silverman, 2006 and Stake, 1995). A test of significance of the variables provided an assurance of reliability and validity.

## Results – SPSS (PASW) 18.0.

Using 'success of campaign' as the dependent variable (with its three categories) and 19 benchmarks as independent variables, a cross tabulation and Chi-Square Tests were applied. Some benchmarks showed greater statistical significance as key determinants in campaign success than others. Further analyses, using other dependent variables such as 'finances' and 'length of campaigns', subject to '2 - tailed' and '1 - tailed' tests to ascertain any refinement in their statistical significance (Sweet & Grace-Martin, 2008). The analyses found that of the

19 benchmarks, five were of statistical significance in campaign success these were: whether the campaign was **piloted**, whether it showed **clear benefits** for the target audiences, how well marketers understood the background of the target audience and their ability to understand and comply with the marketing message –**understanding concept**, whether the campaign had long term **sustainable support** and whether the marketers had covered a wide range of eventualities within the marketing remit – **absence of biases and flaws**.

Most important of these was the need for marketers to show their target audiences that there were ‘clear benefits’ to be gained from behavioural changes, together with ongoing support systems to combat competitions. Understanding the context of the target audience’s problems helped in the planning and execution of campaign strategies and contributed to the relationship building between the target audience and the marketers and hence the sustainability of behaviour changes. Campaigns that also showed versatility and creativity in their marketing strategies were more likely to be successful.

During further data exploration it was apparent that although five benchmarks were clearly the most important, the 19 benchmarks tended to work in harmony with each other. Thus, there is a strong argument for all of them to be used as a package so as to optimise campaign development, sustainability and success. All 19 benchmarks are therefore included in the proposed ETG. Appendix C gives an example of how one case study is assessed using the benchmarks from the Evaluation Template and Grid.

## **Conclusion**

The research produced some interesting findings that will enrich our knowledge-base of what determines successful SM campaigns. This research highlights the use and value of an evaluation grid in the assessment and investigative processes dealing with the diversity of behaviours in social marketing campaigns. It suggests that these benchmarks may be good predictors of success but also emphasises the complexity and kaleidoscopic nature of SM. This research represents the first stage of the identification and testing of the Evaluation Template and Grid (ETG). It is acknowledged that the analysis has so far only been conducted on a limited number of case studies and that in order to further refine it and to ensure it is robust, it needs to be more widely tested. However, this initial step is important as it clearly demonstrates that SM can benefit from the criteria of the ETG methodology. The research represents a significant step forward in understanding the essential components of successful SM campaigns.

It’s difficult to change people’s behaviour and acquire an effective and long lasting change of desired behaviours. The ETG could help to define a more efficient marketing mix in a climate of budget constraints and encouraging a **better quality** of interaction between the marketer and the target audience. The research is underpinned by past works of great marketers (Andreasen, 1995; Dann, 2010; Donovan & Henley, 2003; Kotler & Zaltman, 1971 and Kotler, Roberto & Lee, 2002) and should therefore be considered as a valuable addition to the planning, implementation and evaluation of any social marketing campaign.

## References

Andreasen, A.R.,(1995) 'Marketing Social Change', Jossey-Bass, San Francisco.

Andreasen, A. R. , (2002) 'Marketing Social Marketing in the Social Change Marketplace', Journal of Public Policy and Marketing, vol. 21 (1). p3-13.

Creswell, John W., (2007) 'Designing and Conducting Mixed Methods Research', Sage Publications, London.

Dann, S. ,(2010) 'Redefining Social Marketing with Contemporary Commercial Marketing Definitions', Jopurnal of Business Research, vol. 63, no. 2, p144 – 153.

Donovan, Robert J. and Henley, Nadine, (2003) 'Social Marketing Principles and Practice', IP Communications, Melbourne.

French, J. and Blair – Stevens, C. (2005) 'Social Marketing Pocket Guide' 1<sup>st</sup> Ed., National Social Marketing Centre for Excellence, Department of Health, London.

French, J. and Blair-Stevens, C. (2007) 'Big Pocket Guide Social Marketing' 2<sup>nd</sup> Ed. , National Social Marketing Centre, Department of Health, London.

Forster, Jean L.; Murray, David M.; Wolfson, Mark; Blaine, Therese M.; Wagenaar, Alexander C. and Hennrikus, Deborah J., (1998) 'The Effectives of Community Policies to Reduce Youth Access to Tobacco', American Journal of Public Health, vol.88, no.8, p1193 – 1198.

Hasting, G. (2007) 'Social Marketing: Why should the Devil have all the best tunes? Elsevier Ltd., Oxford.

Hennink, Monoque; Hunter, Inge; Batley, Ajay, (2011) 'Qualitative Research Methods' Sage Publications Ltd., London.

Kotler, P. and Zaltman, G. (1971) 'Social Marketing: An Approach to planned Social Change', Journal of Marketing, vol. 35 (July) p 3-12.

Kotler, P.; Roberto, N. and Lee, N. (2002) 'Social Marketing: Improving the Quality of Life' 2<sup>nd</sup> Ed., Sage Publications Ltd. London.

Lefebvre, R. Craig, (2006) 'On Social Marketing and Social Change: When is it Social Marketing?'

[http://socialmarketing.blogs.com/r\\_craig\\_lefebvres\\_social/2006/06/when\\_is\\_it\\_soci.h...](http://socialmarketing.blogs.com/r_craig_lefebvres_social/2006/06/when_is_it_soci.h...)  
01/02/2012.

Quinn, P.; Bell-Ellison, B.A.; Loomis, W. and Tucci, M., (2007) 'Adolescent perceptions of violence.' Journal of the Royal Institute of Public Health, vol.121, p357 -366.

SPSS – Statistical Package for Social Scientists, SPSS, PASW Statistics, version 18.0 for Windows. 2010.

Silverman, David, (2006) 'Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction' Sage Publications Ltd., London.

Stake, Robert E.,(1995) 'The Art of Case Study Research' Sage Publications, Thousand Oaks.

Sun, Xinying; Guo, Yan; Wang, Sisun and Sun, Jing (2007) 'SM Improved the Consumption of Iron-fortified Soy Sauce among Women in China' Journal of Nutrition Education and Behavior, vol. 39, no. 6. P 302-310.

Sweet, Stephen A. & Grace-Martin, Karen (2008) 'Data Analysis with SPSS' (3<sup>rd</sup> ed.). Pearson Education, Inc., Boston.

## Appendices

### Appendix ‘A’

The twelve case studies, and the numbers from each country:

Australia – 1; Canada – 4; China – 1; Tanzania – 1; UK – 2; USA – 3.

### Appendix ‘B’

Industries and Profile of Companies:

The businesses of the twelve case studies deal with a range of health issues from smoking cessation and healthy eating to HIV prevention, while others deal with environmental issues, violence and criminal justice issues. They are lead by marketers from Health Departments, community groups to environmental associations. Collaborative partnerships are formed between marketers and NGO, businesses, local authorities and educational establishments in order to encourage target audiences’ ownership for the achievement of desired goals.

### Appendixes ‘C’

An example of a case study with nineteen benchmarking criteria, 16 are met and three not met:

**Case Study 49** – Title: “Social Marketing Improved the Consumption of Iron-fortified Soy Sauce among Women in China.”

<b>Benchmarks met:</b> Peer review; formative research;  Segmentation and targeting; upstream targeting;  Measurable, stand up to scrutiny; Sustainability (benefits) support systems; marketing mix/extra Ps;  Own analysis of results;  <b>Benchmarks not met:</b> pretesting; further segmentation; and disincentives.	Questionnaire / in-depth interviews; piloting;  Relationship building; clear benefits;  Multimedia initiative; understanding concept, target audience problems; Biases / flaws (a minus score);  Incentives.
---	--

### Appendix ‘D’

The Research Population, countries featured:

There are seventeen countries globally, these are:

Canada USA & US Mexico border New Zealand Norway Brazil Panama Cambodia Australia Pakistan	UK & UK Europe China Mexico Denmark Tanzania Indonesia Kenya India
--	---

## **“Not Drinking is the Safest Option”: Strategies Targeting FASD**

*Sharyn Rundle-Thiele*<sup>\*39</sup> & *Sameer Deshpande*<sup>\*\*40</sup>

\*Griffith Business School  
Griffith University  
Email: [s.rundle-thiele@griffith.edu.au](mailto:s.rundle-thiele@griffith.edu.au)

\*\*Sameer Desphande  
University of Lethbridge  
Email: [sameer.deshpande@uleth.ca](mailto:sameer.deshpande@uleth.ca)

---

<sup>39</sup>A/Professor Sharyn Rundle-Thiele is an internationally renowned marketing expert who bridges academia with practice. Sharyn has been with Griffith University since 2009 and heads up Social Marketing @ Griffith. In 2012 Sharyn teaches Advanced Social Marketing and Market Research. Sharyn is currently responsible for managing research programs in the areas of alcohol, healthy eating, and stated choice modelling (consumer preferences). Sharyn has managed both large and small qualitative and quantitative studies including formative research to gain consumer and stakeholder insights, segmentation studies, customer loyalty, choice modelling and behavioural change. Sharyn has published over 100 refereed papers, reports and she co-authors Australia's market leading Marketing Principles textbook.

<sup>40</sup> Sameer Deshpande is an Associate Professor of Marketing in the Faculty of Management and faculty member of the Centre for Socially Responsible Marketing at the University of Lethbridge, Canada. His research interests include applying social marketing thought to a variety of public health issues. He has published his research in several academic journals and books. Additionally, he has offered social marketing workshops to several non-profit and government agencies primarily in Canada. He serves as advisor on governmental and on governmental social marketing campaign teams.

## Background

The current study extends current understanding reporting results from qualitative research that sought to gain insights into Australian women's preferences for downstream social marketing interventions whose primary aim was to promote alcohol abstinence for pregnant women and women who were planning to get pregnant in the near future. Alcohol consumed by pregnant women can harm their unborn babies and current Australian drinking guidelines state "*for women who are pregnant or are planning to get pregnant, not drinking is the safest option*" (NHMRC 2009, p. 67). Foetal alcohol spectrum disorder (FASD) refers to a group of conditions that can occur in a person whose mother drank (more evidence is available for high sustained levels of consumption) alcohol during pregnancy (Health Canada 2004). Problems that may occur in babies exposed to alcohol before birth include low birth weight, distinctive facial features, heart defects, behavioural problems and intellectual disability (O'Leary 2004; Henderson et al. 2007; Testa et al 2003). Children with FASD are more likely to go into care based on behavioural/learning problems experienced in school.

FASD is one of the most underreported conditions affecting babies in Australia (ABC 2011) with a minority of medical practitioners querying women about alcohol consumption during pregnancy (Payne et al 2011). FASD is difficult to diagnose, with low knowledge levels in the health community (Payne et al 2011), a reliance on women's self reported behaviour, which has previously been shown to be inaccurate (Rundle-Thiele et al. 2009) and abnormalities that are difficult to detect (O'Leary 2004). To date, research on FASD is dominated by North America and while interest is growing, fewer studies exist in Australia (O'Leary 2004). FASD is a leading non-genetic cause of intellectual disabilities in children (O'Leary 2004) and is therefore entirely preventable. While some studies have been undertaken to consider health practitioners knowledge (Payne et al. 2011) and women's knowledge and attitudes regarding alcohol consumption in pregnancy (Peadon et al. 2010) the potential for social marketing has received limited attention (Deshpande et al. 2005; Hanson et al 2011; Mengel et al. 2005), with no published study to date in Australia.

## Method

Qualitative research was used in this research study, as it allows for a free and wide-ranging discussion of issues in order to identify the salient considerations. Four focus groups and three interviews were conducted with women who were planning to get pregnant, were currently pregnant or had a child under the age of 6 months. Focus groups have been used effectively in the past for in depth investigations of attitudes towards alcohol (for example Kubacki et al 2011). As noted by Barrie et al (2011) the group context serves to facilitate, rather than inhibit, the disclosure of information, particularly for sensitive topics such as alcohol.

Women were recruited from a University list of people who are willing to be contacted to assist University research. Participants were invited to participate via an email that was sent to the respondent email lists. Approval for the study was obtained from the university's Human Research Ethics Committee. Based on findings from the literature and prior projects in the North American context a semi-structured discussion guide was developed for this research. Participants were given information about the project prior to the focus groups and they provided written consent prior to participating in the focus groups. One female researcher and one female research assistant facilitated the focus groups. A total of 24 respondents from five Australian States participated in this research. Women were aged between 25 and 39, worked in a variety of professions including film, law, psychology,

public relations, education and human resource management. The study involved two main types of respondents, namely 1) women who were planning pregnancy or were currently pregnant with their first child and 2) women who had recently had their first child or were pregnant with subsequent children. The focus groups were audio-recorded and transcribed with over 185 pages of transcripts arising for analysis. Statements were coded using, first, an open and, secondly, an axial coding scheme as recommended by Strauss and Corbin (1998).

## **Results and Discussion**

Participants acknowledged there is mixed evidence about drinking alcohol during pregnancy with some information sources recommending abstinence, while others provided advice that a glass of wine a day will not harm a foetus, and still others felt they would miss the benefits associated with foregoing one glass of red wine per day while pregnant. Participants agreed the message surrounding alcohol is not as clear as drugs and smoking. People know that taking drugs during pregnancy will lead to an addicted baby that has to suffer withdrawals following birth and that smoking during pregnancy leads to an underweight child. Consistent with evidence presented in Peadon et al (2010) women do not clearly understand what alcohol does. When probed participants felt alcohol might lead to intellectual problems, and deafness.

Australian women encounter significant social pressure to drink alcohol during pregnancy. Consistent with recommendations outlined by Deshpande et al. (2005) women feel strongly that partner support is needed and that communications should not be directed solely towards the female. Messaging directed towards partners would be highly useful offering additional avenues for support. Women referred to social exclusion and avoidance strategies employed to avoid drinking alcohol. One Melbourne participant spoke of an experience of having nothing to drink at a cocktail function because the only beverages on offer were alcoholic. A Perth woman felt she was not invited to a party where heavy drinking was likely to occur because she is currently breastfeeding she would not be able to drink heavily.

This group is highly motivated with many conducting their own research to understand whether they should (not) drink alcohol while pregnant. Low knowledge levels and high motivation suggest an education focus should remain the primary focus for this market (Rothschild 1999; Donovan 2011). All participants agreed that education from trusted sources (including government, Universities and/or health practitioners) involving consistent, clear messaging is needed both in online and offline formats targeting women who are pregnant or planning to get pregnant. The overall preference was for a non-commercial (e.g. Government or University) entity to offer information on pregnancy along with general health and nutrition advice following formats employed by commercial marketers (www.huggies.com.au). Women want facts in a simple and accessible way allowing them to weigh up risks and to make their own choices. Information targeting women should need to be supplemented with activities that permit social interaction (e.g. yoga classes). Our focus is limited to the individual and additional formative research is required to extend our understanding to midstream and upstream levels to yield insight into how social marketing interventions can be implemented to reduce the growing prevalence of FASD in the Australian community.



## References

- ABC Friday Sep 9<sup>th</sup> 2011. Available online at <http://www.abc.net.au/news/video/2011/09/09/3314678.htm?site=adelaide>. Web site last accessed 1<sup>st</sup> December 2011.
- Barrie, L.R., Jones, S.C. & Wiesen, E. (2011). "At least I'm not drink-driving": Formative research for a social marketing campaign to reduce drug-driving among young drivers. *Australasian Marketing Journal*, 19 (1), 71-75.
- Cismaru, M., Deshpande, S., Thurmeier, R. Lavack, A.M. & Agrey, N. (2010) Preventing Fetal Alcohol Spectrum Disorders: The Role of Protection Motivation Theory, *Health Marketing Quarterly*, 27 (1), 66-85.
- Deshpande, S., Basil, M., Basford, L., Thorpe, K., Piquette-Tomei, N., Droessler, J. Cardwell, K. Williams, R.J. & Bureau, A. (2005). Promoting Alcohol Abstinence Among Pregnant Women: Potential Social Change Strategies. *Health Marketing Quarterly*, 23 (2), 45-67.
- Donovan, R. (2011). The role for marketing in public health change campaigns. *Australian Review of Public Affairs*, 10 (1), 23-40.
- Hanson, J.D., Winberg, H. & Elliott, A. [in press] Development of a Media Campaign on Fetal Alcohol Spectrum Disorders for Northern Plains American Indian Communities. *Health Promotion Practice*. Article available online at <http://hnp.sagepub.com/content/early/2011/12/12/1524839911404232.full.pdf+html>. Web site last accessed 27<sup>th</sup> January 2012.
- Health Canada (2004). Knowledge and Attitudes of Health Professionals About Fetal Alcohol Spectrum Disorder: Results of a National Survey. Ottawa, ON: Public Health Agency of Canada.
- Henderson, J., Kesmodel, U. & Gray, R. (2007). Systematic review of the fetal effects of prenatal binge drinking. *Journal of Epidemiological & Community Health* (61), 1069–1073.
- Kubacki, K, Siemieniako, D & Rundle-Thiele, S.R. (2011). College binge drinking: A new approach. *Journal of Consumer Marketing* (28) 3, 225-233.
- Mengel , M.B., Ulione, M., Wedding, D., Jones, E.T. & Shurn, D. (2005). Increasing FASD knowledge by a targeted media campaign: Outcome determined by message frequency. *International Journal of FAS*, 3, 1-13.
- National Health and Medical Research Council (2009). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Available online at [http://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/ds10-alcohol.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ds10-alcohol.pdf). Web site last accessed 27<sup>th</sup> January 2012.
- O'Leary, C.M. (2004). Fetal alcohol syndrome: Diagnosis, epidemiology, and developmental outcomes. *Journal of Paediatric Child Health*, 40, 2–7.

Payne, J.M., France, K.E. Henley N., D'Antoine, H.A., Bartu, A.E., Raewyn C Mutch, R.C., Elliott, E.J. & Bower, C. (2011) Paediatricians' knowledge, attitudes and practice following provision of educational resources about prevention of prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder. *Journal of Paediatrics and Child Health*, 47 (10), 704-710.

Peadon, E., Payne, J., Henley, N., D'Antoine, H., Bartu, A., O'Leary, C., Bower, C. & Elliot, E.J. (2010). Women's knowledge and attitudes regarding alcohol consumption in pregnancy: a national survey. *BMC Public Health*, (10), 510

Rothschild, M. (1999). Carrots, Sticks, and Promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of Marketing*, 63, 24-37.

Rundle-Thiele, S.R. (2009). Social gain: Is corporate social responsibility enough? *Australasian Marketing Journal*, (17) 4, 204-210.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. USA: SAGE Publications.

Testa, M., Quigley, B. & Das Eiden, R. (2003). The effects of prenatal alcohol exposure on infant mental development: A meta-analytic review. *Alcohol & Alcoholism* 38 (4), 295–304.

## Special Session: A Services Approach to Social Marketing Programs

*Rebekah Russell-Bennett*<sup>\*41</sup>, *Robyn Hamilton*<sup>\*\*42</sup>, *Goeff Smith*<sup>\*\*\*43</sup> & *Josephine Previte*<sup>\*\*\*\*44</sup>

\* School of Advertising, Marketing and Public Relations  
Queensland University of Technology

\*\* Australian Breastfeeding Association

\*\*\* Research and Development Division  
Australian Red Cross Blood Service

\*\*\*\*University of Queensland

---

<sup>41</sup> Rebekah Russell-Bennett is Professor in Marketing in the School of Advertising, Marketing and Public Relations at Queensland University of Technology, Australia with a PhD in marketing. She researches in the field of services marketing in both the commercial, nonprofit and government sector. Rebekah has published in journals such as *European Journal of Marketing*, *Journal of Business Research*, *Journal of Marketing Management*, *Journal of Services Marketing*, *Health Marketing Quarterly*, *Journal of Brand Management* and *Industrial Marketing Management*. Rebekah is the national president of the Australian Association of Social Marketing and has extensive industry collaborations with organisations such as Queensland Department of Health, Australian Breastfeeding Association, Australian Red Cross Blood Service, Queensland Catholic Education Commission and Queensland Department of Transport.

<sup>42</sup> Robyn Hamilton is a national director of the Australian Breastfeeding Association, and was the state president of Queensland Branch from 2007-2009. She has been a community educator since 2000, breastfeeding counsellor since 2002, and has worked with mothers through a variety of roles at local group level. She was a writer for the Association's accredited Certificate IV in Breastfeeding Education, and a steering committee member for its reaccreditation. Robyn is a librarian by profession and has worked in the public sector for over 20 years. As a director she is responsible for the ICT portfolio and brings her information management background to her volunteer role. She is also a director on the board of the Australian Breastfeeding Association's retail subsidiary Mothers Direct.

<sup>43</sup> Geoff Smith is Senior Research Fellow in Donor and Community Research, within the Research and Development Division of the Australian Red Cross Blood Service. Donor and Community Research at the Blood Service is a targeted research program examining donor retention, recruitment, motivation and community attitudes toward blood and plasma donation. Geoff directs a team who run an array of projects in partnership with a number of Australian and overseas University research teams including Queensland University of Technology, University of Melbourne and Ohio University, USA. A major focus for Geoff is to develop research findings into cost effective operational change to support the Blood Service in better understanding and retaining existing donors, and to inform strategies used to recruit new donors. Geoff has previously worked in other organisations in the non-profit sector including the Cancer Council Victoria and Australians Donate (Organ and Tissue Donation).

<sup>44</sup> Josephine Previte has a PhD in social marketing, having investigated the use of the internet in online social marketing strategy. She is interested in a critical marketing analysis of consumption and marketplace behaviours and has other interests in the study of government and not-for-profit marketing strategy. Josephine has published in the areas of technology, gender and social marketing in books, articles and conference proceedings and has conducted a range of consultancy projects with non-profit organisations and government departments implementing social marketing campaigns, as well as being involved in evaluating the impact of digital technologies on regional and rural communities.

## **Introduction**

Governments and not-for-profit organisations are increasingly adopting a social marketing approach as a means of facilitating voluntary behaviour change to improve social and individual welfare. These organisations typically adopt a downstream social marketing approach, which have been effective in influencing: healthy eating (e.g., Swap It campaign – Australia), increasing Breastscreening behaviour (e.g., Breastscreen Queensland) and the use of public transport (e.g., Choose How You Move – UK), and decreasing drink-driving (e.g., Roadcrew – USA) and graffiti vandalism (e.g., Brent Council – UK). What is less discussed and documented in social marketing is how services and service employees influence and support individual behaviour change goals.

The growth of social marketing is reliant on the contribution of theory and practice, where scholars engage in critiques of current theories and practice, and practitioners test the models in real-world environments and feedback evidence that also effects change in social marketing thinking. For many practitioners the behaviour change approach relies on access to services, yet service delivery is often functionally distinct from the marketing program. More typically the marketing program is defined as promotion and a mass-media campaign (Domegan, 2008; McDermott, Stead & Hastings, 2005). Despite calls from social marketers to embrace ‘upstream thinking’ (Donovan, 2011; Hoek & Jones 2011), social marketing scholars often depend on individualistic, psychological behaviour models to inform how they frame and address social problems. Services’ marketing offers theories that not only address individual responses but, also incorporate structural and environmental factors. The challenge for scholars, therefore, is to soften the disciplinary boundaries between services and social marketing to integrate ‘service thinking’ into social marketing models that also capture the impact of service experiences and evaluation on future behaviours.

This special session contributes two academic and two practitioner presentations that discuss the implementation of social marketing situated in the health service sector; breastfeeding, blood donation and cancer screening. The academic presentations discuss the theoretical insights drawn from researching organisations involved in providing free health services, while the two practitioner presentations outline the marketing and managerial challenges of adopting service-thinking. Together, the speakers in the session will talk to the issues and challenges that are revealed when dealing with sensitive issues and the service touch-points between clients and the service provider that are critical to supporting sustainable behaviours.

### **Presentation 1: Designing a self-service technology to increase self-efficacy and maintain breastfeeding.**

**Rebekah Russell-Bennett, Queensland University of Technology, Australia.**

Despite the significant health benefits attributed to breastfeeding, rates in countries, such as Australia, continue to remain static or to decline. Typically, the tangible support offered for women to support breastfeeding behaviours takes the form of face-to-face advice from health professionals, peer counselling via not-for-profit organizations such as the ABA, and provision of information through websites, pamphlets, and books. Prior research indicates that face-to-face support is more effective than telephone contact (Britton, McCormic, Renfrew, Wade, & King, 2009). Given the increasing costs associated with the provision of personalized face-to-face professional support and the need for some women to maximize privacy, discretion, and judgment-free consultations, there is a gap that could be filled by the use of m-technologies such as text messaging and other social media. The research team developed MumBubConnect; a two-way SMS system which combined the personalized aspects of face-to-face contact but maintained levels of privacy. The use of SMS was immediate, portable, and overcame many of the barriers associated with embarrassment. An

online survey of 130 breastfeeding mothers indicated that MumBubConnect facilitated the seeking of social support using m-technology, increased self-efficacy and maintained the desire behaviour.

**Presentation 2: The challenge of service extension as part of a social marketing strategy by a not-for-profit organisation.**

**Robyn Hamilton, Director, Australian Breastfeeding Association**

The implementation of MumBubConnect as a pilot social marketing service for the ABA was a new venture requiring changes to the ABA business model. Five challenges emerged during the process; human capacity, branding, selling, IT rationalisation and change management. Human capacity in a volunteer organisation is a continual challenge. While capacity is difficult to guarantee, it is necessary to meet service funding agreements and maintain a quality of service. The ABA brand has a distinct image which polarises the market. The alignment of MumBubConnect with the ABA brand was important to consider. The role of ABA counsellors altered as part of the program from receiving inbound calls to being initiators of outbound phone calls to women whose SMS responses indicated they were struggling. ABA has a history of non-integrated websites, databases, documents; MumBubConnect technology challenged ABA's information processes and initiated a new efficiency of integration with current sites. Finally, ABA decision-makers viewed social marketing typically in terms of "1P marketing" and MumBubConnect has facilitated change management. Technology has altered the way things can be done and the kind of services ABA can offer, changing the service habits of almost 50 years.

**Presentation 3: Moving from medicine to marketing: the challenges of adopting service-thinking to influence social behaviours in a medicalised environment.**

**Geoff Smith, Australian Red Cross Blood Service**

The Australian Red Cross Blood Service is relatively effective at acquiring new youth donors, however its retention rate needs improvement and recently the blood service has considered using social marketing to increase donor loyalty rates. Gen Y are notorious for being self-centred rather than altruistic and thus an explanation for the low loyalty levels in this cohort could be the service experience. Service quality research demonstrates that when consumers perceive low levels of physical environment, technical, interactional and overall service quality, they are less satisfied and less likely to return. A study of 68 participants in focus groups funded by the Blood Service in 2011 investigated Gen Y perceptions of the servicescape and the impact on repeat behaviour and found that donors did indeed want less altruistic benefits. With this in mind, the Blood Service now faces the challenge of integrating this new knowledge of donors into service delivery processes. This is particularly challenging for an organisation that needs to maintain medically-sound processes to ensure quality of blood products. This presentation will present the dilemmas and challenges of adopting service thinking in a medicalised environment to overcome some of the 'clinical' barriers Gen Y donors perceive in the donor process.

**Presentation 4: Applying internal social marketing thinking to inform sustainable behaviour change.**

**Josephine Previte, University of Queensland, Australia**

Whilst many marketing scholars have spoken to the need for organisations to focus efforts on developing and sustaining an organisational culture that emphasizes internal customer well-being (e.g., staff morale and self-esteem) as a means to attract and retain external customer commitment (see: Bansal et al, 2001), few have considered the influence of internal marketing on social marketing outcomes (see: Smith, 2011). As we know in commercial

marketing, the behaviour of service employees can have a significant impact – positively or negatively – on the behaviour of clients. This is also true in social and health services through the process of service evaluation. Yet, in many social marketing situations there is also likely to be emotional reactions following the service interaction. Therefore the professional and supportive role performed by health service employee is critical at this behavioural point. Focusing on the interaction between service employees and behaviour change agents (clients) illustrates that the social marketing program purview needs to extend to informing the practices of service employees as they are critical agents who deliver the technical aspect of Cancer Screening services which is the ‘social marketing product’ of behaviour change.

## References

- Bansal, H.S., Mendelson, M.B., & Sharma, B. (2001), The impact of internal activities on external marketing outcomes, *Journal of Quality Management*, 6, 61-76.
- Britton, C., McCormic, F., Renfrew, M., Wade, A., & King, S. (2009). Support for breastfeeding mothers. *Cochrane Database of Systematic Reviews*, 1
- Domegan, C.T. (2008). Social marketing: implications for contemporary marketing practices classification scheme. *Journal of Business and Industrial Research* 23(2), 135-141
- Donovan, R. (2011). Social Marketing’s Mythunderstandings, *Journal of Social Marketing*, 1(1): 8-16.
- Henkel, S., Tomczak, T., Heitmann, M. & Herrmann, A. (2007). Managing brand consistent employee behaviour: Relevance and managerial control of behavioural branding, *Journal of Product & Brand Management*, 16 (5), 310-320.
- Hoek, J., & Jones, S.C. (2011) *Regulation, public health and social marketing: a behaviour change trinity*, 32-43
- McDermott, L., Stead, M., and Hastings, G. (2005). What is and what is not social marketing: the challenge of reviewing the evidence. *Journal of Marketing Management*, 21, 545-553
- Smith, A.M. (2011). Internal Social Marketing: Lessons from the Field of Services Marketing, in Hastings, Angus and Bryant (Eds), *The SAGE Handbook of Social Marketing*, Sage: Los Angeles, 298-316.
- Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2000). The art of writing a scientific article. *Journal of Scientific Communications*, 163, 51-59.

## **Delving Deeper into Maintenance Behaviour**

*Lisa Schuster<sup>45</sup> & Professor Judy Drennan*

School of Advertising, Marketing and Public Relations  
QUT Business School  
Queensland University of Technology  
Email: [lisa.schuster@qut.edu.au](mailto:lisa.schuster@qut.edu.au)  
Email: [j.drennan@qut.edu.au](mailto:j.drennan@qut.edu.au)

---

<sup>45</sup> Lisa Schuster is a PhD candidate at the Queensland University of Technology (QUT) Business School in Brisbane, Australia. Her research explores consumers' responses to self-services delivered via technology. Particularly, her research interest lies in how technology-based self-services can be used in social marketing and in the mental health context specifically. Schuster has published her work in the *International Journal of Banking Marketing*, *World Non-Profit and Social Marketing Conference*, and *Australian & New Zealand Marketing Academy Conference* (ANZMAC).

## **Introduction**

Andreasen (2003) argues that there is a 'starting change' bias in the social marketing field as much research is centred on inducing initial behavioural change. However, repeat or maintenance behaviour is often critical to achieving social goals across many domains. For instance, the repeat use of professional therapeutic services is vital for improved mental health, although premature discontinuance of service use is common (Wang, 2007). This study contributes to addressing this gap in the social marketing literature by exploring key drivers of maintenance behaviour, in the form of repeat service use, in mental health. This is in line with Andreasen's (1994) argument that social marketing is an appropriate approach to addressing mental health challenges.

## **Literature Review**

Maintenance behaviour or 'behavioural loyalty' research in social marketing literature is limited. Lynch and Jones (2007) examine loyalty as a basis for market segmentation, whilst Campbell and Brennan (2009) explore the implications of loyalty to undesirable behaviours. Only Parkinson, Russell-Bennett and Previte (2011) seek to explain loyalty to a behaviour conducive to a social goal, specifically, breast feeding. Many social goals are achieved by encouraging the initial and repeat use of services. For example, influencing target audiences to use health services to improve personal welfare (Andreasen, 1994). However, extant research does not take in to account service product and service delivery attributes, the two dominant drivers of consumers' repeat use of commercial services (see Paul, Hennig-Thurau, Gremler, Gwinner, & Wiertz, 2009). Service product attributes relate to the service design and include customisation to consumer needs, reliability and low price; whereas, service delivery attributes pertain to the consumer-employee interaction that produces the service and include service employees' expertise, empathy and motivation. This research therefore, consistent with social marketing reliance on the adaption and adoption of commercial marketing theories and frameworks (Dann, 2010), investigates the extent to which service product and delivery attributes influence repeat use of services instrumental to achieving social, as opposed to commercial, goals. Another consideration is that digital technologies, such as mobile phones, are increasingly employed to produce and deliver services in a number of social contexts (Lefebvre, 2009). For example, self-help mental health services delivered via mobile phone (m-wellbeing services) are efficacious and have significant cost and reach advantages over traditional interpersonal services (Harrison et al., 2011). Nevertheless, the factors that encourage or discourage repeat use of these technology-based services, which are instrumental to improved welfare, have yet to be examined. This research addresses this gap by examining the impact of service product and delivery attributes on maintenance behaviour, particularly, repeat use of a therapeutic m-wellbeing service.

## **Methodology**

Young adults have the highest instance of mental ill-health and the highest dropout rate from therapeutic services (Baruch, Vrouva, & Fearon, 2009). Consequently, depth interviews were undertaken with 20 young adults all aged between 18-24 years that participated in a six week m-wellbeing service currently being trialled in Australia. These respondents self-reported mild to moderate stress, anxiety and/or depression. The sample included four males and 16 females comprising 11 who had continued to use the service and nine who dropped out. The bias towards female respondents is consistent with research showing that young men are the least likely group to use professional mental health services (Rickwood, Deane, & Wilson, 2007). Respondents were asked what encouraged or discouraged their repeat use of the service. The data were analysed thematically, with the assistance of NVivo, to examine the impact of service product and delivery attributes on their maintenance behaviour.



## Findings and Discussion

The data highlight two key service product attributes that influence repeat use of the m-wellbeing service: (1) service engagement and (2) service relevance. Thirteen respondents reported continuous engagement with the service, derived from frequent updates, interesting information and two-way interactivity, encouraged repeat use of the m-wellbeing service. For example, *“There was always new things that you could do on there as well, which always keeps you motivated”* (R10, F) and *“To be honest, nothing much really motivated me to do it because... it asked the same sort of questions every day”* (R3, M). Service relevance or customisation was critical to maintenance behaviour for ten respondents. That is, the m-wellbeing service’s ability to address individual needs motivated repeat use of the service. For example, *“I think it was the modules. I just found the modules so helpful and so relevant to my life and the way I am, so, they definitely kept me motivated”* (R10, F). On the other hand, respondents who experienced low service relevance or customisation found it difficult to maintain service use. For example, *“I suppose I completed two modules and then after that I just didn’t really find any more that I thought were relevant to my lifestyle”* (R11, F).

In addition, the data also show two key service delivery attributes instrumental to repeat service use: (1) lifestyle compatibility and (2) ease of use. The technological service delivery was compatible with most respondents’ (16) lifestyle, and this appeared to facilitate maintenance behaviour. The ubiquitous nature of the service made it easier and more convenient to continue using the m-wellbeing service. For example, *“It sort of motivated me... you could just do it online anytime that suited you. So it was something that definitely motivated me - just the availability of it”* (R13, F). Lastly, 13 respondents highlighted that the ease of accessing and using the service facilitated continued help seeking through the m-wellbeing service. For example, *“The fact that I was saying it’s just there, just easy, sensible and yeah, that’s what made me think that it was worth it. Keep sticking with it”* (R12, F).

These findings provide initial evidence that service product and delivery attributes are important drivers of repeat use of services instrumental to the achievement of social goals, consistent with previous research concerning the repeat use of commercial services (Paul et al., 2009). However, it appears that service product attributes may play a more important role in this maintenance behaviour than service delivery attributes. That is, despite general satisfaction with the m-wellbeing service’s ease of use and lifestyle compatibility, about half of respondents (9) discontinued service use, mostly citing a lack of service engagement and relevance as key reasons. In addition, this study extends Paul et al. (2009) conceptualisation of service delivery attributes, derived from the interpersonal interactions between employees and service recipients, by providing evidence for technology-based service delivery attributes, lifestyle compatibility and ease of use, derived from interactions between self-service technology and service recipients.

## Conclusion

This study enhances understanding of the determinants of maintenance behaviour, an under researched area in social marketing (Andreasen, 2003). Specifically, it highlights that service product and delivery attributes drive repeat use of a technology-based service instrumental to achieving a social goal, which is largely consistent with extant commercial marketing literature on the drivers of continued service use (Paul et al., 2009). Practically, this research suggests that social marketers need to ensure that behavioural support services continuously engage the target audience’s attention and interest, and are tailored to their needs, to encourage repeat service use. Future research should validate these findings and explore additional drivers of maintenance behaviour across different social domains.

## References

Andreasen, A. (2003). The life trajectory of social marketing: Some implications. *Marketing Theory*, 3(3), 293-303. doi 10.1177/147059310333004

Andreasen, A. (1994). Social marketing: Definition and domain. *Journal of Public Policy & Marketing*, 13(1), 108-114. doi <http://www.jstor.org/stable/30000176>

Baruch, G., Vrouva, I., & Fearon, P. (2009). A follow-up study of characteristics of young people that dropout and continue psychotherapy: Service implications for a clinic in the community. *Child and Adolescent Mental Health*, 14(2), 69-75. doi 10.1111/j.1475-3588.2008.00492.x\_2008

Campbell, G., & Brennan, L. (2009, 14-15 July). *Riding without a saddle*. Paper presented at the 2009 International Nonprofit and Social Marketing Conference (INSM), Melbourne, Victoria, Australia.

Dann, S. (2010). Redefining social marketing with contemporary commercial marketing definitions. *Journal of Business Research*, 63(2), 147-153. doi 10.1016/j.jbusres.2009.02.013

Harrison, V., Proudfoot, J., Wee, P. P., Parker, G., Pavlovic, D., & Manicavasagar, V. (2011). Mobile mental health: Review of the emerging field and proof of concept study. *Journal of Mental Health*, 20(6), 509-524. doi 10.3109/09638237.2011.608746

Lefebvre, C. (2009). Integrating cell phones and mobile technologies into public health practice: A social marketing perspective. *Health Promotion Practice*, 10(4), 490-494. doi 10.1177/1524839909342849

Lynch, M., & Jones, S. C. (2008, 27-28 September). *Divide and conquer: Adolescents, sun protection and brand loyalty segmentation*. Paper presented at the Social Entrepreneurship, Social Change and Sustainability: International Nonprofit and Social Marketing Conference, Brisbane, Australia.

Parkinson, J., Russell-Bennett, R., & Previte, J. (2011). Mum or bub? Which influences breastfeeding loyalty. *Australasian Marketing Journal*, 20(1), 16-23. doi <http://dx.doi.org.ezp01.library.qut.edu.au/10.1016/j.ausmj.2011.10.010>

Paul, M., Hennig-Thurau, T., Gremler, D., Gwinner, K., & Wiertz, C. (2009). Toward a theory of repeat purchase drivers for consumer services. *Journal of the Academy of Marketing Sciences*, 37, 215-237. doi 10.1007/s11747-01118-9

Rickwood, D., Deane, F. P., & Wilson, C. (2007). When and how do young people seek professional help for mental health problems? *Australian Medical Journal*, 187(7), S35-S39. Retrieved from <https://www.mja.com.au/journal/2007/187/7/when-and-how-do-young-people-seek-professional-help-mental-health-problems>

Wang, J. (2007). Mental health treatment dropout and its correlates in a general population sample. *Medical Care*, 45(3), 224-229. doi 10.1097/01.mlr.0000244506.86885.a5

## **How do We ‘Measure Up’?: A Critical Analysis of Knowledge Translation in a Health Social Marketing Campaign**

*Bernadette Sebar<sup>46</sup> & Jessica Lee*

School of Public Health  
Griffith University, Australia  
email: b.sebar@griffith.edu.au  
email: jessica.lee@griffith.edu.au

---

<sup>46</sup> Dr Bernadette Sebar is a Lecturer in the School of Public Health at Griffith University, Australia. She is currently conducting research on social marketing campaigns in Australia and the UK. Dr Sebar’s work takes a postmodern perspective and focuses on the impact of discourse and power on understandings of health and health behaviour. Her broad research interests include gender and health, women and work, and feminist theory.

## **Introduction**

It would be difficult to argue to the contrary that our current culture is inundated with health messages and promotion initiatives. Our daily lives, from school to work, television to newspapers, and billboards to postcards, are saturated by calls for us to eat healthier, exercise more, and take control of our lives. Indeed, government campaigns to increase physical activity, improve nutrition, and not least, to lose weight are being supported by unprecedented amounts of funding. The current Australian Better Health Initiative (ABHI) of which 'Measure Up' and 'Swap It, Don't Stop It' are a part, is backed by \$500 million of public money (Australian Government, 2010). Such programmes however are by nature, largely 'top down' and based on taken-for-granted 'facts' around health.

The aim of the current project is to critically analyse the translation of knowledge between background research and the resulting health promotion campaign. Despite an understanding of the multi-determinants of health, the Australian Government continues to spend vast amounts of money on narrowly focussed individual behaviour change strategies. We examine the apparent disjuncture in the translation of knowledge in the Australian Government's 'Measure Up' and 'Swap It, Don't Stop It' campaigns. This is significant given the importance placed on evidence-based practice in health.

## **Policy as Discourse**

We utilise the notion of policy as discourse (Bacchi, 2000; Green, 2004; Shaw, 2010) to explore how government health agendas shape discursive environments to enable or hinder certain ways of understanding and speaking about physical activity, nutrition, and health. In conceptualising policy as discourse we examine how the political becomes pedagogical. Forester (1993) argues that "public policy itself, by patterning social interaction, could ... be seen to shape not only the distribution of 'who gets what', but the more subtle constitution of ways we learn about and can attend to our concerns, interests and needs" (p. i). In this way, public health social marketing campaigns have a huge responsibility in the role of 'gatekeepers' of health knowledge. Through policy and subsequent social marketing campaigns, practices and discourses around what it means to be healthy are legitimised, shaping individuals' health 'choices' and behaviours. Policy makers and marketers therefore, are very powerful in constructing how we understand health, what practices are considered healthy/unhealthy and indeed, what a healthy person looks like. It is pertinent that this juncture between knowledge translation by policy makers and marketers and the resulting policy is examined, given that health discourses are also subject to the changing political and economic milieu and the relative uncertainty and changing nature of health knowledge.

## **Evidence-Based Practice and Translation of Knowledge**

We review these topics in light of the current nature of health promotion interventions within the era of 'evidence-based practice'. 'Evidence' has become a key area of importance within health policy globally and is now a standard of best practice in government (Hewison, 2008). This trend in policy arose from the evidence-based medicine movement and is built on the belief that the "provision of care and treatment should be based on 'scientific' evidence for its efficacy and effectiveness" (Hewison, 2008, p. 288). Whilst this approach to health policy may sound logical and indeed necessary, the issue with the evidence-based approach is that some forms of evidence are considered more worthy and others are marginalised, which limits the informing perspective. Furthermore, research evidence is not immune to popular

discourses where some views become more accepted and taken-for-granted than others. It is common, particularly in health research as it is an area that most people have at least some understanding of, and vested interest in, to assume certain knowledge as truth. We explore and scrutinise the fragility of some of the taken-for-granted truths that inform the campaign such as the growing obesity epidemic. Further, we reveal how clinging to certain ‘truths’ around health clouded the interpretation of data from focus groups in the formative research stage (i.e. translation of knowledge).

## **Method and Results**

We conducted a secondary analysis on four documents published by the Australian Department of Health and Aging as part of the Australian Better Health Initiative. Three documents (Bluemoon, 2007; GfK Bluemoon, 2009; GfK Bluemoon, 2010) were formative research reports used to inform the development of ‘Measure Up’ and ‘Swap It, Don’t Stop It’ and one was the ‘Measure Up’ evaluation report (The Social Research Centre, 2010). Critical discourse analysis and policy as discourse informed the analytical process. The researchers analysed the four documents and identified instances of reliance on taken-for-granted knowledge as well as evidence from focus groups that was not incorporated into either campaign. The following three themes emerged from the analysis raising serious issues concerning knowledge translation and evidence-based-practice. First, the ABHI campaigns focused on weight loss to gain health despite focus group participants consistently reporting difficulty in reconciling the relationship between physical activity, diet and exercise (i.e. the idea of being fat and fit, or eating all the right foods while being active and still not losing weight), and the body of scientific evidence which contradicts the relationship; second, issues such as socioeconomic status, gender, and ethnicity were recognised across the documents as being influential factors on people’s health behaviours yet these are not accounted for in the resulting campaigns; and finally, the Stages of Change model is referred to and used to segment the population, yet is not used to inform the strategies in the campaign. Rather, simplified strategies to target the whole population were developed.

## **Significance of the Current Project**

This presentation highlights the process of knowledge translation and the power afforded to policy makers and marketers in constructing health knowledge. Most importantly, we discuss how, despite a thorough ‘formative research’ phase revealing insightful and informative knowledge on public needs and preferences, the ‘Measure Up’ and ‘Swap It, Don’t Stop It’ campaigns recycle dominant (and contested) discourses and methods to promote population health. It is questionable therefore, how successful such a public health campaign will be if it fails to address the major concerns and needs of the population. Given that the campaign is funded by public money, policy makers and marketers have the obligation to produce robust, publically informed, and evidence-based methods. Our focus on knowledge translation and the process of the formation of social marketing campaigns, ensure that our findings will have relevance beyond health, into the wider sphere of policy formation and social marketing in general.

## References

Bluemoon (2007). *Australian Better Health Initiative: Diet, exercise and weight developmental communications research report*. Report prepared for the Australian Department of Health and Aging. Available March 9, 2012 at: [http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/5213EC75B5A7EE1CCA2577B5007D656E/\\$File/phase1-formative-research-1.pdf](http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/5213EC75B5A7EE1CCA2577B5007D656E/$File/phase1-formative-research-1.pdf)

Australian Government (2010). About the Measure Up campaign. Available May 1, 2011 at: <http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/About+the+campaign-lp>

Bacchi, C. (2000). Policy as discourse: What does it mean? Where does it get us? *Discourse. Studies in the Cultural Politics of Education*, 21, 45–57.

Forester, J. (1993). *Critical theory, public policy, and planning practice*. New York: SUNY Press.

GfK Bluemoon (2009). *ABHI segmentation report*. Available March 9, 2012 at: [http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/08A82087376E7112CA2577B5007D6570/\\$File/segmentation-report.pdf](http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/08A82087376E7112CA2577B5007D6570/$File/segmentation-report.pdf)

GfK Bluemoon (2010) *Measure Up Phase Two: Qualitative formative research report*. Report prepared for The Department of Health and Aging. Available March 9, 2012 at: [http://www.health.gov.au/internet/abhi/publishing.nsf/Content/C2D8B459A78E3FE1CA257850000FCC7/\\$File/phaseteoformativereport.pdf](http://www.health.gov.au/internet/abhi/publishing.nsf/Content/C2D8B459A78E3FE1CA257850000FCC7/$File/phaseteoformativereport.pdf)

Green, M. (2004). Changing policy priorities for sport in England: The emergence of elite sport development as a key policy concern. *Leisure Studies*, 23 (4), 365-385.

Hewison, A. (2008). Evidence-based policy: Implications of nursing and policy involvement. *Policy, politics & nursing practice*, 9 (4), 288-298.

Shaw, S.E. (2010) Reaching the parts that other theories and methods can't reach: How and why a policy-as-discourse approach can inform health-related policy, *Health*, 14, 196-212.

The Social Research Centre (2010). *Evaluation of the Australian Better Health Initiative Measure Up social marketing campaign phase 1*. Report prepared for the Department of Health and Aging. Available March 9, 2012 at: [http://www.health.gov.au/internet/abhi/publishing.nsf/Content/C2D8B459A78E3FE1CA257850000FCC7/\\$File/phaseoneevaluationreport.pdf](http://www.health.gov.au/internet/abhi/publishing.nsf/Content/C2D8B459A78E3FE1CA257850000FCC7/$File/phaseoneevaluationreport.pdf)

**Balancing the Act for Maximum Impact:  
Lessons from Systematic Review of Five Fijian HIV/AIDS Interventions using Social  
Marketing Criteria**

*Aarti Sewak<sup>47</sup> and Dr. Gurmeet Singh<sup>48</sup>*

School of Management & Public Administration,  
Faculty of Business & Economics,  
University of the South Pacific,  
Fiji Islands  
Email: [aarti\\_sewak@yahoo.com](mailto:aarti_sewak@yahoo.com)  
Email: [singh\\_g@usp.ac.fj](mailto:singh_g@usp.ac.fj)

---

<sup>47</sup> *Aarti Sewak* is a graduate student from the School of Management & Public Administration at the University of the South Pacific. She acquired her Master of Commerce degree in 2011 by completing a full thesis titled: *HIV/AIDS Prevention in Fiji: Targeting Behavior Change through Social Marketing*, under the supervision of Assoc. Professor Dr. Gurmeet Singh. Aarti has since presented her research findings at various local and international conferences. She has also managed to publish her article in a reputed journal with her co-author and supervisor. Aarti has worked as a Teaching Assistant for the School of Management & Public Administration at the University of the South Pacific. She is an active researcher working in dynamic fields such as human rights, governance, community-based education, and health promotion. She is very passionate about social marketing and proudly declares herself as a lifetime student of this field.

<sup>48</sup> *Dr. Gurmeet Singh* is an Associate Professor and Coordinator of Post-Graduate Program within the School of Management and Public Administration at the University of the South Pacific as. He is also the Associate Dean of Research & Graduate Affairs for the Faculty of Business and Economics at the University of the South Pacific. Dr. Singh is editor for *Journal of Pacific Studies* (published by the Business Faculty at USP); Co-Editor for *Journal of Innovative Education Strategies* (JIES); and also the associate editor for *International Business and Management* (online). Dr. Singh's teaching and research interests include but not limited to areas such as marketing, international marketing, consumer behavior, advertising management, customer service and customer satisfaction, governance, and entrepreneurship.

## **Introduction**

In Fiji, various forms of health interventions have been implemented by health and non-governmental organizations to raise general awareness about HIV and promote safe sexual behavior among vulnerable groups of people. While programs have often been varied in terms of target audiences, scope, duration and intensity, the overall effect of these programs have hardly been reflected on the country's HIV incidence rate. As of December 2011, Fiji had a cumulative total of 366 HIV cases (PIAF, 2011); while 54 new cases were further highlighted in recent media reports (Fiji Times Online, 8 March 2012). Much is already known about the state of the epidemic and the underlying causes; yet, there is little research work that makes comparisons between multiple prevention programs to examine what factors have created an impact and what areas specifically need to be improved. External reviewers have assessed programs at large and found that prevention strategies are developed in isolation from broader program frameworks (Fowler et al., 2007) with hardly any consultation with Pacific Healthcare Training Institutions (Lui et al., 2011). Since HIV is a serious health concern in Fiji and other developing countries, this paper provides insight into program design from a social marketing perspective.

## **Research Method**

A local telephone directory, internet, and snowballing technique were used to identify firms that operated in the area of HIV/AIDS prevention in Fiji. Telephone and email inquiries were made to these organizations to investigate whether they had implemented any prevention programs in the past five years and to request for contacts of relevant people. Based on the feedback, emails & telephone queries were directed to program officers. Positive responses were received from five organizations (listed in Appendix 1). Program reports were requested during interviews and/or email conversations. Due to the limited number of explicitly labeled social marketing programs, all five campaigns were selected for systematic review using Andreassen's benchmark criteria. This criterion was used to inspect how well programs had addressed factors such as behavior change objectives, formative research, segmentation, marketing mix, exchange, and competition.

## **Results and Discussion**

Social marketing characteristics were present in most programs (see Appendix 1). Although interventions varied in nature, all campaigns had a common purpose – that was to disseminate accurate information about HIV/AIDS and promote safe sexual behavior. It was interesting to note that the Stepping Stones program differentiated itself by incorporating messages about domestic violence, gender equality, and drug/alcohol abuse within standard educational sessions about sexual and reproductive health. Recent studies suggest that behavior change in itself will not control HIV/AIDS; rather, a transformational approach that focuses on social, educational, economical, and political areas is required for effective HIV prevention (Schoeffel, 2009).

All five HIV interventions had conducted varying levels of formative research to select specific target audiences and develop program strategies. The strategies used by each of the five organizations to deliver their products/services reflected a customer-oriented approach. For instance, all organizations had used peer-educators & role models to deliver health messages about HIV/AIDS among youth. Since discussion about sexual and reproductive health is a sensitive area or taboo in most rural communities, peer-educators were trained to use youth-friendly approaches to help facilitate discussions. Condom distributions through peer-educators on streets and bars have been reported to be an effective way of promoting condom use in sex work in Fiji (McMillan & Worth, 2010). Whilst programs such as TWC,



CSM, and the SS program were targeted at youths in general; the STOP HIV program and Condoms & Clubs program were tailored for athletes and spectators, and night-clubbers, respectively.

It was interesting to note that programs experienced certain problems when they did not utilize promotional tools to raise awareness about their products or services. The TWC program, for instance, reported that people in remote villages were skeptical about receiving the services of Fiji Red Cross Society due to their unfamiliarity with the organization (FRCS, 2008; Ratu & Kumar, 2008). Likewise, the Condoms & Clubs program reported a low turnout during condom demonstrations sessions in nightclubs because the project team had not used any advertising to inform clubbers about their program (MoH, 2009). The remaining P's (product, price, and place) were sufficiently addressed by all five interventions. Free or subsidized condoms, IEC materials, and VCCT services or health checks were offered to participants at community education workshops and campaign promotional sites. Supplementary tangible times, such as corporate-branded stationery were also distributed by the CSM program at informational booths.

In terms of addressing the exchange process, all programs (excluding the SS program) had used various forms of products and incentives to gain people's attention and encourage participation in educational workshops. Many organizations used peer educators to engage with young people; free or subsidized condoms were offered to target audiences to generate use; and role models & sports celebrities were used to promote safe sex messages. But given the magnitude of competing forces (such as gender inequality, substance abuse, myths about condom use, personal dislike for contraceptives, sporadic condom availability, and discrimination towards PLWHIV), it may be necessary to implement multiple strategies that can simultaneously address these diverse issues.

### **Conclusion and Implications**

Probably the most important feature of such a comparative analysis is the ability to identify factors that are common across programs and discover gaps in HIV prevention work. An overview of assessment results indicate that programs have mostly been focused on the youth population. Blanket approaches (i.e. standardized education workshops) have been used to reach out to youths in rural and urban communities. While health interventions have varied in terms of target locations and types of target audiences, there has been no consideration of demographical factors like gender or ethnicity. It may be useful to further segment the youth population on the basis of such factors so as to create tailored programs and allow for direct impact assessment. Another observation was the tendency for programs to primarily focus on awareness-raising, rather than behavior change objectives. Although most rural communities in Fiji require further awareness programs due to the lack of provision of proper health services and availability of IEC materials and contraceptives, the scenario in urban communities is completely different. There has been a rapid diffusion of latest media and communication technology (internet, tv, radio, mobile phones, etc.) in most urban parts of Fiji. With the availability of such services, it is vital that HIV prevention strategies are modified to keep pace with changing trends. "Balancing the act for maximum impact" in the area of HIV prevention ultimately means that social marketing practices must fully address all SM elements, especially competitive forces and marketing mix elements, in order to encourage and sustain positive behavior change among at-risk population.

## References

Fiji Red Cross Society (FRCS) 2008. Together We Can Project: Outcomes and Findings of In-House Review. Fiji Red Cross Society: Internal Report.

Fiji Times Online 2012. HIV/AIDS cases rise. Available from <http://www.fijitimes.com/story.aspx?id=195412> (accessed on 23<sup>rd</sup> April, 2012).

Fowler D., O'Loughlin B., & Tikinatabua V. 2007. Mid-Term Review of the Pacific Regional Strategy on HIV (2004-2008) and its implementation – Final Report. Secretariat of the Pacific Community. Available from [http://www.spc.int/hiv/images/stories/mid-term%20review%20on%20hiv\\_final1.pdf](http://www.spc.int/hiv/images/stories/mid-term%20review%20on%20hiv_final1.pdf) (accessed on 18<sup>th</sup> December, 2008).

Lui P., Musson R., Kishore K., & Ram, S. 2011. HIV and AIDS Responses of Health Care Training Institutions in the Pacific Islands-A literature review. Pacific Health Dialog, 16(2), 55–63.

McMillan K. & Worth H. 2010. Risky Business: Sex work and HIV prevention in Fiji. International HIV Research Group, University of New South Wales, Sydney.

Ministry of Health Fiji (MoH) 2009. Condoms and Clubs Report. Suva: Ministry of Health.

Pacific Islands AIDS Foundation (PIAF) 2011. UNGASS 2010 Progress Report: Pushing the boundaries further. Suva: Pacific Islands AIDS Foundation. Available from <http://www.pacificaids.org/images/pdf/PIAF%20UNGASS%20Report%202011.pdf> (accessed on 2<sup>nd</sup> August, 2011).

Ratu S. & Kumar V. 2008. Together We Can Project: Bi Annual Progress Report 2/Mid Term Report. Prepared for Asia Development Bank.

Schoeffel P. 2009. Gender and HIV in the Pacific islands region: a literature review of evidence with recommendations. Suva: United Nations Development Programme.

### Appendix 1: Systematic Review of 5 Fijian HIV/AIDS Prevention Campaigns

	Intervention	Type	Program objective	Implementation Technique	Target Group	Core Product/ Services	Target Areas	Competitive Forces	Program Outcome
I.	<b>Together We Can</b> [2007-2009]  •Implemented by Fiji Red Cross Society (FRCS)	Awareness campaign	Provide accessible and appropriate STIs/HIV/AIDS knowledge, skills, and resources to young people in order to enable them to take control of their health and reduce their vulnerability to STDs.	Peer-educators	Youths	Health messages about HIV/AIDS transmission & prevention, STIs and bodily fluids, adolescent reproductive health, condom use	- Rural communities (villages) such as Lautoka, Rakiraki, Levuka, & Labasa  - Urban areas such as Suva city	- Sensitive issue - Cultural barriers or taboos - Gender inequality - Religious beliefs against condom use - Remoteness of certain villages - Lack of awareness - Grog sessions	There was an increase in knowledge about prevention and transmission of STIs/HIV/AIDS among the participants due to the awareness sessions. Also, the education sessions addressed common myths about HIV/AIDS that were present among communities.
II.	<b>STOP HIV</b> [2008-ongoing]  •Implemented by Oceania National Olympics Committees (ONOC)	Sports-based	Use the power of sports to deliver education and awareness to prevent further transmission of HIV/STIs amongst male and female youths in the Pacific	STOP HIV Champions	Sports athletes and spectators (youths)	Health messages about HIV/AIDS/STI	Sports events (country-wide)	- Social stigma	Has not been identified. <sup>49</sup>
III.	<b>Condoms and Clubs</b> [2-5 <sup>th</sup> Dec, 2008]  •Implemented by Ministry of Health Fiji (MoH)	Condom awareness program	Increase provision of user friendly services and develop skills that support behavior modification and change in development of healthy sex life	Ministry of Health Staff  Peace Corps Volunteers  Project volunteers	Night-clubbers	Health messages about contraceptive use.  Male & female condoms	- Night-clubs and service stations in Suva city - Suva bus stand - Suva seawall sidewalks	- Social stigma attached to condom use - Overall atmosphere in nightclubs	Findings indicated that 76% of respondents (19 out of 25 people) felt confident in using condoms after partaking in condom demonstration sessions on the last day of the

<sup>49</sup> The STOP HIV Annual Report (2008) does not discuss any behavioral outcomes.

									project.
<b>IV .</b>	<b>Stepping Stones (SS) Program</b> [2006-ongoing]  - Implemented by Secretariat of the Pacific Community (SPC)	Behavior change communication	Achieve positive behavior change especially with regards to sexual & reproductive health (including HIV, STIs, and unplanned pregnancy), domestic violence, drugs and alcohol.	Community facilitators and Peace Corps Volunteers	Community members	Health messages regarding sexual & reproductive health, HIV/AIDS/STI, unsafe sex, gender equality, drug & alcohol use	Rural communities	- Seasonal work such as sugarcane farming prevented full participation. - Stigma and cultural taboos were often associated with discussions about sexual issues	- Increase in HIV related knowledge - Improvement in communication skills that enabled community members to easily talk about HIV and sexual health issues with their family, sexual partners, and other people
<b>V.</b>	<b>Condom Social Marketing Program</b> [2006-2010]  •Implemented by Marie Stopes International Pacific (MSIP)	Social marketing	Reduce the spread and incidence of HIV/AIDS and other STIs among men and women of reproductive age (16-29 years old) by promoting subsidized condoms and the adoption of attitudinal and behavioral change through commercial marketing techniques	Peer-educators	Youths	TRY TiME Condoms   Health messages about safe sex & contraceptive use.  HIV testing through mobile outreach programs and at STI clinic.	- Pharmacies, community based sellers, supermarket, bars, nightclubs, hotels  - Rural communities - Schools - Workplaces - Church groups - Faith-based organization - Sports functions - Social events	- Organizations freely distributed condoms - Private sector sold different varieties of condoms at different prices  - Cultural barriers - Common myths regarding condoms - Social taboo	During 2009, the CSM program had performed 120 pap smears, and carried out 36 VCCT for HIV detection. Towards the end of 2009, MSIP had sold over 184, 078 TRY TiME condoms. During 2007 till 2010, MSIP had distributed 218,815 family planning pieces in the Pacific.

## **Young Women and Their Peers Drinking Attitude**

*Dr Bishnu Sharma<sup>50</sup>, Dr Maria Raciti\*, Ms Rebecca O'Hara\*\*, Dr Karin Reinhard\*\*\* & Dr Fiona Davies\*\*\*\**

Senior Lecturer in Management, Faculty of Business  
University of the Sunshine Coast  
Maroochydore D.C. Qld 4558, Australia

\*Senior Lecturer in Marketing, Faculty of Business  
University of the Sunshine Coast  
Maroochydore D.C. Qld 4558, Australia

\*\*Research and Evaluation Officer  
Diabetes Australia - Queensland  
Brisbane Qld 4001, Australia

\*\*\*Professor in International Business,  
Baden-Württemberg Cooperative State University  
Ravensburg, Marktstrasse, Germany 88212

\*\*\*\*Senior Lecturer in Marketing and Strategy, Cardiff Business School  
Cardiff University  
Cardiff, CF10 3EU, Wales, United Kingdom

---

<sup>50</sup> <sup>1</sup> Dr Bishnu Sharma is Senior Lecturer in Management at the University of the Sunshine Coast. Bishnu is a co-author of a management textbook published by McGraw Hill. He has published several research articles in international journals and case studies in management books. Bishnu's research interests are in the areas of strategy, quality management, small business management, performance management, social marketing, organisational learning and tourism management. Bishnu has presented at national and international conferences and has won five outstanding paper awards, receiving the Citation of Excellence Emerald Award for the paper he co-authored in 2001.

## Introduction

The issue of alcohol abuse is evident in several countries (D'Alessio, Baicco and Laghi, 2006; Eliassen *et al.*, 2009). Nearly 25% of the general population develop some form of drinking problem during their lives (O'Brien, 2010). Alcohol use is generally high during the teen years and early twenties and starts to drop as people begin to assume adult roles such as employment and family (Maggs & Schullenberg, 2004/2005). Excessive alcohol consumption is more prevalent among girls (ESPAD, 2007; Wechsler *et al.*, 2002) with the motives generally including having fun, conformity to peer group norms, forgetting the frustrations of the working day or escaping the everyday, and finding the self-confidence to deal with social situations (IAS Factsheet, 2010). Importantly, a number of studies have highlighted that the influence of friends is more important than parental influence on adolescents' alcohol use (Hayes *et al.*, 2004; Kim *et al.*, 2009; Wechsler *et al.*, 2002). Thus, our study sought to investigate the relationship between the drinking attitude of young women and that of their peers across three countries viz. Australia, Germany and Wales. Specifically, the following research questions frame the study: **RQ1:** *Do the perceived drinking attitudes of young women's peers vary by country?*; and **RQ2:** *Is there a relationship between young women's drinking attitude and the perceived drinking attitude of their peers?*

## Method

With regard to the sample, Australia, Germany and Wales are known as high alcohol consuming countries according to the OECD (2011), thus are the focus of this study. Specifically, alcohol consumption is defined by the OECD (2011) in terms of annual sales of pure alcohol in litres per person aged 15 years and older with annual alcohol consumption in Australia, Germany and the United Kingdom ranging from 9.7 to 10.2 litres per person. Furthermore, excessive drinking of alcohol has long been considered an issue for males; however harmful levels of drinking among young women has emerged as a concerning trend around the world (e.g. Craigs *et al.*, 2011; Wechsler *et al.*, 2002). The literature also tells us that excessive drinking is a major problem among university/college students (Carlson *et al.*, 2010). As a consequence, this study sought data from young women in the age group of 18-24 years attending a regional university in Australia, a rural university in Germany and a city university in Wales. For this study, a self-administered questionnaire was developed from existing scales and then subject to an expert panel review (n=6) and pre-testing (n=45).

The sample size was 305 in Australia; 323 in Germany and 361 in Wales, which compares favourably. Quota sampling was used as a control of the age and gender characteristics of the target population. As recommended by Sudman and Kalton (1986), selection bias was minimised by collecting data on various days, at various times and in various locations around the campuses. In the Australian sample, 40.0% of the respondents were classified as low-risk; 24.6% as risky; and 35.4% were in high-risk category in terms of their alcohol consumption. In the German sample, 60.0% of the respondents were classified as low-risk, while 23.7% were regarded as risky and 16.3% as high-risk. For the Welsh sample, 37.0% were classified as low-risk, 47.2% as risky, whilst the remaining 15.8% were in the high-risk category.

## Results

RQ1 was tested using an analysis of variance to ascertain if the perceived drinking attitude of peers varies by country (Appendix 1). The results found country difference in the perceived drinking attitude of peers in 7 of the 8 items (F values ranged 3.63,  $p < 0.05$  to 67.42,  $p < 0.001$ ). This suggests that the social marketing campaigns should be designed so as to match group or country specific situation.

For RQ2 a composite of 5 drinking attitude items measured on 7-point likert type scales (unenjoyable–enjoyable, bad–good, unfavourable–favourable, unpleasant–pleasant, and unsatisfying–satisfying) was used as the dependent variable and the 8 drinking attitude items were the independent variables. The items are detailed in Appendices 1 and 2. A linear regression analysis for each country (Appendix 2) revealed a strong and significant relationship between young women’s drinking attitude and the drinking attitude of their peers in each country. The value of  $R^2$  was similar in all countries (0.49-0.51) suggesting that nearly 50% of the variability in young women’s drinking attitude is explained by the variability in their peers drinking attitude.

### **Conclusions**

First, the study investigated whether there was a difference in peers drinking attitudes among young women in Australia, Germany and Wales (RQ1) and found a significant difference in peers drinking attitudes in all three countries. These differences can be attributed to the cultural diversity which is consistent with the findings of Eide and Acuda (1996) and Eide, Acuda and Roysamb (1998) in which they had reported a relationship between the level of alcohol use and the cultural orientation using a sample of secondary students in Zimbabwe. This suggests that social marketing intervention programs need to be situation or country-specific and should focus on the identification of the characteristics of a specific target population so as to make these efforts appealing to their beliefs, attitudes and motivations (Zimmerman, 1997). Therefore, due emphasis should be given in changing the social environment as the goal of social marketing program is to change individual behaviour which might involve the development of desirable social norms (Perkins, 2002). Communication plays a vital role in making such programs effective.

Second, the study also investigated whether there was a relationship between the drinking attitude of young women and the perceived drinking attitude of their peers (RQ2). The study found strong evidence of a relationship between young women’s drinking attitude and the perceptions of their peers’ attitudes towards drinking. These findings are consistent with the contentions of previous studies (Kim *et al.*, 2009; Zamboanga *et al.*, 2009). If this is the case, as a strategic intervention to possibly reduce the level of alcohol consumption among young women, the fundamental questions that one can raise are: “Should young women be careful in choosing their friends? If they should, should they hang out with people who drink less or do not drink alcohol at all? Is this a workable solution? If not, should we keep accepting the role of peers in influencing one’s drinking behaviour and do nothing? Alternatively, can we develop appropriate social marketing programs that help alleviate this public health issue?”

## References

- Carlson, S.R., Johnson, S.C. & Jacobs, P.C. (2010). Disinhibited characteristics and binge drinking among university student drinkers. *Addictive Behaviours*, 35, 242-251.
- D'Alessio, M., Baiocco, R. & Laghi, F. (2006). The problem of binge drinking among Italian university students: a preliminary investigation. *Addictive Behaviours*, 31, 2328-2333.
- Eide, A.H. & Acuda, S.W. (1996). Cultural orientation and adolescent alcohol use in Zimbabwe. *Addiction*, 91, 807-814.
- Eide, A.H., Acuda, S.W. & Roysamb, E. (1998). Cultural orientation and alcohol-type preferences among adolescents in four sociocultural subgroups in Zimbabwe. *Journal of Cross Cultural Psychology*, 29, 343-357.
- Eliassen, M., Kjaer, S.K., Munk, C., Nygard, M., Sparen, P., Tryggvadottir, L., Liaw, K.L. & Gronbaek, M. (2009). The relationship between age at drinking onset and subsequent binge drinking among women, *European Journal of Public Health*, 19 (4), 378-382.
- European School Survey Project on Alcohol and Other Drugs (EPSAD) (2007). The 2007 ESPAD Report, [http://www.espad.org/documents/Espad/ESPAD\\_reports/2007/The\\_2007\\_ESPAD\\_Report-FULL\\_091006.pdf](http://www.espad.org/documents/Espad/ESPAD_reports/2007/The_2007_ESPAD_Report-FULL_091006.pdf) [accessed 16 October 2010].
- Hayes, L., Smart, D. Toumbourou, J.W. & Sanson, A. (2004). Parenting influence on adolescent alcohol use, research report no. 10, Melbourne: Australian Government, Australian Institute of Family Studies.
- IAS Factsheet (2010). Binge drinking – nature, prevalence and causes, UK: Institute of Alcohol Studies.
- Kim, J.H., Chan, K.W.C., Chow, J.K.W., Fung, K.P., Cheuk, K.K. & Griffiths, S.M. (2009). University binge drinking patterns and changes in patterns of alcohol consumption among Chinese undergraduates in Hong Kong University. *Journal of American College Health*, 58 (3), 255-265.
- Maggs, J.L. & Schulenberg, J.E. (2004/2005), Trajectories of alcohol use during the transition to adulthood. *Alcohol Research and Health*, 28 (4), 195-201.
- Organisation for Economic Co-operation and Development (OECD) (2011). Health at a glance 2011: OECD Indicators, OECD Publishing.
- O'Brien, A. (2010). A quarter of us abuse alcohol. *The Australian*, [Online] Available from: <http://www.theaustralian.com.au/news/health-science/a-quarter-of-us-abuse-alcohol/> [Accessed 25 August, 2010]
- Perkins, H. (2002), Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol* 14, 164-172.
- Sudman, S. & Kalton, G. (1986). New developments in the sampling of special populations. *Annual Review of Sociology*, 12, 401-429.



Wechsler, H. Lee, J.E. Meichun K.; Seibring, M; Nelson & Lee, H. (2002). Trends in college binge drinking during a period of increased prevention efforts. Findings from 4 Harvard School of Public Health College alcohol study surveys: 1993 – 2001. *Journal of American College Health*, 50 (5), 203-217.

Zamboanga, B.L., Olthuis, J.V., Horton, N.J., McCollum, E.C., Lee, J.J. & Shaw, R. (2009). Where's the house party? Hazardous drinking behaviours and related risk factors. *The Journal of Psychology*, 143 (3), 228-244.

Zimmerman, R. (1997). Social marketing strategies for campus prevention of alcohol and other drug problems, The Higher Education Center for Alcohol and Other Drug Prevention Education Development Center, Inc., Newton, Massachusetts.

## Appendix 1: RQ1 Analysis of Variance Results

Items <sup>(scale)</sup>	Australia Mean	Germany Mean	Wales Mean	F value
D1. Most people who are important to me think that I should not/should drink 5 or more standard drinks in a single session <sup>(1 = I should not, 7 = I should)</sup>	3.17	2.94 <sup>a</sup>	3.29 <sup>a</sup>	4.69**
D2. The people who are important to me do not consume/consume 5 or more standard drinks in a single session <sup>(1 = do not consume, 7 = consume)</sup>	4.08 <sup>b</sup>	3.79 <sup>b,c</sup>	4.09 <sup>c</sup>	3.63*
D3. If I drink 5 or more standard drinks in a single session most people who are important to me would <sup>(1 = disapprove, 7 = approve)</sup>	3.89 <sup>d,e</sup>	3.56 <sup>d</sup>	3.53 <sup>e</sup>	6.44**
D4. Think about your friends and peers at university. How much would they agree that drinking 5 or more standard drinks in a single session is a good thing to do? <sup>(1 = not at all, 7 = completely)</sup>	4.59 <sup>f,g</sup>	3.84 <sup>f,h</sup>	4.98 <sup>g,h</sup>	49.51***
D5. Most people who are important to me think that my drinking 5 or more standard drinks in a single session would be <sup>(1 = undesirable, 7 = desirable)</sup>	3.66 <sup>i</sup>	3.40 <sup>i</sup>	3.57	2.77
D6. How many of your friends and peers at university would think that drinking five or more standard drinks in a single session is a good thing to do? <sup>(1 = none, 7 = all)</sup>	4.49 <sup>j,k</sup>	3.72 <sup>j,l</sup>	4.97 <sup>k,l</sup>	55.90***
D7. Think about your friends and peers at university. What percentage of them do you think would drink five or more standard drinks in a single session? <sup>(1 = 0% and 7 = 100%)</sup>	5.19 <sup>m,n</sup>	4.59 <sup>m,o</sup>	5.67 <sup>n,o</sup>	58.45***
D8. How many of your friends and peers at university would drink five or more standard drinks in a single session? <sup>(1 = none, 7 = all)</sup>	5.04 <sup>p,q</sup>	4.42 <sup>p,r</sup>	5.65 <sup>q,r</sup>	67.42***

## Appendix 2: RQ2 Regression Analysis Results

Item <sup>(scale)</sup>	Australia $\beta$	Germany $\beta$	Wales $\beta$
D1. Most people who are important to me think that I should not/should drink 5 or more standard drinks in a single session <sup>(1 = I should not, 7 = I should)</sup>	0.15*	0.16**	-
D2. The people who are important to me do not consume 5 or more standard drinks in a single session <sup>(1 = do not consume, 7 = consume)</sup>	-	-	-
D3. If I drink 5 or more standard drinks in a single session most people who are important to me would <sup>(1 = disapprove, 7 = approve)</sup>	0.18***	0.26***	0.15**
D4. Think about your friends and peers at university. How much would they agree that drinking 5 or more standard drinks in a single session is a good thing to do? <sup>(1 = not at all, 7 = completely)</sup>	-	-	0.12*
D5. Most people who are important to me think that my drinking 5 or more standard drinks in a single session would be <sup>(1 = undesirable, 7 = desirable)</sup>	0.22***	0.24***	0.16**
D6. How many of your friends and peers at university would think that drinking five or more standard drinks in a single session is a good thing to do? <sup>(1 = none, 7 = all)</sup>	0.22***	0.14**	0.14*
D7. Think about your friends and peers at university. What percentage of them do you think would drink five or more standard drinks in a single session? <sup>(1 = 0% and 7 = 100%)</sup>	-	-	-
D8. How many of your friends and peers at university would drink five or more standard drinks in a single session? <sup>(1 = none, 7 = all)</sup>	0.16**	0.15**	0.36***
Multiple R	0.71	0.70	0.70
R <sup>2</sup>	0.51	0.50	0.49
SE	1.11	1.02	0.99
F	61.90***	58.02***	65.69***

## **Nonsmoker: Why Amongst All Odds? From Youths Perspective**

*Sonal Singh*<sup>51</sup>

Department of Marketing and Management  
Macquarie University  
Sydney  
Australia  
Email: sonal.singh@mq.edu.au

---

<sup>51</sup> Sonal Singh is pursuing her PhD in Marketing at Macquarie University with a focus on anti-smoking advertisements. Sonals interests are in social marketing, customer engagement and integrated marketing communications.

## Introduction

Smoking is the single most preventable cause of mortality and morbidity in today's society, yet approximately 3,900 young people between the ages of 12 and 17 begin smoking every day (Greene and Banerjee, 2008). Given the potential long-term harm from smoking, it is crucial that interventions are targeted at early-onset smoking with the aim of preventing these adolescents from becoming smokers in adulthood. Surrounded by smokers and commercial tobacco marketing initiatives, there are non-smokers coexisting amongst smokers amongst youth oriented social groups. To develop an understanding of the creation of this **self-resistance**, focus groups were conducted to explore nonsmoker's attitudes and intentions towards smoking and explore the research question: *How is resistance developed towards smoking by nonsmokers?* Six focus groups were conducted with 72 high school students aged 13 to 18 years in Fiji Islands. The study resulted in a deeper understanding of how nonsmokers are able to develop resistance towards smoking while constantly being surrounded by smokers in their community, family and amongst peers.

## Research Setting

Fiji Islands ratified the WHO Framework Convention for Tobacco Control (FCTC) on 3 October 2003. Despite implementing tobacco control initiatives, the prevalence of smoking in Fiji in 2009 was 37 percent, with 22 percent of young smokers starting before the age of 18 (Fiji National Health Promotion Council, 2010). One contributing factor has been the presence of smoking amongst native Fijian societies which is seen as an acceptable norm while amongst Indo-Fijian, it is prohibited in most households ((Fiji National Health Promotion Council, 2010). A careful examination of ethnic differences in relation to adolescent smoking is needed and it may provide information on how to tailor tobacco control measures for specific ethnic groups to improve their effectiveness (Santisteban and Szapocznick, 1982).

## Method

Semi-structured questions were used to guide the groups, providing a platform for the participants to share their experiences, beliefs and understanding of environmental influences, such as parents and peers, on smoking (Strauss and Corbin, 1998). All participants had self-declared themselves as non-smokers which was not independently measured and is a limitation of this study. Three focus groups had all participants who had taken a puff or had some level of experimentation with smoking while the remaining three focus groups had all participants who had not even taken a puff as shown in Table 1.

## Analysis and Discussion

### My First Puff

We asked the participants in the first three focus groups to discuss their first experience with smoking. Participants described their environment as enabling and enhancing social acceptance of smoking which led to a perception that smoking was a part of daily life as they had one-two family members and close friends as regular smokers. The following quotes illustrate this:

#### Family and Peer Influences and Reactions

*My dad smokes everyday so I decided to take his cigarette and try it to see what it would feel like to smoke. I didn't feel good at all, it was yucky!(David)*

*My cousin gave me my first cigarette. I took it because I felt I can't say no, my cousin. I took one puff and gave it back (Sam)*

In addition, these participants were asked to explore why they did not take up smoking regularly.

*David: It was the taste of it ,I didn't like it at all.*

*Sam: I decided to be leader not a follower of what everyone was doing around me.*

### **Modeling of Non Smoking Behavior**

Consistently across all six focus groups, the participants were aware of the health effects of smoking but did not see smoking as “evil”. Since family and peers were smoking, there was a social acceptance of smoking amongst the environment the participants were surrounded in. This led to discussions as to how adolescents develop a resistance towards smoking, as illustrated by these quotes:

*My friends smoke because they think it's cool. I don't see why one has to smoke to be cool. Even though they offered me a cigarette, I have never taken one puff at all. A few of my friends have distance themselves from me since we don't have much in common. As if! I learnt that day who my true friends are. A cigarette should not be basis of friendship ( Lucy)*

*I choose not to smoke. My cousins choose to smoke. It's all about choice. For me it's important to study, get good grades and not get caught up in smoking. I have seen people smoking, later drinking alcohol and moving to drugs. That's not for me. Plus my parents will kill me. Smoking is a big no in my family. (Jan).*

The perception that smoking is cool and a way to gain acceptance by peers was discussed by all six focus groups and smoking was seen as a social activity undertaken with friends and a form of acceptance by peer groups. Yet these participants were able to resist smoking. Participants in all groups were asked to identify words with resistance towards smoking as shown in Figure 1.

### **Conclusion**

The focus group participants were able to resist becoming regular smokers even though they are constantly surrounded by smokers. Social influences, peer pressure and acceptable norms of smoking in society are indicated as influencers of smoking. Yet there are youths who are surrounded by these influencers and are still able to develop a resistance towards smoking. Social marketing focuses on voluntary behavior change and this research highlights the need to look at individuals who are already practicing the desired behavior and calls for incorporating their views in designing effective social marketing programs. The driving factors in developing this resistance were the personal choice that participants felt everyone had to make and participants also expressed a desire for healthier lifestyle which they felt smoking did not provide. Fear of smoking leading to other vices and no smoking rules imposed by family were instrumental in driving this resistance. Tapping into the nuances of nonsmoker resistance gives an insight as to the dual role fear appeal and positive appeal can play in designing social marketing interventions. It addresses the need for policy makers and social marketers to **Delve Deeper** into the motivations behind the actions and thoughts of the target audience.

## References

Fiji National Health Promotion Council.2010. Annual Household Survey 2009. Fiji Government Printers, Fiji Islands.

Greene, K. and Banerjee, S.C. 2008. Adolescents' Responses to Peer Smoking Offers: The Role of Sensation Seeking and Self-esteem. *Journal of Health Communication* (13) (3) 267–286.

Santisteban, D. and Szapocnik, J. 1982. Substance abuse disorders among Hispanics, in Beccerra, R.M., Karno, M. and Escobar, J.I. (Eds), *Mental health and Hispanic Americans*, Grune & Stratton, New York, 83–100.

Strauss, A. and Corbin, J. 1998. *Basics of Qualitative Research: Techniques and procedures for Developing Grounded Theory*, Sage, Newbury Park, CA.

## Appendices

**Figure 1: Resistance to Smoking**



**Table 1. Demographic data for focus group participants**

Focus Group	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
# Participants	12	12	12	12	12	12
Average age (years)	16.8	16.4	16.0	16.3	16	16.5
Experimented with smoking*	100%	100%	100%	0%	0%	0%
% Male	50%	40%	40%	60%	50%	50%

\*Self-reported

## Is There a Place for Human Rights in Defining the Social Good in Social Marketing?

*Natalia Szablewska<sup>52</sup> & Krzysztof Kubacki\**

School of Law and Justice  
Southern Cross University  
Lismore, NSW, 2480  
Australia

Email: [natalia.szablewska@scu.edu.au](mailto:natalia.szablewska@scu.edu.au)

\*Griffith Business School  
Griffith University  
Nathan, QLD, 4111  
Australia

Email: [k.kubacki@griffith.edu.au](mailto:k.kubacki@griffith.edu.au)

---

<sup>52</sup> Dr Natalia Szablewska has over eight years of professional experience in research and public policy which spans across the public sector, governmental organisations, NGOs and academia. She is a Lecturer in Law at Southern Cross School of Law and Justice, and her prior academic experience includes working at Griffith Law School, University College London (School of Public Policy), Bangor Law School, and Aberystwyth University (Department of Law and Criminology) where she taught and convened courses at undergraduate and postgraduate level. Natalia's professional experience includes working for a Human Rights NGO in Moscow (Russian Justice Initiative), the Solicitors Regulation Authority (part of the Law Society of England and Wales), the Welsh Assembly Government, the British House of Commons, the Welsh Centre for International Affairs and the David Davies Memorial Institute of International Studies (DDMI). Her main research interests are in public international law, international humanitarian law and international human rights law.

## **Introduction**

Definitional work is an ongoing feature of scholarship in many areas of marketing, for example integrated marketing communications (Kliatchko 2005), arts marketing (O'Reilly and Kubacki 2009) and critical marketing (Saren et al. 2007). In this paper, we are interested in exploring ways of interpreting the social good in the context of the current debate in the field of social marketing, and we reflect on the recent conceptualisation of the social good (Donovan 2011), and relate this to the UN Universal Declaration of Human Rights (1948). We acknowledge that social marketing interventions are complex and multidimensional processes which can give rise to, among others, ethical, political and moral questions, but in this paper we predominantly focus on issues emerging from the field of Human Rights. The main contribution of this paper to the body of knowledge is the critical analysis of potential areas of cross-fertilisation as well as tension between social marketing and human rights. This constitutes an initial attempt to identify some emerging issues which will be further investigated in future research.

## **Social Marketing and the Social Good**

Social marketing definitions focus on the application of marketing principles to foster social change (e.g. AASM 2012, Lefebvre 2011, Wymer 2011). The key feature of the majority of them is their emphasis on *the social good*. The social good appears in many definitions in different forms, but the differences are mostly semantic (Dann 2010; French and Blair-Stevens, 2006; Kotler and Zaltman 1971; Kotler and Lee 2008; Levebvre 2011). Yet all attempts to define social marketing can be summarised in Donovan's (2011, p.9) words who simply states that 'using marketing to achieve *socially desirable goals*' is social marketing.

Although Donovan's (2011) definition appears to be very appealing in its simplicity and all-encompassing nature, it does present some challenges to social marketers. While Dann (2010) acknowledges that social goals of social marketing are inherently subjective, political in nature, and therefore goals of social marketing campaigns are defined by the people and organisations behind the campaigns, Donovan (2011) believes in a common sense understanding of the social good, and in case of any doubts suggests one should rely on the UN Universal Declaration of Human Rights (UDHR) as an arbiter. In the introduction to their 'Principles and Practice of Social Marketing', Donovan and Henley (2010 p.xv) explicitly present the UDHR as 'the authoritative source for defining what constitutes a socially desirable goal', the common good. As they argue, social marketers should rely on the UDHR in their attempts to clarify what the social good is (ibid. p.209).

## **UN Universal Declaration of Human Rights**

The UDHR was the first international instrument where the idea of human rights was universally proclaimed and recognised. It states that human rights are a 'common standard of achievement for all peoples and all nations' (Preamble). Today, international human rights norms exist as both moral and legal claims (e.g. Donnelly 2007). Since 1948 the international community has developed a rather comprehensive system for the promotion and protection of human rights across the nations. But, that does not change the fact that despite this extensive volume of different laws and regulations some regional differences in specifying what constitutes human rights, and how they should be realised, remain. Thus despite the proclaimed universality of human rights, certain disagreements continue to be a common feature in the debates among human rights activist, scholars, lawyers and politicians alike. For this reason, it seems that even though the UDHR might provide some baseline as to what constitutes the social good, as suggested by Donovan and Henley (2010 p. 7), in itself is not such a ready-made tool for social marketers. Certain rights such as to health and education



could provide some direction but are not descriptive or indeed prescriptive enough to provide enough guidance for what, with their regard, constitutes the social good in each case. Moreover, in limited circumstances, many human rights can be subject to derogation which also shows that even though universally applicable, human rights are continuously debated and often put to the test. It seems, therefore, that as much as human rights can provide some direction and potential guidance for social marketers trying to achieve socially desirable goals, they do not necessarily give the answer to the question of what 'socially desirable goals' are. Thus perceiving the UDHR as 'one arbiter of the social good' (Donovan 2011, p.10) may not quite stand the test of scrutiny.

The second point worth noting is that of the very nature of human rights. Donovan and Henley (2010 p.1) argue that 'the key point of difference to all other branches of marketing, is that the social marketer's goals relate to the wellbeing of *community*'; while human rights, even though they strive to be universal, inalienable and equally applicable to everyone, by their very nature, they safeguard rights of the *individual*. The first and foremost goal of the UDHR was to help to protect individual rights against the actions of the State (De Schutter 2010; Rehman 2010), thus ensure *individual good* and not the *social good*. One may claim that ensuring good for the community would ultimately benefit individuals within this community, but this not always is the case and therefore is not the principal objective behind the UDHR or the international human rights system in general. Human rights can be divided into three generations consisting of liberty rights (civil and political rights), equality rights (economic, social and cultural rights), and the so called fraternity or group rights, which can be fully achieved only within the context of a community, thus having a communal aspect to them (Vašák 1977; Tomuschat 2003). But the UDHR covers only the first two and remains silent on the third generation of (human) rights.

### **A Way Forward?**

Social marketing academics, especially Donovan and Henley, might be quite right in pointing out the utility of human rights (and the UDHR) in helping to unravel what 'good' is in the context of a community or society. But, unfortunately, it is not as straightforward process as it seems to be often presented. One can find many pointers and guidance for social marketers in the field of human rights, for examples, as Lefebvre (2011, p.64) suggests, marketers working for 'public health and social change must embrace the philosophy that equity in health status and social justice is an integral part of their work'. Nevertheless, defining what constitutes *the social good* must take into account the particular circumstances at the particular time, and for that reason it must be part of a well-defined process by which the social good can be identified. Identifying in what way *exactly* human rights can be helpful in the process of discovering the social good, and therefore can benefit the field of social marketing, is undoubtedly a case deserving of further investigation. The main contribution to the body of knowledge for this paper is to identify where and how the science of human rights can help to expand the social marketing's endeavour to achieve specific behavioural goals for a *social good* by identifying the potential stakeholders and their individual and collective rights. Nevertheless, as social marketing's goals focus on the wellbeing of the society, while human rights protect rights of the individual, there is an inherent tension between the two disciplines, which poses a potential threat to social marketing interventions and warrants further critical analysis. Social marketing as a discipline needs to engage in the discussion of issues such as who has the right and in what circumstances to decide what 'social good' is on behalf of others, without facing a risk of being challenged by counter-arguments employing human rights provisions.

## References

Australian Association of Social Marketing. (2012). What is social marketing? Retrieved from <http://aasm.org.au/socialmarketing.htm>

Dann, S. (2010). Redefining social marketing with contemporary commercial marketing definitions. *Journal of Business Research*, 63, 147–153.

De Schutter, O. (2010). *International human rights law*. Cambridge, UK: Cambridge University Press.

Donnelly, J. (2007). The Relative Universality of Human Rights. *Human Rights Quarterly*, 29(2), 281-306.

Donovan, R. (2011). Social marketing's mythunderstandings. *Journal of Social Marketing*, 1(1), 8-16.

Donovan, R. & Henley, N. (2010). *Principles and practice of social marketing: an international perspective*. Cambridge University Press.

French, J. & Blair-Stevens, C. (2006). From snake oil salesmen to trusted policy advisors: the development of a strategic approach to the application of social marketing in England. *Social Marketing Quarterly*, 12(3), 29-40.

Kliatchko J. (2005). Towards a new definition of integrated marketing communications. *International Journal of Advertising*, 1, 7-34.

Kotler, P. & Lee, N. (2008). *Social marketing*. SAGE Publications.

Kotler, P. & Zaltman, G. (1971). Social marketing: an approach to planned social change. *Journal of Marketing*, 35, 3-12.

Lefebvre, R. C. (2011). An integrative model for social marketing. *Journal of Social Marketing*, 1(1), 54-72.

O'Reilly, D. and Kubacki, K. (2009). Arts marketing is what you can get away with. Academy of Marketing Annual Conference, Leeds Metropolitan University, 7-9 July 2009.

Rehman, J. (2010). *International human rights law*. 2<sup>nd</sup> ed. Harlow, UK: Pearson Education Limited.

Saren M., Maclaran P. Goulding C. & Elliott R. (2007), *Critical marketing: defining the Field*. Oxford: Elsevier.

Tomuschat, Ch. (2003). *Human rights: Between idealism and realism*. Oxford, UK: Oxford University Press.

Universal Declaration of Human Rights, U.N. G.A. Res. 217A (III), U.N. Doc A/810 (1948).

Vašák, K. (1977) *Human Rights: A Thirty-Year Struggle: the Sustained Efforts to give Force of law to the Universal Declaration of Human Rights*. UNESCO Courier 30(11), Paris

(November 1977).

Wymer, W. (2011). Developing more effective social marketing strategies. *Journal of Social Marketing*, 1(1), 17-31.

## **Convince or Engage: Improving Social Marketing to Sustain Desired Health Outcomes**

*Olaf Werder*<sup>53</sup>

University of Sydney

---

<sup>53</sup> Dr. Olaf Werder is a Lecturer in Strategic and Health Communication in the Department of Media and Communications at the University of Sydney. Before coming to Sydney, he taught mass communication at the University of New Mexico and advertising in the College of Journalism & Communications at the University of Florida, after a decade of working as a media planner in advertising and promotions. His research primarily focuses on attitudes and behaviours in communication, particularly strategic communication with specific interests in health communication/public health campaigns. He has completed funded projects in the U.S. on cross-cultural health behaviour, health literacy and as partner in a multidisciplinary community-based participatory research (CBPR) approach study on adolescent obesity issues. In Australia, he has begun to increase his participation in interdisciplinary and international research partnerships on public health, which he considers an important opportunity for researchers seeking to address a broader spectrum of health and social problems.

It is undoubtedly true that social marketing as a concept has evolved in the past 40 years, moving from an instrument of attitude change and education to a technique “(...) designed to influence the voluntary behavior of target audiences (...)” (Andreasen, 2006). At the same time, by allowing a role for communities and lawmakers in the behavior formation of individuals, social marketing has transitioned from a pure downstream application to a more inclusive upstream-downstream mixed approach.

Being a derivative of marketing, though, its main emphasis is still heavily influenced by marketing doctrines, such as the mix concept of the 4-P's, exchange theory thinking, segmentation rules, and the idea of a competitive marketplace. As a result, underlying theories (especially for health topics) are derived from cognitive psychology and risk perception modelling, all of which underscore the centrality of the individual and her psychological disposition. While there is nothing inherently wrong with this strategy, similarly to commercial marketing the one-person-at-a-time focus appears relatively weak when one has both large-scale population effects and sustainability as a goal or directive, as many health entities do.

For example, recent studies (Stead, 2007; Cugelman et al, 2011) questioned the long-term impact of social marketing interventions, demonstrating that the effects of social marketing interventions are positive in the short-term but generally dissipate in the medium to long term. Moreover, stakeholder mobilization is only integrated in a reductive concept of social norming, i.e., the commercial idea of the opinion leader model approach. As such, population-wide interventions typically occur in a very indirect and trickle-down method.

This paper presents an alternate view of successful health communication that suggests a more holistic and collaborative approach between social marketing concepts and strategies and those that largely derive from participatory pedagogy. This alternate thinking is based on the following paradigms: (1) as early as the mid 1970s, studies on social change have clearly delineated between short-term, micro-level change and long-term, macro-level change, putting behaviour change attempts (as aimed at by social marketing) in the first category and policy, lifestyle and sociocultural evolution ideas in the latter; (2) social epidemiological network research has argued for a while now that creating effective and sustainable health promotion practice requires cooperative and responsive critical learning frameworks (e.g., Brown, 1994); and (3) change research has additionally argued that decision-making frameworks and strategies need to involve the ongoing participation of the people, who strategies or messages are targeted at.

As an example, community-based participatory research (CBPR) – also known as participatory action research (PAR) – is a collaborative approach that has become more popular in recent years in health communication because it equitably involves partners in the research process and recognizes the unique strengths that each partner brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change. They also avoid the typical challenges with traditional “marketing” approaches that often arise among community members who feel that those involved with the intervention have used them.

Ultimately, this paper concludes that social marketing for health prevention and improvement works best when combined with other techniques. Given that the penetration of new and innovative communication approaches have an important impact on the way that

individuals gather and share health information, we hold that social marketing is most effective when it has a “partner intervention” that can “capture” the “surplus value” created by social marketing and thereby achieve the momentum that is necessary to effect sustained change, arguably contributing a novel approach to message dissemination and community-based social marketing techniques in prevention. Lastly, we contend that it opens up avenues for interdisciplinary partnerships that have proven to be an important opportunity for communication researchers seeking to address a broad spectrum of health problems.

## References

Andreasen, A. R. (2006). *Social marketing in the 21st century*. Thousand Oaks, CA: Sage Publications.

Brown, V. (1994). Integrating environment and health: Conceptual framework, methods and tools. In C. Chu & R. Simpson (Eds.), *Ecological public health: From vision to practice* (pp. 87-95). Nathan, QLD: Watson Ferguson & Company.

Cugelman, B., Thelwall, M. & Dawes, P. (2011). Online interventions for social marketing health behavior change campaigns: A meta-analysis of psychological architectures and adherence factors. *Journal of Medical Internet Research*, 13(1), 17-23.

Stead, M., Gordon, R., Angus, K., & McDermott, L. (2007). A systematic review of social marketing effectiveness. *Health Education*, 107(2), 126-191.

## **INDUSTRY CASE STUDIES**

## **The FloodSmart Campaign**

*Tom Beall*<sup>54</sup>

Managing Director, Global Social Marketing Practice  
Washington, DC  
United States of America  
Email: [Tom.Beall@ogilvy.com](mailto:Tom.Beall@ogilvy.com)

---

<sup>54</sup> Tom Beall leads Ogilvy Public Relations' global efforts to help clients apply social marketing and health communications to address public health, public safety, and social issues. Before being named to head Ogilvy's Social Marketing Practice, Tom was Managing Director of the agency's Global Healthcare Practice, where he spearheaded the development of Ogilvy's social marketing capabilities. His expertise has been applied to other Ogilvy clients, including The World Bank, Pfizer, Nestle, Merck, and the Produce for Better Health Foundation. He currently leads the agency's efforts to develop a dedicated corporate social marketing specialty named OgilvyEngage. Tom holds a master's degree in health services administration and a bachelor's degree in psychology, both from The George Washington University. He currently serves on various Boards of Directors, including the International Social Marketing Association, the American Forest Foundation, and the Sewall-Belmont House & Museum/National Woman's Party. Tom also Chairs the Board of the American Social Health Association.



## **Project Overview**

Floods threaten lives and significantly impact the financial well-being of communities, leading thousands of Americans to lose their homes and belongings every year. Ogilvy Public Relations (Ogilvy) supports the National Flood Insurance Program (NFIP)'s *FloodSmart* campaign, which encourages U.S. residents to protect the value of their properties and possessions with flood insurance. Building on risk communications and behavior, and social change models, coupled with integrated marketing strategies, Ogilvy has driven a campaign that not only encourages property owners to be aware of their flood risk, but to take action to protect themselves financially by obtaining flood policies as well. With support from this campaign, the number of properties with flood insurance nationwide has increased by more than 25 percent.

## **Background**

Despite widespread media coverage of flood disasters, the NFIP, a public-private partnership administered by the Federal Emergency Management Agency (FEMA), realized that many Americans underestimated their personal risk of flood damage and were therefore unaware that a flood insurance policy can make the difference between financial ruin and financial recovery if they are affected by a flood. In 2004, the NFIP selected Ogilvy and J. Walter Thompson to develop the *FloodSmart* campaign to reverse this negative trend. Ogilvy leads the campaign's earned media, stakeholder and partnership strategies, which communicate flood risk and demonstrate the value of flood protection through trusted third parties.

## **Target Audience Orientation**

Research to understand the target audiences has been significant throughout the campaign. It has included more than a dozen focus groups with property owners and insurance agents, along with secondary research from risk communications sources from Harvard University, the University of Colorado and Rand, as well as additional interviews with risk communications experts and behavioral economists to probe the public mindset about flood risk. Additional research included 1) FloodSmart.gov website usability testing to determine how best to deliver information and connect visitors with an insurance agent; 2) An analysis of secondary consumer research to inform a targeting model based on factors such as geography, effective media use, flood risk, propensity to buy, etc. and 3) An econometrics analysis to assess the effectiveness and efficiency of each marketing medium on net insurance policy growth.

## **Insights and Theory**

In many areas of the country where flooding is a low-probability, high-consequence event, most local residents had not personally experienced a flood, which led to a reluctance to mitigate the risk. Because of the belief that flooding was something that "happened to someone else," many had no understanding of the dire consequences. And with little understanding of risk or consequences, few were compelled to take action to mitigate them. With this in mind, we realized that the FloodSmart communications strategy needed to be two-fold: First, messaging needed to go beyond the focus on risk, and emphasize the dire *consequences* of flooding and the *affordability and benefits* of insurance. Second, we had to provide easy, actionable steps people could take to minimize the financial impact by connecting them, through multiple communications channels, to their local insurance agent, the NFIP Call Center or FloodSmart.gov to emphasize the ease of obtaining a policy. The campaign drew on constructs from risk communications and behavior and social change

theories and models that support effective strategies for influencing attitudes and behavior, such as the Theory of Reasoned Action/Planned Behavior, the Social Learning Theory, and the Transtheoretical Model of stages of individual behavior change. Applying this insight, *FloodSmart* was designed as a direct response, integrated marketing campaign that utilized earned media, stakeholder outreach, partnership development, and traditional advertising.

### **Segmentation**

- Primary audience: **Consumers** (the primary drivers of policy growth), and **Insurance Professionals** (play a critical role in the policy buying-continuum).
- Secondary audiences: **Stakeholders & Influencers** (professionals who work in the flood/disaster recovery arena, in community leadership roles, and/or who have local-level consumer contact).

### **Behavior**

Recognizing that flooding is a risk for virtually all property owners (even those in "moderate-to-low" risk areas who have filed 25% of flood claims during the past five years), *FloodSmart* 1) Educates the public about flood risks and their costly effects; 2) Motivates property owners to purchase flood insurance, including those in lower risk zones; and 3) Encourages agents and other key stakeholders to financially protect their clients and communities through flood insurance.

### **Competition**

The campaign messaging and creative are designed to clearly illustrate the messy, expensive consequences of flooding, which helps convince target audiences that they should prioritize flood insurance when weighing other competing financial priorities in the current unstable economic environment. In addition, *FloodSmart* secures and promotes powerful consumer flood testimonials that personalize the issue and motivate other homeowners to protect their greatest asset with flood insurance. Finally, the campaign has also emphasized the less expensive policy for those homeowners in lower-risk areas across all communication channels.

### **Evaluation and Results**

- To date, *FloodSmart* has delivered on its promise to increase policies-in-force, which have risen by more than 25 percent since the 2004 launch of the campaign.
- The earned media activities alone have reached approximately 1 billion people nationwide through more than 5,000 broadcast, print and online stories, including CNN, *New York Times*, *USA Weekend*, *Kiplingers*, *O, The Oprah Magazine*, and *Black Enterprise*. The econometrics study also showed that earned media delivered 13 percent of the campaign's policy growth—more than print advertising or online click-through elements.
- Stakeholder outreach has engaged trusted sources for consumers who lacked faith in government and the insurance industry, from state insurance commissioners, to meteorologists, to public officials.

## APPENDIX

### Creative and Messaging

Following through on the need to emphasize consequences to homeowners, the current “Home Personified” creative theme portrays homes as the actual people inhabiting them, providing a clever way to convey the real destruction of a home, and the experience of a family that is not financially protected from floods. This creative has been carried through all communication channels beyond just traditional advertising, including earned media, insurance industry and stakeholder materials, and outreach efforts.



### Overview of Select Research informing the FloodSmart Campaign

#### Secondary Research:

- Rand Corporation – “The National Flood Insurance Program’s Market Penetration Rate”, 2006. Authors: Lloyd Dixon, Noreen Clancy, Seth A. Seabury, Adrian Overton
- Mileti, Dennis S. “Disasters by Design, A Reassessment of Natural Hazards in the United States, 1999.”
- American Institutes for Research – Risk Perceptions and Flood Insurance Decisions - January 2006
- Agency Universe Study – IIAB – 2008
- The State of Nation’s Housing – Joint Center for Housing Studies of Harvard University – 2009
- Reasoning Patterns about Flooding – conducted for IBHS and American Rivers – April 2009

#### Primary Research (Qualitative):

**Consumer Focus groups:** Since 2005, consumer focus groups have been utilized to explore barriers to flood preparedness and insurance purchase, creative testing. The range of topics and areas include:

- Consumer focus groups exploring property owner perspectives in higher and lower flood risk areas (New York, Seattle, Ft. Lauderdale, and Houston)

- Consumer focus groups with homeowners in areas where flood maps, and insurance requirements are changing (Sacramento, CA)
- Consumer focus groups with homeowners in moderate-to-low risk areas to explore lower-cost flood insurance options (Norfolk, VA and Houston, TX)
- Consumer focus groups on new campaign creative (Home Personified Creative Testing)
- Consumer focus groups with property owners in communities going beyond Federal standards for floodplain management and mitigation to explore perceptions and attitudes about flood insurance requirements and flood mitigation efforts

**Insurance Agent Focus Groups:** Focus groups with industry professionals have explored consumer barriers to understanding flood risk and impact, and barriers to flood insurance purchase.

**In-depth Interviews:** Interviews with select stakeholders and experts have been utilized to explore various aspects of the flood program and flood protection and have included in-depth interviews with 5 behavioral economists at top US academic institutions, community-level floodplain managers, and public officials.

**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:

- **National television, online and print advertising, and media and stakeholder relations** to connect consumers with their agent, FloodSmart.gov, and the NFIP Call Center.
- **Online and print advertising and media and stakeholder relations** based upon seasonal, situational and regional risks.
- **Educational materials** such as Agent Program marketing materials, e.g. Agent Field Guide, and tailorable materials for communities facing specific flood challenges.
- **Online tools and resources** with information about localized flood risk, policy costs, and season-specific flood risks including a One-Step Flood Risk Profile, Agent Locator, Levee Simulator and Cost of Flooding tools, consumer testimonials, and sharable seasonal widgets.
- **An agent-only focused Website**, with marketing tools and resources to motivate agents to offer flood insurance and maximize policy sales, including a Co-op Advertising Program, a Mail-on-Demand Program, and Referral Program that transfers leads directly to agents.
- **A broad network of association and professional partners** who consumers view as trusted third parties, e.g. insurance agents, real estate agents, local officials, community organizations, etc. who participate in *FloodSmart* seasonal outreach efforts on the state and local levels.
- **Large-scale national partnership efforts**, such as the promotion of Flood Safety Awareness Week with the National Oceanic and Atmospheric Administration and the development of a Storm and Flood Exhibit at Walt Disney World's Epcot Center that helped reinforce the campaign's messages in both fun and educational ways.

## **The Heart Truth<sup>®</sup> Campaign: 10 Years of a Powerful Idea**

*Tom Beall<sup>55</sup>*

Managing Director, Global Social Marketing Practice  
Washington, DC  
United States of America  
Email: [Tom.Beall@ogilvy.com](mailto:Tom.Beall@ogilvy.com)

---

<sup>55</sup> Tom Beall leads Ogilvy Public Relations' global efforts to help clients apply social marketing and health communications to address public health, public safety, and social issues. Before being named to head Ogilvy's Social Marketing Practice, Tom was Managing Director of the agency's Global Healthcare Practice, where he spearheaded the development of Ogilvy's social marketing capabilities. His expertise has been applied to other Ogilvy clients, including The World Bank, Pfizer, Nestle, Merck, and the Produce for Better Health Foundation. He currently leads the agency's efforts to develop a dedicated corporate social marketing specialty named OgilvyEngage. Tom holds a master's degree in health services administration and a bachelor's degree in psychology, both from The George Washington University. He currently serves on various Boards of Directors, including the International Social Marketing Association, the American Forest Foundation, and the Sewall-Belmont House & Museum/National Woman's Party. Tom also Chairs the Board of the American Social Health Association.

## Project Overview

This year, *The Heart Truth*<sup>®</sup> celebrates a decade of progress. Since 2002, the combined efforts of the National Heart, Lung, and Blood Institute's (NHBLI) campaign and its partners have brought about significant change. Awareness of heart disease as the #1 killer of women has risen dramatically—and awareness is leading to action. More women are finding out their personal risk for heart disease and taking steps to reduce it. In fact, the number of heart disease deaths in U.S. women has been steadily declining. *The Heart Truth*<sup>®</sup> campaign and its Red Dress icon have sparked a powerful movement that has measurably changed the way American women look at heart disease.

## Insight

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

Research found the centerpiece of the campaign, The Red Dress<sup>®</sup>, 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 to reduce their risk.

## Segmentation

*Primary audience:* Women aged 40 to 60, especially those who have at least one risk factor for heart disease, and/or are not taking action to reduce their risk. Tailored efforts also are targeted to African Americans and Hispanic Americans.

*Secondary audiences:* Women aged 25-39, as heart disease develops over time and can start as early as the teen years; Women older than 60 years, as it is never too late to take action to lower heart disease risk; and physicians and other health professionals.

## Behavioural Goals

- Increase the number of women who talk to their doctors about their risk of heart disease; and
- Increase the number of women who intend to take action to prevent heart disease and/or control their own risk factors.

## 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 *Healthy Heart Handbook for Women*;
- A **Web site** with ideas and materials to help audiences plan events ([www.hearttruth.gov](http://www.hearttruth.gov));
- National **public service advertising** (print, radio, and television);
- **Signature programming**—including Red Dress Collection Fashion Shows, *The Heart Truth* Road Show (a heart health exhibit), and Champions (train the trainer) programs;
- **Partnerships with national non-profit organizations** reinforced at the local level; and
- **Corporate and media partnerships** with IMG Fashion, *Glamour*, *Newsweek*, *Essence*, Diet Coke, Burlington Coat Factory, and General Mills.

In 2007, *The Heart Truth*<sup>®</sup> campaign began to utilize **social media** to disseminate messages, foster online community, and promote events and resources to reach and motivate women to lower their personal risk for heart disease. Each year, social media efforts have been expanded to include new channels and tactics in support of the NHLBI campaign and key events such as National Wear Red Day<sup>®</sup> and the Red Dress Collection Fashion Show. *The Heart Truth*<sup>®</sup> uses a three-pronged approach to social media: influencer engagement; content and experience promotion; and community activation. Activities include blogger outreach, Facebook fan engagement, Twitter chats, and pinning relevant content on Pinterest.

## Evaluation and Results

*The Heart Truth*<sup>®</sup> 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.

A partner-funded study in 2010 found that 58% of U.S. adult women recognized the Red Dress as the national symbol for women and heart disease awareness. Women who reported recently seeing or hearing about the Red Dress or *The Heart Truth*<sup>®</sup> campaign were substantially more likely than other women to take at least one risk-reduction action as a result.

Additional research in 2010 found that 54% of American women identified heart disease as the leading cause of death in 2010, up from 30% in 1997 (Mosca et al., 2010). Of those who knew that heart disease is the leading cause of death, 35% were more likely to be physically active, and 47% were more likely to report weight loss compared to those who were less aware (Mosca et al., 2010).

The national, multi-faceted communications *Heart Truth* initiative to date has resulted in:

- more than 6 billion media impressions;
  - more than 750 community-based programs such as galas, screenings, and seminars;
  - *The Heart Truth*<sup>®</sup> and Red Dress on more than 29 billion product packages, thanks to corporate partners including Diet Coke, and Cheerios; and
  - an engaged online community of more than 26,000 Facebook and Twitter followers.
- With a decade of success behind it, *The Heart Truth*<sup>®</sup> embraces the future with vitality, hope, and a continuing commitment to educate women about heart disease and inspire them to make heart healthy changes.

® *The Heart Truth* and The Red Dress are registered trademarks of the U.S. Department of Health and Human Services (HHS). ® National Wear Red Day is a registered trademark of the U.S. Department of Health and Human Services (HHS) and the American Heart Association (AHA).

## References

Mosca, Lori and Heidi Mochari-Greenberger, Rowena J Dolor, L Kristin Newby, Karen J Robb (2010). "Twelve-Year Follow-Up of American Women's Awareness of Cardiovascular Disease Risk and Barrier to Heart Health." *Circulation: Cardiovascular Quality and Outcomes*, 3:120-127.

Unpublished results. *The Heart Truth*<sup>®</sup> partner-funded survey, March/April 2010.

## Appendix: Campaign Background

### 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.

### 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*, at local heart health screening events in shopping malls, and on social networks such as Facebook and Pinterest.



**Figure 1: Red Dress Collection 2012 Fashion Show**





**Figure 2: The Red Dress® Pin**



**Figure 3: Real Women Wear Red PSA**



Figure 4: Diet Coke Package Featuring *The Heart Truth*® Logo

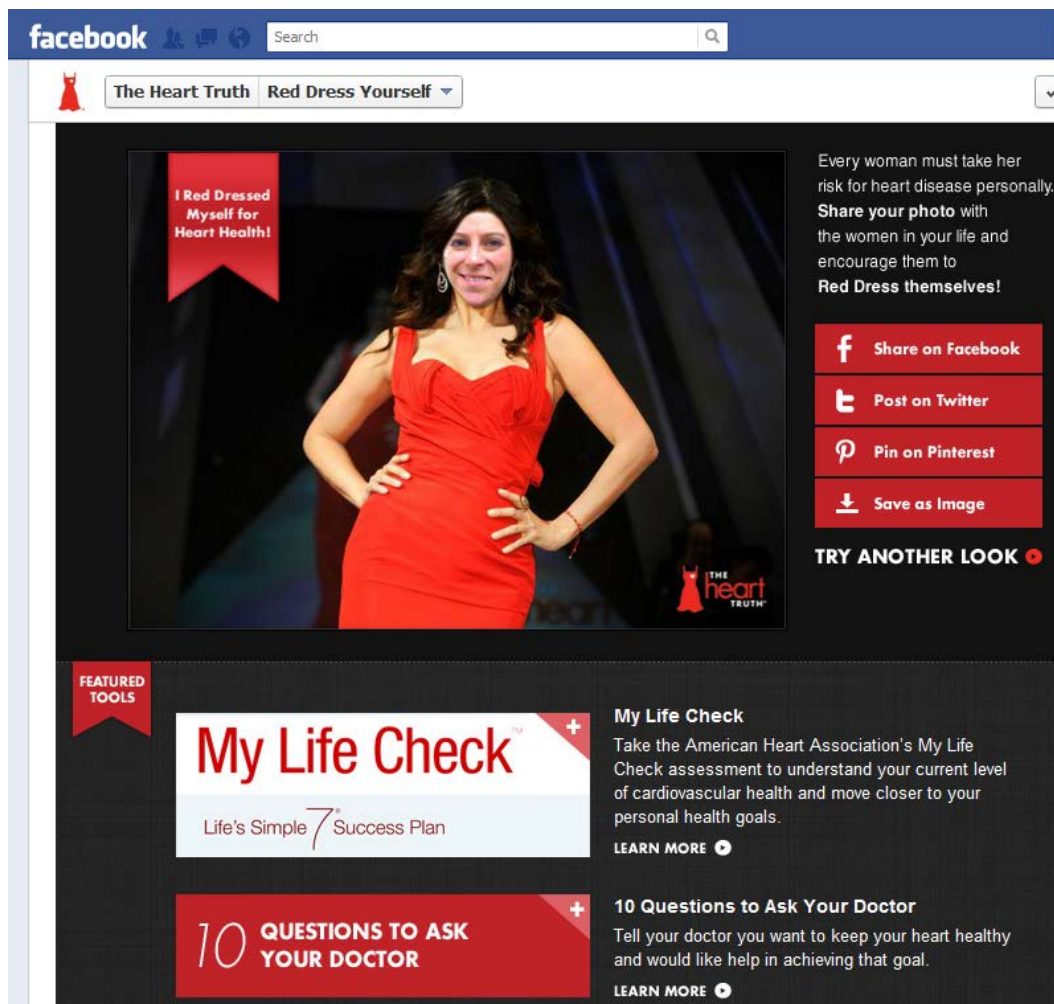


Figure 5: Red Dress Yourself for Heart Health Facebook App

## **Goalpost: A Social Mobile Game for Behaviour Change**

*Siobhan Bulfin*<sup>\*56</sup> and *Felipe Skroski*<sup>\*\*57</sup>

\*CEO Social Code Ltd and Game designer for Goalpost

Email: [siobhan@socialcode.co.nz](mailto:siobhan@socialcode.co.nz)

\*\*User Experience lead at Social Code Ltd and Game designer for Goalpost

Email: [felipeskroski@gmail.com](mailto:felipeskroski@gmail.com)

---

<sup>56</sup> Siobhan has more than 15 years of experience in social marketing. For the last five (Spell out numbers up to ten, use numerals after that) years she has been an advisor and practitioner in social media, real-time location-aware technologies, online community management, social marketing, mobile marketing, and social game design. She founded the NZ Social Media Network in 2008, and has organised training and events in NZ and Australia on emerging technology, social media and games. She is a trustee of the NZ Games, Animation and Visual Effects trust.

<sup>57</sup> Felipe started working with the internet in 1997, when the rest of his friends at the graphic design university in Curitiba, Brazil, were dreaming about jobs in big advertising agencies. Since then, he's worked as a web designer, creative director, and project manager on a range of web projects in a variety of industries in many countries. His expertise is in user experience, interactive design, and persuasive technologies.

## **Project Overview**

Goalpost is a web and mobile application that helps users achieve positive behaviour change through setting and achieving goals with the support of their social networks, expert advice, and applied game design. Our first goal is to help New Zealanders stop smoking. We teamed up with Quit Group NZ and Smokefree (Health Sponsorship Council) to help make this happen.

Goalpost works by combining professional support, big data and analytics, crowd-sourcing, social connectivity (the support of peers/social networks), and game mechanics to help keep the target audience motivated using goals, competition, challenges, pledges, incentives and rewards.

## **Quit Smoking with Goalpost**

We released our first beta iteration to 300 users on January 1, 2012. Goalpost Version 1 had a minimum set of features that provided the initial real value to the user-tester. This first incarnation of Goalpost had functionality sufficient to show why and how it is different and unique, providing a compelling user experience and ‘hooking’ the user so they continue toward their goal. We achieved this by monitoring, testing, adjusting and, importantly, rolling out new features fortnightly. Goalpost version 2 launched on May 31<sup>st</sup> 2012, World Smokefree Day.

## **Objectives**

Understanding how our needs and desires drive our behaviour is fundamental to the design of Goalpost. Our attention is on directing and delivering value to users on an emotional level as opposed to reliance on gimmicks. The skill is all about making the gaming elements of behavior change meaningful enough that the difficulties involved in the change process are transcended by engagement with the game, and that this meaning is sustainable over time.

We’ve been closely monitoring what works and what doesn’t through tight feedback loops and deep insight into what it takes to achieve a desired behaviour change. Goalpost adheres to the lean start-up model combined with agile methodology. More specifically, using customer test-driven development by increasing the frequency of contact with real customers, therefore testing and avoiding mistakes and incorrect assumptions as early as possible.

## **Evaluation**

We learnt through the first beta users that the social support provided by the online community on Goalpost was the key reason for them returning to the site.

We learnt that the initial game experience was too shallow.

We observed most people signed up to Quitline.

The average number of people who signed up to support their friends on Goalpost was 3.

## Applying the Principles of Behaviour Change to Road Safety in South Australia

*Joanne Davidson<sup>58</sup> & Andris Versteeg<sup>59</sup>*

Colmar Brunton Research  
Email: joanne.davidson@cbr.com.au  
Ph. (08) 8373 3822

---

<sup>58</sup> Since commencing full time in the market research industry in 1999, Joanne Davison has managed numerous qualitative and quantitative studies including segmentation studies, customer satisfaction, perceptual mapping, choice modelling, and behavioural change. She is currently responsible for managing research programs including design of analysis and reporting and delivering research results to clients including workshops and presentations. Joanne has been recently involved in a large number of major projects for various federal government departments and has conducted focus groups, interactive web clinics and depth interviews as well as designing quantitative survey instruments, managing project implementation and providing analysis, interpretation and reporting. Joanne has been with Colmar Brunton since 2007 and heads up the SA/NT office. She is a Qualified Practicing Market Researcher (QPMR).

<sup>59</sup> Andris has more than five years of market research experience in Australia and The Netherlands in qualitative and quantitative research projects, including various government, social, health care, education, industrial, and international orientated research studies. He has designed and implemented research projects including new market and product development, segmentation studies, behavioural change, customer and employee needs, and satisfaction studies. Since joining the CBSR team, Andris has managed many social research projects for a range of clients including federal and local government departments.

### **Project overview**

The Motor Accident Commission (MAC) in South Australia has used extensive research as the foundation of campaign development for road safety over the last four years. The research is the cornerstone of every component of campaign development and evaluation. Since 2008, Colmar Brunton has been working with the Motor Accident Commission of South Australia to apply the Stage of Change behavioural model to the issue of road safety. Every year approximately 100 people are killed on South Australian roads, and 9,000 are injured as a result of vehicle accidents. While there are many factors that contribute to road trauma, it is generally recognised that reducing unsafe driving behaviours will impact significantly on lowering the road toll.

### **The Model**

The underlying hypothesis for this research is that driver behaviour can be changed for the better by promoting active steps that lead to safer driving; thus achieving all the social and financial benefits associated with low road trauma. Colmar Brunton uses a “stages of change” Behaviour Change Model adapted from Prochaska and DiClemente. In the case of the driver safety, we conceptualise the key stages to be Rejection, Pre-contemplation, Contemplation, Action, and Maintenance. The focus of this research is behavioural change, and the objective is to identify messages, strategies, and mechanisms of influence that are targeted at the different stages of behaviour.

### **Aims of the Research Program**

The aims and objectives of this project were to:

- Understand the audiences that are in the different stages of behaviour change according to the model;
- Identify the benefits, costs, influence of others’ and self-efficacy issues associated with each of the targeted unsafe driving behaviours;
- Develop communication campaigns that seek to identify credible and desirable alternatives and to address myths associated with the unsafe driving behaviour;
- Monitor incidences of self-reported unsafe driving behaviours over time;
- Assess awareness and impact of the campaigns on the target audiences;
- Track any movements in the behaviour change profile of the driving population in relation to targeted unsafe driving behaviours;
- Set benchmarks and monitor against past performance for behavioural impact of advertising.

### **Methodology**

Qualitative research 114 two-hour depth interviews with target groups to understand costs, benefits, influence of others, and self-efficacy of unsafe behaviours
Quantitative research n=1223 sample with target groups to quantify behaviour stages and credible alternatives
Ongoing tracking N=5,000+ surveys per year, conducted monthly with general public and key target audiences such as young males and regional.
Ad hoc target market investigative research
Proposition and concept testing using online or face to face focus groups.

### **Impact of the approach**

This approach has changed the nature of MAC communications, a shift that is evident in the 2011 campaigns for regional drivers and young drivers which both used a humorous approach and demonstrated a very different tone from traditional consequence-based road safety messages.

### **Use of the Research in Designing Campaigns**

The research informs the development of the communications plan, and is used to provide input to the campaigns, and to test the concepts. It is also used to track success. A specific example is the 2011 Regional Safety campaign. This started with investigative qualitative research among regional people with unsafe behaviour histories. Key learnings from the research were that young people will prevent very drunk people from driving, but not stop less obviously drunk people from driving.

This idea developed into the current regional campaign. The campaign aims to provide young males with a way to address unsafe peer driving behaviours by using a humorous approach which gives implied permission to address an uncomfortable issue. Ambient media provided additional talking points in regional pubs and footy clubs, such as beer coasters that doubled as show cards to be used as physical tools to enable young men to discuss driving issues among their peers, without either party losing “face”.

Campaign success was monitored using a tracking program but targeting regional young males and general public. There was high (Can you use a % figure) post-launch awareness among young males, and in subsequent months research showed a significant improvement in driver behaviour among regional drivers for wearing seatbelts (15% increase in maintenance), not speeding (20% increase in maintenance) and not drink driving.

### **Lessons Learned**

We have learned there are unique challenges in applying social marketing principles in particular contexts. The specific example here of road safety raises the potential conflict between a serious issue with significant societal impact, and the positive reinforcement of desired behaviours. This means that MAC has developed and launched some campaigns in this period that are very different from the traditional “road safety” approach, which focuses almost entirely on the negative consequences of unsafe driving behaviours. Justifying the different approach has been both challenging and rewarding. We have also learned the value of a close and constructive working relationship between the three agencies: client, creative and research. Only by actively working together, literally sitting in a room at strategic points in the development process to discuss our different perspectives, have we been able to play an effective role in the development of impactful campaigns.

### **Conclusion**

By using a firm theoretical framework, and by allowing the research to directly influence the development of the campaigns, recent road safety advertising in South Australia clearly has the potential to significantly impact on the behaviours of the target audience.

Despite the fact that annual road deaths tend to fluctuate due to low numbers there has been a 19% reduction in regional fatalities in 2011 over 2010, a 20% reduction of fatalities of children aged 0-15 years, a 68% reduction of fatalities of young adults aged 16-19 years, and a 58% reduction of fatalities of people aged 20-24 years. Serious injury figures are more reliable having larger samples but the 2011 figures are yet to be finalised. Between January and October 2011, there was a 17% reduction in serious injuries compared to the same period in 2010. While there are many factors that influence these outcomes, we believe that the marketing approach adopted by MAC has contributed to these positive results.

**Hero Rewards...The Choice is Yours:  
An Aboriginal and Torres Strait Islander Healthy Lifestyle Social Marketing Strategy**

*David Hodgson and Pele Bennet*<sup>60</sup>  
Health Promotion Officer – Social Marketing

---

<sup>60</sup> Bachelor of Health Science (Public Health) is currently employed with Queensland Aboriginal and Islander Health Council in a Health Promotion Officer role, focusing on Social Marketing. David's specific work relates to the Australian Governments Australia's Better Health Initiative Social Marketing Campaign. This entails collaborating with Queensland Aboriginal and Torres Strait Islander Community Controlled Health Service organisations to effectively disseminate the campaigns key messages to the target audience groups through existing community based healthy lifestyle programs. In previous roles David has been involved in workplace physical activity projects and statewide group walking programs, which have been based on best practice health promotion principles where research and evaluation strategies were integral project components for their ongoing development. David has presented work relating to Workplace Indigenous Physical Activity (WIPA) at the Australian Health Promotion Association 2008 Conference.



## Statewide Level Campaign Aim and Objectives

The overall aim of the campaign is to improve the health of Aboriginal and Torres Strait Islander people, through increasing the number of Aboriginal and Torres Strait Islander people who are receiving and are engaged in follow up care services through Community Controlled Health Services. The campaign objectives include: to continue to build awareness of the importance of health assessments among community; to maximise opportunities available through PIP Indigenous Health Incentive and PBS Co-Payment Measure (CTG); to support health services to introduce a model of care that improves coordination of care for Aboriginal and or Torres Strait Islander people; promote programs that are health promotion and allied health service focused, prevention being a core element of the campaign.

## Background and Policy Context

In 2012 the second phase of the campaign was launched, namely *Hero Rewards... The Choice is Yours*. The Hero Rewards... The Choice is Yours theme follows on from the 2010 campaign and seeks to encourage Aboriginal and Torres Strait Islander people to seek assistance for follow up care via existing programs and allied health services including GP management plans and Team Care Arrangements. The 2010 campaign focused on initial appointments. Hero Rewards... The Choice is Yours, dovetails in with other national strategies aligned with Closing the Gap and improving lifestyle risk factors that contribute to chronic disease, including the Practice Incentive Program Indigenous Health Incentive measure, the PBS Copayment Measure (CTG) initiatives, the Tackling Indigenous Chronic Disease initiatives and the Swap IT, Don't Stop IT campaign. Hero Rewards... The Choice is Yours is about letting community know about the services and support available works.

## Hero Rewards

The Hero Rewards campaign was officially launched in May 2010 with the commencement of the Australian Governments Indigenous Chronic Disease Package. The first phase of the campaign gained strong community response, with the call to action having a significant impact on demand for services, specifically the Aboriginal and Torres Strait Islander Adult Health Check. The Hero Rewards social marketing campaign was underpinned with an incentive based strategy targeting Aboriginal and Torres Strait Islander communities. The campaign encouraged the target audience to approach a Community Controlled Health Service for an Adult Health Check. Resources developed for the initial campaign included:

- A television and radio community service announcement, with NRL Football legend Steve Renouf as the ambassador
- Website for community to 'register' for a health check and be referred to their local Community Controlled Health Service.
- Over 1200 incentive gift cards (IGA or Wish Card) for patients who attended and completed an Adult Health Check were provided to 18 Community Controlled Health Services

Outcomes from the Hero Rewards campaign included (but were not limited to):

1. Attracting new clients for Health Assessment. Health Assessments have identified treatable medical conditions before they develop into chronic medical conditions.
2. Existing clients nominated themselves to have a Health Assessment. Clients are attending Member Services following a lapse of up to 20 years.

3. Almost 2 years after the initial commencement services are still continuing to provide the incentive to patients, through their own financial capacity.

The outcomes and successes of phase one of the campaign highlighted that the campaign strategy had a significant impact with Aboriginal and Torres Strait Islander people. In October 2010, the opportunity to extend the campaign and build a second phase came about through funding that was provided by Queensland Health under the National Partnership Agreement on Social Marketing. The commencement of developing phase two occurred in April 2011, the main aim was to build on the momentum and extend the campaign to include messages that promote the follow up services that Community Controlled Health Services provide, once an initial Adult Health Check has been completed.

### **Hero Rewards... The Choice is Yours:**

A comprehensive suite of resources (see Appendix) were developed to support staff and services to promote recall and refer patients to allied health services and health promotion programs.

- Two television community service announcements (30 second commercials)
- Press Ad Template
- Resources for health workers to use within their practice: 8 varieties of postcards, notepad, pens, tear off brochures
- Resources for local environmental messaging: A2 Poster, Pull Up Banner, Point of Entry Window Labels and Desk Top Calendar
- Resources to use as promotional material: Bottled Water, Bucket Hat, Jersey, Stress footballs
- By 30 June 2012, 22 Community Controlled Health Services will have received the start up resource kits and initial introductory workshop outlining the campaign and implementation plan for utilizing messages and resources.

An external evaluation strategy is being developed to identify the significant qualities of the processes that maintain the campaigns effectiveness and also attempt to highlight what impact and overall outcomes of the campaign have on both the services that are being delivered and uptake of health services by Aboriginal and Torres Strait Islander people.

### **Lessons Learned in Phase 1**

Implementing phase two built on the learning's from phase one. Changes that were made included:

- Development of resources with background information collected about what support services require and what programs and projects services provide.
- Resources were only provided once workshops had been conducted.
- Feedback from Phase 1 identified that a local 'champion' may be more appropriate.
- The introduction of a small incentive (in phase 1) has had a sustained impact in people attending health services for a health check. Some services identified that patients are returning for their health check the following year, seeking the incentive.

## Acknowledgements

The development, implementation and achievements of the Hero Rewards initiative has only been possible through the ongoing support, commitment and enthusiasm from all stakeholders and talent. Most importantly the 22 Aboriginal and Islander Community Controlled Health Services across Queensland have played a significant and vital role in carrying out the promotion of Hero Rewards at a local level, continuing to promote the brand and relevance to improving health and closing the gap between non-Indigenous and Aboriginal and Torres Strait Islander people.

### 1. Key Stakeholders, Partners and Staff

Deanne Minniecon and Simone Nalatu	Queensland Health, Healthy Living Branch and Aboriginal and Torres Strait Islander Health Promotion Unit
Marianne Zangari	Queensland Health, Healthy Living Branch Social Marketing State Coordinator Swap It Don't Stop It!
Sharyn Rundle-Theile	Griffith University, Social Marketing Department
Grant Croad	Originz Cultural Communications
EJ Garrett, Nikolas Lachajczak and Katrina Channells	Jetzak Productions and Crew
Sandy Robertson, Rubena Anderson, Selwyn Button, Debbie Chen, Melinda Hassall, Anita Heerschop, Sidney Williams	Queensland Aboriginal and Islander Health Council – Health advisory steering reference group

### 2. Campaign Ambassadors and Cast for Community Service Announcements

Campaign Ambassadors: Steven Renouf and Alannah Ahmat.

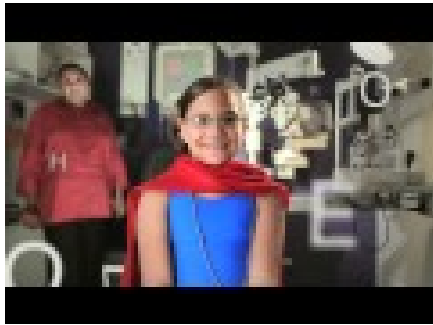
Campaign Cast: Brody Anderson, George Anderson, Josephine Anderson, Taylor Anderson, Robert Assan, Mark Campbell, Susan Chapman, Terry Coghill, Carly Cooke, Keiron Costello, Raymond Dungay, Sanitago Durante, Mischa Fisher, Clancy Garrett, EJ Garrett, Lauren Hill, Dr Caetlin Jopson, Ian Lacey, Keiron Lander, Gordon Langton, Melissa Malley, Jan Roma, Henry Saunders, Andrew Walker and Jennifer Wharton,

### 3. Aboriginal and Islander Community Controlled Health Services:

Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd.  
Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd.  
Apunipima Cape York Health Council  
Barambah Regional Medical Service (Aboriginal Corporation)  
Bidgerdii Community Health Service  
Bundaberg Indigenous Wellbeing Centre  
Carbal Medical Centre  
Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Ltd  
Cunnamulla Aboriginal Corporation for Health  
Galangoor Duwalami Primary Health Care Service  
Girudala Community Co-operative Society Ltd  
Goolburri Health Advancement Corporation  
Goondir Health Service  
Gurriny Yealamucka Health Service  
Kalwun Health Service  
Kambu Medical Service Centre Pty Ltd.  
Mamu Health Service  
Mulungu Aboriginal Corporation Medical Centre  
Nhulundu Wooribah Indigenous Health Organisation Incorporated  
Townsville Aboriginal and Islanders Health Services  
Wuchopperen Health Service  
Yulu Burri Ba Aboriginal Corporation for Community Health

## Appendix

### Community Service Announcements and resources



Post Cards



Perforated Brochure



Calendar

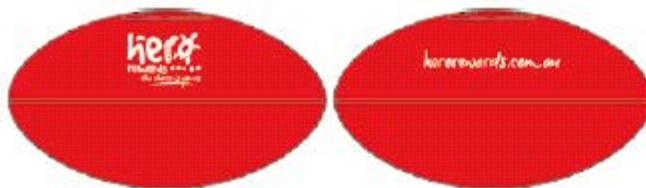
## Promotional Merchandise



Bottled Water



Hats



Footballs



Banners



Pens



Jerseys

## Promotion Aids



A2 Poster



Note Pad



Press Ad Template



Patient Wallet Card

## **Commune: A Case Study of a Social Marketing Innovation to Reduce Young Adult Tobacco**

*Jeffrey Jordan, MA*<sup>61</sup>

President, Rescue Social Change Group

Email: [jeff@rescuescg.com](mailto:jeff@rescuescg.com)

Phone: (619) 231-7555 ext. 110

---

<sup>61</sup> Social change is Jeffrey's priority, evident in all his endeavors from his academic research, to his leadership at Rescue SCG. His passion for social change began in high school when he volunteered for an anti-tobacco group. Observing the lack of effective social marketing services, he started Rescue SCG when he was only 17 years old. While growing Rescue SCG, Jeff studied Marketing for his undergraduate degree and received a Master's in Psychology from the University of California, San Diego.

As the developer of Social Branding®, Jeffrey focuses on the relationship between identity, culture and behavior to cause behavior change. Today, his company's work focuses on adolescent populations (aged 10 – 26), tackling issues such as tobacco, obesity and violence. Today, Jeff leads a team of more than 30 staff stationed at four offices in the U.S. working on more than 20 social change programs.



## Project Overview

“Commune” is a social marketing intervention that uses tobacco industry marketing strategies to promote a tobacco-free lifestyle among YAs in San Diego, CA, USA. Using the marketing strategies of the tobacco industry, Commune influences the “Hipster” peer group, using authentic cultural experiences at bars and clubs, cultural leaders who actively participate in message delivery, trained brand ambassadors, direct mail, promotions and cessation groups for cultural leaders. Evaluation efforts have indicated preliminary success.

## Background & Policy Context

Young adults ages 18 - 26 (YAs) in California, USA have a tobacco prevalence rate of 18%, with about one third of YAs reporting bars or clubs attendance at least sometimes (Gilpin, et al. 2003). This attendance is associated with increased smoking despite the fact that California has had smoke-free bar policies since 1998. The tobacco industry’s research on YA smoking behaviors informed the development of marketing campaigns targeted to “psychographic” segments of the YA population (Ling and Glantz 2002). The industry understands that identity and culture can motivate young adults to behave in ways that may seem illogical. The tobacco companies have extensive experience developing campaigns tailored to different groups of YAs 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. Social Branding® is a progressive innovation of social marketing, utilizing the identity of specific YA peer groups to change behavior. Commune, a Social Branding® intervention based in bars and clubs, was designed to reach YAs within the Hipster peer group using cultural experiences, social leaders, and values-driven messaging.

## Case Study Benchmark Criteria

**Behavior** - The objective of the intervention is to decrease the number of young adult Hipsters age 18-26 years old in San Diego, CA who have smoked cigarettes in the past 30-days by 10% over two years.

**Customer Orientation** - Focus groups and key informant interviews were used to assess the values and culture of these YAs. Hipsters preferred bars and clubs in a local neighborhood called North Park, frequented venues with live band performances, and frequently were established smokers.

**Theory** - 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 cultural values. Brand ambassadors are trained on key issues and commit to becoming vocal anti-tobacco supporters in their social circles.

**Insight** - Hipsters have low levels of perceived health risk, valued personal freedom, valued the creative arts, perceived their community as tightly-knit, supported the environment, and had negative attitudes towards capitalism.

**Exchange** - Prior to addiction, the perceived value of tobacco use for this population is social benefit: smoking makes them more rebellious, trendsetting, social, and artistic. The intervention needs to reverse this belief. By supporting Commune, Hipsters will more successfully and efficiently achieve social benefits within social circles while simultaneously saving money and being healthier.

**Competition** – Competition comprised actual bar-and-club based counter-marketing and social leaders who are seen to smoke in public. These need to be addressed by having better and more socially-valued Commune bar and club nights and recruiting non-smoker brand ambassadors who vocally promote their smokefree status.

**Segmentation** - The “Hipster” peer group were identified during exploratory research conducted with 219 club-and-bar goers. Peer group affiliations were measured, identifying

Mainstream (52%), LGBT (20%), Urban (21%), and Hipsters (17%). Hipsters had highest smoking prevalence (50%). High levels of social concern were also significantly associated with smoking (OR 2.86, [1.50, 5.44]). The high smoking prevalence within the Hipster peer group was confirmed with a second survey of 1,198 YAs attending bars/clubs preferred by Hipsters that were identified through a venue-based random sampling method.

**Methods Mix** – Commune embodies an anti-smoking message that specifically appeals to the targeted Hipster young adults. Locally designed monthly poster and t-shirt featured anti-tobacco messages. The ‘Commune’ message removed a social barrier to becoming smoke-free, and introduced a social benefit. ‘Commune’ events were hosted each month on a Wednesday night (a night that is not typically busy), so that young adults attending the event would also be choosing to expose themselves to the message. At the events, the MC/host, bands, and DJs would present the message on stage throughout the night. Message cards reinforced the anti-tobacco fact while trained brand ambassadors communicated the message throughout the event by conversing with patrons. Monthly mailings were designed that included the artist’s poster and interviews with different local leaders on opinions of tobacco use and the industry. Brand ambassadors continued messaging efforts outside of events.

### **Evaluation & Results**

The evaluation began with a baseline sample of 1,000 young adults, followed ten months later by another 1,000-person sample. Beginning at 22 months after launch, 300-400 young adults were surveyed every four months, totaling 1,000 subjects per year.

The baseline, 10-month follow-up, and three 400-person follow-up samples were gathered (22, 28 and 32 months) and results are depicted in Graph A and B in Appendix.

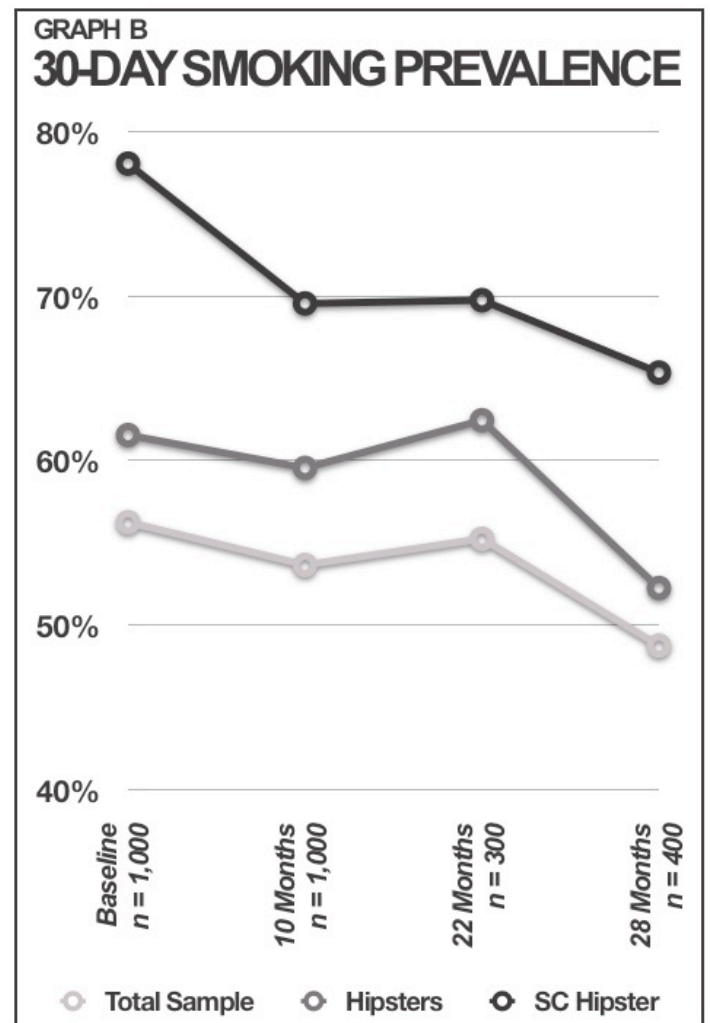
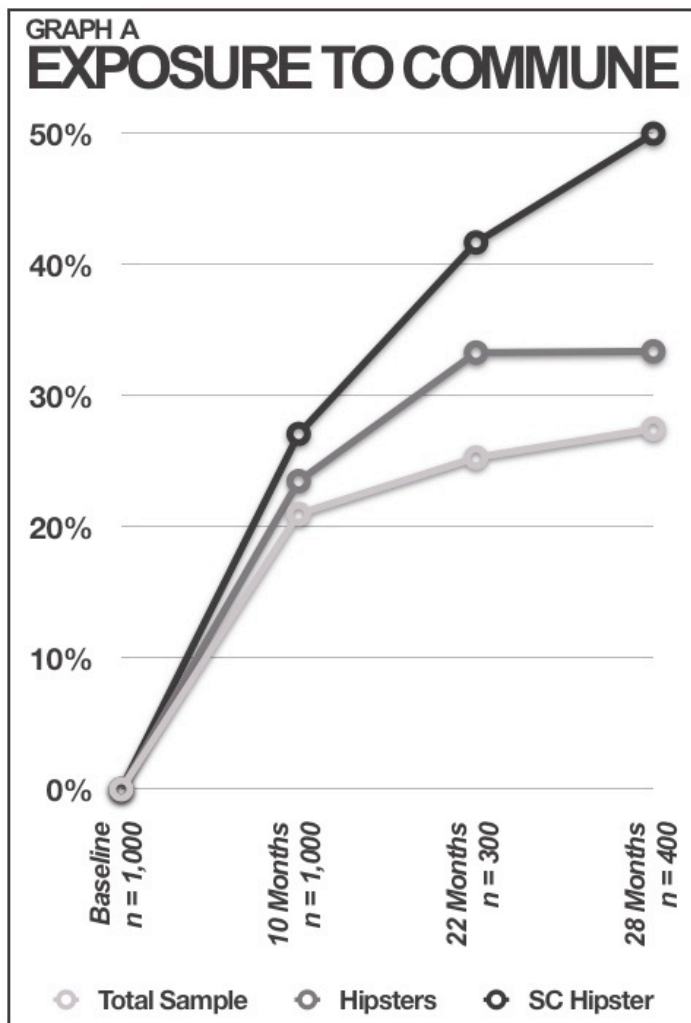
Compared to baseline, a significant decrease in current (past 30 day) smoking was observed in the total sample attending Hipster bars from 56.3% to 48.8% at the 28-month follow up ( $p=0.006$ , OR=0.74 95% CI [0.60, 0.92]). Among those who identified most strongly as Hipsters, we observed a significant decrease in smoking from 61.6% at baseline, to 52.3% at 28 months ( $p=0.01$ , OR=0.68 95% CI [0.51, 0.91]). Among the Hipsters with highest levels of social concern, we observed a 16% decrease in smoking from 78.1% to 65.4% at 28 months ( $p=0.07$ , OR=0.53 [0.27, 1.06]). Both campaign exposure and decreases in smoking prevalence were largest among the Hipsters with highest levels of social concern (Graph B). We also observed an unexpected significant decrease in past-month binge drinking from 78.5% to 69.6% at 28 months ( $p<0.001$ , OR=0.63 [0.49, 0.80]) compared to baseline).

With this approach, a subculture with a high concentration of tobacco use has been exposed to anti-tobacco messaging. In 28 months, brand awareness, positive attitudes towards the program, and perceived social authority of the brand continue to grow. More importantly, tobacco use has been significantly reduced, with the largest reductions amongst the highest at-risk group, the high social concern Hipsters.

### **Lessons Learned**

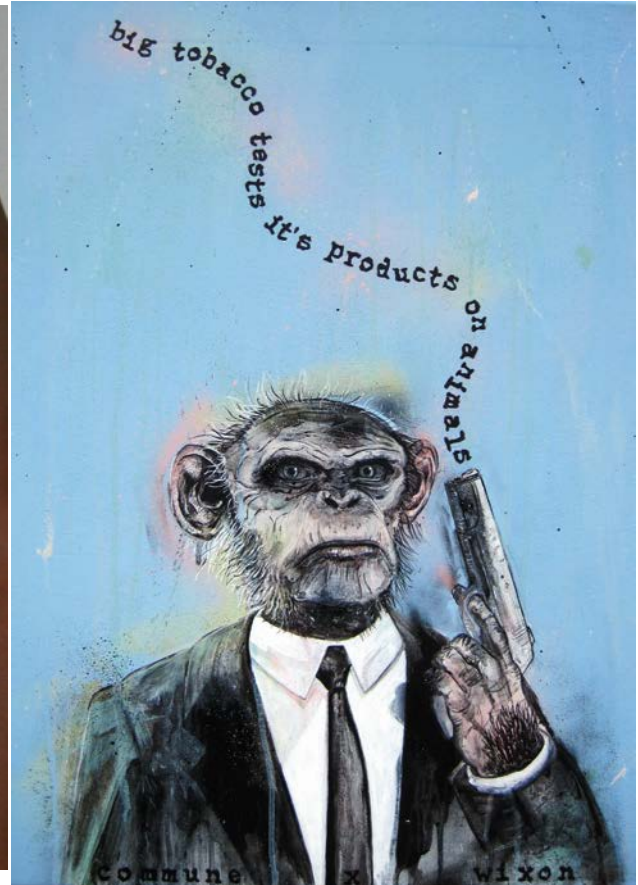
Bars and clubs are important venues for interventions for young adults. Young adults attending bars and nightclubs are less likely to be reached by traditional methods, and they report very high levels of both tobacco and alcohol use. Psychographic segmentation is a highly effective way to identify groups at the highest risk, and thus to use resources most efficiently. While this program was successfully designed to reach the Hipster subculture directly, this strategy was based on lessons learnt from other programs. Interventions tailored to reflect the values of a subculture and the motivations of those who prioritize social success are able to reach those at the highest risk and change their behavior. While identified as a potential concern by some health officials, interventions to decrease cigarette smoking among young adults in bars do not appear to increase alcohol use.

## Appendix A: Evaluation Graphs



## Appendix B: Sample Materials

Clockwise: Local artist poster highlighting industry focus on homeless smoking local artist poster highlighting industry comparing addiction to gummy bears; event flyer; local fashion designer t-shirt highlighting deforestation caused by tobacco.





## References

California Department of Health Services Tobacco Control Section. (2006). *18-24 Year Old Smoking Prevalence*. Sacramento.

Gilpin E.A., White M.M., White V.M., Distefan J.M., Trinidad D.R., James L., et al., (2003). Tobacco control successes in California: A focus on young people, results from the California Tobacco Surveys 1990-2002. La Jolla: University of California, San Diego.

Katz S.K., Lavack A.M. (2002). Tobacco related bar promotions: insights from tobacco industry Documents. *Tobacco Control*, 11, Supplement 1, I92-101.

Ling P.M., Glantz S.A. (2002). Using tobacco-industry marketing research to design more effective tobacco-control campaigns. *Journal of American Medical Association*, 287(22), 2983-9.

Magzamen S., Glantz S.A. (2001). The new battleground: California's experience with smoke-free bars. *American Journal Public Health*, 91,245–252

Sepe E., Glantz S.A. (2002). Bar and club tobacco promotions in the alternative press: Targeting young adults. *American Journal of Public Health*, 92(1),75-8.

Sepe E., Ling P.M., Glantz S.A. (2002). Smooth moves: bar and nightclub tobacco promotions that target young adults. *American Journal of Public Health*, 92(3), 414-419

## **Reducing Garbage by Bringing about Citizen Action: The Mayor's Retrospective Discussion on Green Marketing in Nagoya, Japan**

*Takehisa Matsubara<sup>62</sup>, Miho Miyauchi<sup>63</sup>, Masae Takimoto<sup>64</sup>, & Masaaki Takemura<sup>65</sup>*

<sup>1</sup>The Former Mayor of Nagoya City

<sup>2</sup>Market Transaction Committee of Nagoya City  
Associate Professor of Distribution Policy Management  
School of Business and Public Policies, Chukyo University  
Email: miyauchi@mecl.chukyo-u.ac.jp  
Ph. 81 (52) 835 7111

<sup>3</sup>Associate Professor of Marketing  
Faculty of Economics, Osaka University of Economics and Law  
Email: masae@keiho-u.ac.jp  
Ph. 81 (72) 941 8211

<sup>4</sup>Associate Professor of Strategy  
School of Commerce, Meiji University  
Email: takemura@meiji.ac.jp  
Ph. 81 (3) 3296 2290

\*: Corresponding Author

---

<sup>62</sup> Mr. Matsubara was the former Mayor of Nagoya city, Aichi prefecture in Japan, from 1997 to 2009. In his early career, he was a school principal, and also Superintendent of Schools for the City of Nagoya. He was inaugurated as Mayor of Nagoya in April 1997. In 2005, he was elected to his third term as Mayor. In the City Council he has welcomed recommendations from all factions and parties barring only the JCP (Japanese Communist Party) representative.

<sup>63</sup> Ms. Miyauchi has served on the Market Transaction Committee of Nagoya City since 2005. She deals with the records of this case as an associate professor at Chukyo university with Mr. Matsubara. Her current research interests include green marketing, NPO marketing, and distribution policies.

<sup>64</sup> Ms. Takimoto has published several papers on brand marketing. She focuses on brand functions that create consumers' narrative stories. She contributes to this study by applying the critical discourse analytic method for writing the case.

<sup>65</sup> Mr. Takemura's major is strategic management for Japanese SMEs, especially based on trust in business relationships.

### Purpose of this Case Study

This case study describes the successful precedents for garbage reduction in Nagoya city. This case and its success have been discussed in various news outlets (Dailystar, 2009; Yoshimura, 2003). These reports clearly summarized Nagoya's case and its success. Additionally, several reasons for success were analyzed. They are mainly as follows.

- Group resource collection and instruction by the ward administration committee of Nagoya City,
- Group resource collection and instruction by a liaison council of local women's groups in Nagoya City,
- The implementation of recycling stations by NPO and NGO in Nagoya City,
- The implementation of recycling centers for "used papers exchange place\*" and newsagent shops, (\*: used papers means out of dated newspaper, magazines, and books such as paper products. In Japan, these products can be exchanged to new tissue paper, kitchen towels, and toilet papers, and so on.)
- The Central Branch of the Japan Chain Stores Association charging for plastic shopping bags.

This case study is the first expanded explanation by the Mayor about the policies he pursued during his incumbency. All quotes in parentheses are based on our interview in Japanese. Some of them are hard to translate in English. At that time, we added explanations by ourselves. Several interpretations from a marketing perspective shall be discussed.

### Project Overview

Nagoya city has the fourth biggest population in Japan and is the capital of Aichi prefecture. In 1999, the Nagoya city administration encountered a critical problem with increasing garbage in the city. The city tried to resolve the situation by using technological breakthroughs. They tried to search for new land for dumping and improving the technology of incinerators. Elsewhere they tried to commission garbage separation, which selects some resources from garbage, but it cost too much and had to be abandoned. There was no solution but to ask citizens to do such garbage separation. This case examines how the local government's actions encouraged citizens.

Table 1 Main Actions of Administration and related events

Year	Month or Season	Main topics
1998	Autumn	Newspapers reported on Nagoya city's insensitivity to environmental problems (related to the issue of Fujimae tidal mud flats)
1999	February	Nagoya city officially announced a state of emergency regarding garbage (disclosure to the citizens on the present state of waste disposal by newspapers)
2000	April	- Enforcement of containers and packaging recycling law - Distributed guide book for separating rubbish among 100,000 householders in Nagoya city
	May to July	Information meetings by the staff of the Environment Bureau were held 2,300 times
	August	100,000 complaints from citizens received. Content of these changed from questions to lectures to finally mostly suggestions.
2003	October	Started measures for reducing the use of plastic shopping bags in supermarkets
2005	March to	The 2005 World Exposition, Aichi Japan: Nature's Wisdom

	September	
2009	April	Charges to receive plastic shopping bags in Nagoya implemented
2010	October	The 10th Convention on Biological Diversity at Nagoya

### **Background and Policy Context**

On the 18<sup>th</sup> of February in 1999, Nagoya city declared a state of emergency relating to garbage. This statement indicated that garbage would overflow into the city at the current rate. In 1998, the previous year, the amount of garbage approached its peak at 1,140,000 tons, and the amount being dumped reached 260,000 tons. This caused a shortage of garbage disposal land in Aichi Prefecture. Thus, Nagoya city leased land in Tajimi city, in the neighboring prefecture, and made yearly payments of 50 million yen (USD 454,000, USD1.00 = JPY110, 1999).

Nagoya city administration tried to address the situation by searching for new dumping land and improving technology of incinerators. The administration tried to commission trader garbage separation, which sorts and selects recyclable resources from garbage but it cost too much and was abandoned. Nagoya city was in a corner, and there was no solution but to ask citizens to undertake their own garbage separation.

When it is taken out as garbage, garbage is just garbage, but when it is separated into paper, aluminum, and so on, it serves as resources. Garbage separation also caused a reduction in the amount of incineration ash, and volume of landfill.

Mayor Matsubara has reflected on the main reasons why Nagoya city was successful in reducing garbage.

### **The Eight Social Marketing Criteria**

#### **Behavioral Goals**

“‘Toward glory and emotional attachment city, Nagoya.’ This phase is used in Nagoya city’s new century grand plan 2010.”

To be an environmental city that recycles is listed at number three in this plan. The goal at the time of the declaration of emergency was a 200,000 ton or 20% reduction within two years. This aim was achieved in 2001 with a 23% reduction in garbage disposal treatment. The goal was raised in 2009 to reduce the amount of garbage to 1,040,000 tons and the amount of dumping to 20,000 tons. The amount of garbage in 2011 was 980,000 tons, so this goal was achieved.

#### **Competition**

“Striking back ...”

As we pointed out above, Nagoya is one of the biggest cities in Japan. It has huge budgets and its policies and actions often become a model and example to other local governments. In other words, the central government can target these big cities with administrative directions to test the waters. In this case, Nagoya city became a target in the environmental ministry. The reason is as follows.

Nagoya city was planning to use the Fujimae tidal mud flats for garbage land reclamation. However, in 1997, the then environment agency (now environment ministry) designated the Fujimae tide mud flats as an important destination for shore birds. This matter gained nationwide news coverage in the main newspapers, and it was reported that Nagoya city was



insensitive to environmental issues all over Japan. This pressure from outside sources became the source of citizens' motivation in cooperating with garbage separation.

### **Customer Orientation**

“Complaints from citizens should not be viewed as just grumbling or moaning, rather as advice. Local governments and administrators must learn from complaints.”

In Japan, citizens recognize that local governments offer administrative services. Garbage recycling and separation are viewed as being administrative services, not citizens' obligations. Requesting citizens' services, such as in garbage separation, is the opposite of the usual attitude. So it was difficult to move forward with plans and people were very anxious about citizens accepting it. Several activities and efforts were focused on changing citizen's attitude to garbage separation. And even Nagoya city government office administrators and officers' attitudes had been changed. They did move first, not staying at the office. Even over time, they sometimes were pleased to do for Nagoya citizens.

### **Exchange**

“Reply with results and products.”

Mayor Matsubara would often walk around Nagoya during his incumbency, talking to people in different places and receiving and passing on information from one place to the other. In August 2000, when garbage started to be collected by type, there were more than 100,000 complaints and inquiries from citizens to the environment office of Nagoya city. However by the end of August that year, such complaints and inquiries had changed to suggestions of more efficient ways to collect sorted garbage. Those involved think back on the situation prevailing at the time like this; during the process of the garbage reduction, administrators and citizens had exchanged their knowledge.

### **Separation**

“‘Mixing items creates garbage, but separating items creates resources’ was a catchphrase for children.”

Mayor Matsubara took initiative in creating many catchphrases for children. Nagoya city provided many resources to several different segments, and one of these was elementary schools. Children were encouraged to ask their parents to buy aluminum cans instead of bottles. They could then bring these aluminum cans to school for recycling. Furthermore, an original device for scraping these cans in the class was developed. In families where one parent worked they were encouraged to tell their partner if they would be home for dinner. In Japan this is not always the case, however just this communication could reduce wasted food.

### **Partnership**

“Nagoya has historically had innovative and independent spirits in central government.”

The former Mayor Matsubara believed that people in Nagoya could organize themselves, without intrusive government support. There are many small regional communities scattered in Nagoya. The partners on the garbage reduction issues were neighborhood associations, a regional women's group connection council in Nagoya, a committee of the ward Government Corporation, and the NPO citizen's recycling movement in Chubu.

### **Theory**

“Combining children, regional organizations, and educational powers together helps visualize a solution.”

The former Mayor Matsubara replied to our critical questions. Many cities have tried to reduce garbage and some of them have received prizes and applause. Unfortunately,

however, some have failed. Only through cooperation and good organization from citizens can they succeed. Yet no-one has clearly expressed the critical reasons why some cities could motivate citizens to cooperate. We believe that explanations given previously are all correct. This kind of movement cannot be given one specific reason, and rather we can only gather successful cases.

### Insight

“I believe that citizens doing activities that helped the environment made them feel good, in fact all of us. Of course the costs are high. However citizens could act appropriately if given correct and honest information directly.”

The former Mayor Matsubara reflected on the changes that had taken place. Citizens could recognize many of the social problems to be solved. The motivation was there but had to be turned into action. The local governments’ task was to disclose information so citizens could see the reality, and make a system that allowed citizens to take action.

### Evaluation and Results

This case has already received a lot of coverage. The amount of garbage was reduced to 980,000 tons, a 14% reduction, and land reclamation for garbage was 60,000 tons, a 77% reduction.

Table 2 Progress of Garbage Reduction in Nagoya

Year	Total amount of Garbage (10 thousand tons)	Amount of garbage separated (10 thousand tons)	Amount of garbage disposed (10 thousand tons)	Amount of garbage in landfills (10 thousand tons)	Cost of garbage disposal (100 million JPY)
1998	114	14	100	26	439
1999	110	21	89	20	465
2000	105	29	76	13	474
2001	107	33	73	12	452
2002	108	34	73	11	444
2003	110	36	74	11	425
2004	108	37	71	11	432
2005	108	38	70	10	428
2006	108	38	71	10	425
2007	107	39	68	10	425

### Lessons Learned

The solution to the garbage problems in Nagoya city during the former Mayor Matsubara’s incumbency was brought about by cooperation between the local government and citizens. Even in a city with a population of over two million, it is possible for citizens to come together over environmental issues. Many cities that have struggled with the same problems would like to know how Nagoya city could do it.

There was an overturning of the state in the past. Namely it being viewed that the government’s role is to offer services to citizens and that they will regard receiving these as natural. The success of this case was dependant on two main points.

First, this cooperation might represent a new type of trusting relationship between the local government and citizens. Citizens recognize global environmental problems, but they don't know what they should do. This meant these issues are slightly detached from citizens' lives. In other words, the issue of garbage reduction was considered as just for administrative services. However, after the declaration that there were problems regarding garbage, citizens realized garbage did not disappear simply when taken from their house.

Second, a new concept about the cooperation of government and citizens appeared. Traditionally local governments should offer citizens administrative services, yet Nagoya city raised the white flag and threw their hands up in despair. The mayor then pleaded with Nagoya citizens and searched for a way to cooperate with them. This kind of action from administration was very different to the typical actions.

### **Citations**

Dailystar (2009), "Waste Reduction: A Japanese Experience," Saturday, October 17, 2009. (<http://www.thedailystar.net/newDesign/news-details.php?nid=110020>, accessed in 2 May, 2012)

Yoshimura, Suzan (2003), "Case Study 1: Nagoya City Waste Management Initiatives," February 1, 2003, Global Environment Information Center, United Nations University. (<http://ceic.hq.edu/ENV/publication1.cfm?ID=485&type=1>, accessed in 2 May, 2012)

## **Introducing the Sun Sound: A Creative Approach to Skin Cancer Prevention**

*Jackie McIver<sup>66</sup> & Vanessa Rock\**

Team Leader, Skin Cancer Prevention Unit  
Cancer Council NSW  
[jackiem@nswcc.org.au](mailto:jackiem@nswcc.org.au)

\*Manager, Skin Cancer Prevention Unit  
Cancer Council NSW  
[vanessar@nswcc.org.au](mailto:vanessar@nswcc.org.au)

---

<sup>66</sup> Jackie McIver, BBus(Marketing and Advertising) is the Team Leader of the Skin Cancer Prevention Unit at Cancer Council NSW. Her focus is the development, implementation and evaluation of creative social marketing campaigns to address barriers to sun protection for adolescents. Jackie previously worked in the advertising industry and has experience developing targeted communication strategies for travel, fast-moving consumer goods brands, and not-for-profit organisations.

## **Project Overview**

Despite high levels of awareness and knowledge about skin cancer and sun protection issues, Australian youth continue to exhibit poor sun protection behaviours. This study describes the results of an innovative social marketing campaign (the Sun Sound) aimed at translating adolescents' knowledge into improved short-term sun protection behaviour. The campaign centred on a musical jingle that was broadcast outdoors as a reminder for forgetful adolescents to take action to protect their skin. It was piloted in NSW in 2009, and results demonstrated that it was effective in improving short-term behaviour. As a result, the campaign has been expanded to over 60 settings in NSW, and Cancer Council NSW (CCNSW) has conducted a comprehensive process evaluation of the campaign. The Sun Sound has also been licensed to Cancer Council offices across Australia.

## **Background and Policy Context**

Australian adolescents are an important audience for skin cancer prevention programs. Compared to adults, they spend longer periods of time in the sun, experience higher rates of sunburn, and use lower levels of sun protection (Dobbinson et al., 2008; Livingston, White, Ugoni & Borland, 2001). These behavioural trends persist despite high levels of awareness and knowledge about skin cancer and sun protection practices within this age group (Coogan, Geller, Adams, Benjes & Koh, 2001; Dixon, Borland & Hill 1999; Dobbinson et al., 2008; Livingston et al., 2001).

In the light of these findings, the Australian Research Council funded two collaborative projects between CCNSW and researchers at the Centre for Health Initiatives at the University of Wollongong to examine the effectiveness of the use of behavioural evidence, social marketing theory and the practice of health promotion for skin cancer prevention in the adolescent target group.

## **Case Study Benchmark Criteria**

### **Behavioural goals**

CCNSW partnered with advertising agency Three Drunk Monkeys to develop an innovative social marketing campaign to improve adolescents' short-term sun protection behaviour.

### **Theory**

Research suggests that mass communication campaigns are effective in influencing awareness and attitudes, while environmental 'on the ground' strategies are more effective in influencing behaviour (Donovan & Henley, 2003). In NSW, the Cancer Institute (the state government cancer control agency) funds mass communication campaigns that focus on increasing the perceived severity of and susceptibility to skin cancer among young people. To complement this, CCNSW focuses on creating environments that support the use of sun protection.

### **Customer orientation and segmentation**

Adolescents today are part of the marketing-savvy iPod generation, and to compete for their attention our message and the way it was delivered needed to change. Adopting a social marketing focus ensured that the audience was at the heart of the strategy development and challenged the reliance on traditional communication-only strategies.

The University of Wollongong conducted a quantitative research study with 2,600 adolescents in NSW and identified audience segments based on sun protection attitudes and behaviours. The largest segment was called 'Forgetful Attempters', which accounted for 36%

of the target audience (Barrie, Jones, Lynch & Coppa, 2009). These adolescents were aware they should protect their skin, but often forgot to use sun protection. The 'Forgetful Attempters' were targeted to attempt to translate their positive attitudes into action.

### **Insight**

Previously, skin cancer prevention campaigns in Australia have relied on mass media channels to educate their audience. The key insight was the need to complement mass media campaigns, and remind these forgetful adolescents to protect themselves while they were outside in the sun.

### **Methods mix**

A short, memorable, musical jingle was created and played over loudspeakers at beaches, pools and events as a friendly, non-authoritative reminder for forgetful adolescents to protect their skin. The jingle – known as the Sun Sound – was developed with Australian musician Ben Lee and Sony music (refer to Figure 1).

The marketing mix was used to develop the Sun Sound as a multicomponent campaign. CCNSW established partnerships with Gosford City and Sutherland Shire councils to pilot test the Sun Sound in the summer of 2009–2010. The Sun Sound was played daily each hour from 11am to 3pm (peak UV radiation times) in 20 recreational settings. CCNSW trained and supported local council staff to play the Sun Sound. A communications campaign was implemented to develop recognition and understanding of the Sun Sound in the target audience (refer to Figure 2).

### **Exchange**

Many adolescents in the 'Forgetful Attempter' segment believed that some sort of reminder to use sun protection would encourage them to use sun protection (Lynch & Jones, 2007); however, previous research highlighted that young people switch off from overly authoritative messages (Potente, Coppa, Williams & Engels, 2011). The Sun Sound was designed to communicate a friendly reminder, not a lecture.

### **Competition**

Formative research highlighted that despite the target audience's good intentions, they often forgot to use or maintain sun protection during the time they spent outdoors – because of the spontaneous, social nature of their lifestyle. This challenge was addressed by developing a reminder that was broadcast at the point of exposure, rather than relying on recall of mass media campaigns.

## **Evaluation and Results**

A total of 702 individuals aged between 12 and 18 years completed an intercept survey that assessed unprompted and prompted recall of the Sun Sound, understanding of its purpose, and actions taken as a result of hearing it.

A total of 41% of respondents in the intervention communities recalled the jingle without prompting. When prompted, a total of 45% recalled the jingle. Overall, 79% of respondents in the intervention communities understood the key message that the Sun Sound related to sun protection. Of those who recalled the Sun Sound without prompting, 38% of respondents self-reported that they increased their use of at least one of the five recommended sun protection measures as a result of hearing it. Individuals' specific sun protection measures

were not recorded in this survey; however, a study in the following year highlighted increased use of sunscreen as the most common response.

### Lessons learned

The Sun Sound strategy has demonstrated the importance of research, creativity and partnerships within adolescent behaviour change campaigns. Important practical lessons have been learned about each aspect of the social marketing mix, and these will inform the future expansion of the campaign. However, once implemented in the community, the Sun Sound is a sustainable and cost-effective strategy, and CCNSW has continued to build on its success.

### Future plans

The Sun Sound has continued to develop as a key skin cancer prevention campaign for CCNSW. Across the summers of 2010 and 2011, the Sun Sound was rolled out in partnership with 60 local councils and sporting organisations across NSW. Furthermore, a process evaluation audited all Sun Sound sites to assess the frequency and audibility of the jingle, and the visibility of supporting resources. Results are currently being finalised and will inform the strategic development of the campaign.

In addition, in summer 2011, the Sun Sound expanded nationally. Through a licensing agreement with other state and territory Cancer Councils, CCNSW provided training, resources and support and, importantly, opportunities for national collaboration in engaging with a hard-to-reach audience.

Figure 1: Sun Sound branding example

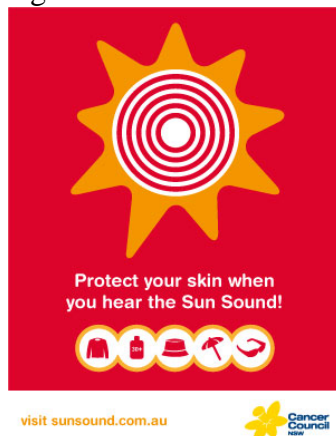
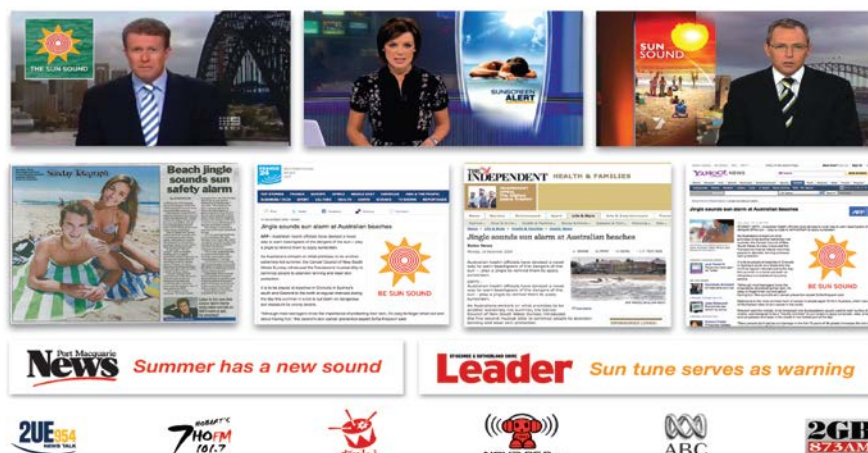


Figure 2: PR Coverage of the Sun Sound launch.



## Reference list

- Barrie, L., Jones, S. C., Lynch, M., & Coppa, K. (2009, November). *Confirming the existence and size of behavioural segments in the adolescent sun protection project: Results of a NSW schools survey*. Paper presented at the Australian and New Zealand Marketing Academy Conference, Melbourne, Victoria.
- Coogan, P. F., Geller, A., Adams, M., Benjes, L. S., & Koh, H. K. (2001). Sun protection practices in preadolescents and adolescents: A school-based survey of almost 25,000 Connecticut schoolchildren. *Journal of the American Academy of Dermatology*, 44, 512-519.
- Dixon, H., Borland, R., & Hill, D. (1999). Sun protection and sunburn in primary school children: The influence of age, gender, and coloring. *Preventive Medicine*, 28, 119-130.
- Dobbinson, S., Wakefield, M., Hill, D., Girgis, A., Aitken, J. F., Beckmann, K. et al. (2008). Prevalence and determinants of Australian adolescents' and adults' weekend sun protection and sunburn, summer 2003–2004. *Journal of the American Academy of Dermatology*, 59, 602-614.
- Donovan, R. J. & Henley, N. (2003). *Social marketing principles and practice*. Melbourne: IP Communications.
- Livingston, P. M., White, V. M., Ugoni, A. M., & Borland, R. (2001). Knowledge, attitudes and self-care practices related to sun protection among secondary students in Australia. *Health Education Research*, 16, 269-278.
- Lynch, M. & Jones, S. C. (2007, September). *Divide and conquer: adolescents, sun protection and brand loyalty segmentation*. Paper presented at the International Nonprofit and Social Marketing Conference, Gold Coast, Queensland.
- Potente, S., Coppa, K., Williams, A., & Engels, R. (2011). Legally brown: Using ethnographic methods to understand sun protection attitudes and behaviours among young Australians: 'I didn't mean to get burnt – it just happened!'. *Health Education Research*, 26, 39-52.



## **Developing a Social Marketing Campaign for Aboriginal and Torres Strait Islander Queenslanders.**

*Deanne Minniecon*<sup>67</sup>

Team Leader, Indigenous Health  
Nutrition and Physical Activity Unit, Healthy Living Branch  
Preventative Health Directorate, Division of the Chief Health Officer  
Queensland Health

---

<sup>67</sup> Deanne Minniecon is an Aboriginal and Torres Strait Islander woman from Queensland and is currently the Team Leader of the Indigenous Health Team, Nutrition and Physical Activity Unit, Healthy Living Branch, Queensland Health. Deanne has worked in Aboriginal and Torres Strait Islander health for 17 years across various sectors including community controlled health, state government and university. Deanne has co-managed Queensland's state-wide Aboriginal and Torres Strait Islander Go for 2&5<sup>®</sup> fruit and vegetable social marketing campaign and represents Queensland Health on nation social marketing campaign reference groups targeting Aboriginal and Torres Strait Islander people. Deanne holds a Master of Health Science (Health Promotion).

## Introduction

Increasing consumption of fruit and vegetables is a priority action area identified in *Eat Well Queensland 2002-2012*. There is overwhelming evidence that people who regularly eat diets high in fruit and vegetables have substantially lower risks of obesity and a wide range of chronic diseases including coronary heart disease, stroke, type 2 diabetes, and several major cancers.

The Go for 2&5<sup>®</sup> campaign was launched in Queensland in 2005 and was expected to be implemented over four and a half years. This commitment recognised the long term behavioural change which is needed to increase consumption of fruit and vegetables and improve the nutrition of the population. The campaign aimed to increase the consumption of fruit and vegetables by one serve per person per day throughout Queensland.

Since launching the whole-of-population campaign, evaluations indicated the campaign was successful in raising consumption and awareness of the importance of eating more fruit and vegetables. The evaluations however, had not adequately captured responses from Aboriginal and Torres Strait Islander people to determine if the campaign messages impacted specifically on this group.

This paper presents the background to a state-wide social marketing campaign targeting Aboriginal and Torres Strait Islander Queenslanders.

## Project Overview

It is well known that Aboriginal and Torres Strait Islander people's health status is far worse than other Australians (Human Rights and Equal Opportunity Commission, 1997; Australian Institute of Health and Welfare, 2011). Underlying causes of ill health are complex and has been influenced by Australian history and dispossession experienced by Aboriginal and Torres Strait Islander peoples, as such the social determinates and other physical environmental factors that may impact on behaviour change were considered throughout the development of the campaign. When compared with non-Indigenous Australians, nutrition, alcohol consumption, smoking and use of other drugs and substances, are some of the key health risk factors that contribute to the greater burden of ill health experienced by Aboriginal and Torres Strait Islander peoples. This campaign aims to influence behaviours around overall health and wellbeing, fruit and vegetable purchasing and preparation. In developing the campaign close links to other key initiatives such as food supply, workforce, supportive environments and healthy lifestyle programs were maintained.

Donovan, R. (2011) refers to marketing as being “characterised by features such as consumer orientation, segmentation and targeting, competitor analyses, extensive research with customers to ensure that offerings are believable, relevant and motivating and marketing plans for the ‘4Ps’ of the marketing mix: Product, Place, Promotion; and Price”. The social marketing principles were applied to formulate campaign strategies which are described below:

**Research:** Extensive consultation with the nutrition workforce and key stakeholders as well as qualitative research with Aboriginal and Torres Strait Islander people guided the development, implementation and evaluation of the campaign. An initial state-wide workshop with the health workforce and stakeholders was held in Brisbane in 2007. The group identified some key barriers such as lack of access and promotion of healthy foods in communities and a lack of adequate Indigenous specific information on fruit and vegetables.

From this workshop a state-wide steering group was formed to provide advice and direction on the campaign, membership was sought from nutrition, health promotion and chronic disease workforce.

Baseline research in 2008 (Cultural and Indigenous Research Centre Australia (CIRCA), Qualitative Research with Aboriginal and Torres Strait Islander communities) recommended a positive approach to creative, using members from the community, broaden the target audience to include families and messages include physical activity and alternatives to fresh – such as using canned or frozen fruit and vegetables. Concept testing research by CIRCA ensured that the role models were appropriate, messages were clear, that it was appropriate for the target audience, and to identify any changes or improvements. Follow up campaign research in 2009 and 2010 is discussed later.

**Product:** The campaign was launched in February 2009 running for three phases in 2010 and scaled back version in 2011. It aimed to motivate Aboriginal and Torres Strait Islander people to eat more fruit and vegetables for their own health, their family and community. Leveraging off a current whole-of-population campaign brand aimed to increase recognition of the brand and increase recall of key messages. The campaign included:

- Three 30-second radio ads featuring Australian Opals and Townsville Fire basketball player Rohanee Cox. The tagline of the ads is to “Slam dunk some fruit and veg.”
- A press ad featuring Rohanee Cox surrounded by family and friends at a BBQ. The tagline of the ad is to “Slam dunk some fruit and veg every day”.
- A 30-second community service announcement television advertisement through Imparja and SBS television which has members of a family showing how easy it is to include fruit and vegetables in your day.
- Campaign materials and merchandise included water bottles, shopping bags, t-shirts and stickers, Living Strong Healthy Lifestyle Cookbook, 4 x recipe cards.

**Price:** The barriers to increased consumption of fruit and vegetables amongst Aboriginal and Torres Strait Islander peoples included costs of fresh fruit and vegetables, family influence and time pressures to prepare healthy messages. The campaign addresses each of these barriers through the use of alternatives visuals which promoted gather, fresh, tinned and frozen fruit and vegetables. While the primary target audience for the campaign were Aboriginal and Torres Strait Islander male and females 18-35 years old, it was also inclusive of all age groups to ensure that key messages could reach the whole family. The campaign support material also provides information on how to prepare healthy meals that were culturally appropriate, affordable and provided advice on ways to prepare meals quick and easy.

**Place:** A state-wide campaign allowed for consistent messages to be delivered across the state, however, the campaign was able to be adapted to meet local community needs acknowledging the diversity across the state. The consultation with nutrition staff from the outset meant that local implementation was guaranteed. Initiatives included campaign messages being implemented in community stores, at local community events and embedded into local health promotion activities.

**Promotion:** A mix of marketing strategies were implemented including the use of Indigenous television, radio, press and some mainstream media. This assisted in reaching the target population across urban, rural and remote communities. Promotional materials specifically targeting Aboriginal and Torres Strait Islander people were developed to support local

activities as well as interactive touch screen module and DVD cooking show which featured an Aboriginal chef, community member and a nutrition staff member. The campaign also used an Aboriginal celebrity as well as local community members to deliver the key campaign messages. All concepts were developed through a state-wide Aboriginal and Torres Strait Islander Social Marketing Working Group and focus tested with community members prior to implementation. Support and approval was also received from the Western Australia Department of Health, who held the intellectual property licence, to make minor modifications to the resources which were outside the style guidelines.

### **Results and Discussion**

Phase 1 (CIRCA, 2009) and Phase 2 (CIRCA, 2010) research in urban and remote areas tracked the campaign progress, highlighting where improvements could be made in the creative execution, tone and media channels used after each burst of advertising. Although the research was qualitative in nature, awareness of all the ads had increased since the 2009 evaluation, most notably the CSA which saw an increase from 11% to 51%. It was noted that there was high awareness of the mainstream fruit and vegetable ads using a 'Vegie man' character, with many spontaneously recalling the campaign tagline. Although only a small number had actively made recent changes to their diet, the research suggested there is a desire among most to eat more healthily, finding that 92% said that they aim to eat more fruit and vegetables by consuming fresh, frozen and tinned varieties. The cost of fruit and vegetables was considered the major barrier to increasing consumption, particularly in remote areas. Many felt that lowering the cost of fruit and vegetables would be likely to have an impact on overall consumption patterns. Overall many agreed the campaign objectives has been met.

### **Lessons Learnt**

A number of lessons have been learned from this project they include:

- Leveraging off a whole-of-population campaign supported to key messages and contributed to recall of the campaign brand.
- Using Aboriginal and Torres Strait Islander people rather than animated characters
- The use of positive messages
- Consideration for the use of local Aboriginal and Torres Strait Islander role models rather than using celebrities
- Investigate opportunities to use additional mainstream media services in delivering messages
- Look for opportunities to link campaign to other health promotion initiatives and resources.
- Although outside the scope of the campaign, the issue of cost of fruit and vegetables is being progressed across government and industry.

### **Reference**

Australian Institute of Health and Welfare (2011). The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview . Cat. no. IHW 42. Canberra.

Cultural and Indigenous Research Centre Australia (2008), Qualitative Research with Aboriginal and Torres Strait Islander communities. Sydney.

Cultural and Indigenous Research Centre Australia (2009), Qualitative Research with Aboriginal and Torres Strait Islander communities. Sydney.

Cultural and Indigenous Research Centre Australia (2010), *Qualitative Research with Aboriginal and Torres Strait Islander communities*. Sydney.

Donovan, Robert (2011). The role for marketing in public health change programs. *Australian Review of Public Affairs*, volume 10, No.1: July 2011, 23-40.

Human Rights and Equal Opportunity Commission (1997). *Bringing them Home, Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Sydney.

Queensland Public Health Forum (2002). *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State*. Brisbane.

## **APPENDIX 1 – CAMPAIGN CONCEPTS**

### **1. RADIO AD SCRIPTS**

#### **Radio ad 1**

*Bouncing rhythm of basketball*

Rohanee Cox of the Opals here

*Groove picks up*

Like to have more energy, more strength? Well start slammin' down lots fruit and vegies everyday. Not only will you feel better but you'll be guarding against heart disease, some cancers, type 2 diabetes, high blood pressure and more.

*Chorus: Slam-dunk f & v*

Go on, slam-dunk some fruit and vegies every day!

Authorised by the Queensland Government, Brisbane.

#### **Radio ad 2**

*Bouncing rhythm of basketball*

Rohanee Cox of the Opals here

*Groove picks up*

How can you can get a few more fruit and vegies in your day? Easy.

Do you like tinned fruit? Add some to your cereal.

Scrambled eggs are nice – better with mushrooms in them

When you fire up the bbq, throw on some corn

*Chorus: Slam dunk f & v*

Go on, slam-dunk some fruit and vegies every day!

Authorised by the Queensland Government, Brisbane.

#### **Radio ad 3**

*Bouncing rhythm of basketball*

Rohanee Cox of the Opals here

*Groove picks up*

To stay healthy, we all need to eat a few more fruit and vegies every day.

Fresh is good but no worries if its tinned or frozen or dried. So remember, slam-dunk some in your shopping basket today. Tinned, frozen or dried. Traditional food from the land is good too.

*Chorus: Slam dunk f & v*

Go on, slam-dunk some fruit and vegies every day!  
 Authorised by the Queensland Government, Brisbane.

## 2. FRESH ALTERNATIVES LOGO



## 3. COMMUNITY SERVICE ANNOUNCEMENT SCRIPT

Man: You gotta think about what you feed your family! It's easy! Even I can do it! Add a banana to your brekkie, or make a vegie stir-fry for dinner!

Woman: Take care of your family. They need plenty of fruit and vegetables, and bush tucker too! It can be fresh, frozen, or tinned.

Girl: Hey! These fruit skewers are great!

Boy: ...and these BBQ vegies are yummy!

Aunty: Keep your family healthy and strong!

Everyone: Eat two fruit and five vegies every day!



## 4. PRESS ADS

ADVERTISEMENT

**Go Bush with this Bush Beef Stir Fry**

**Best beef recipe ever!**

Cook up healthy meals like this Bush Beef Stir Fry for your family and you'll not only be giving them a taste they love, you'll be helping them guard against things like type 2 diabetes, heart disease and other illnesses.

Look for the special recipe card in today's paper. And remember, if you can't get fresh ingredients, get frozen or tinned from the shops instead.

For more tasty recipes, go to [www.gofor2and5.com.au](http://www.gofor2and5.com.au)

**GATHER BUY FRESH TINNED FROZEN**

**Go for 2 & 5**

As Australia's Government, Food and Nutrition Health Initiative

Authorised by the Queensland Government, George St, Brisbane.

0800 750000 (toll free) 0800 750000

**Slam dunk!**

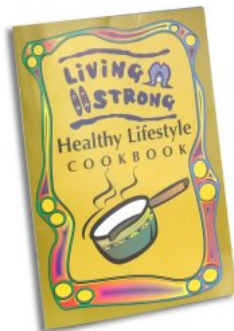
Score fruit and veg everyday.

Thursday, 10th July 2008. The Queensland Government is proud to announce that it has today launched the 'Slam Dunk!' campaign. The campaign is a joint initiative between the Queensland Government and the Queensland Basketball Association (QBA). The campaign aims to encourage Queenslanders to eat two servings of fruit and five servings of vegetables every day. The campaign is supported by the Queensland Government, the Queensland Basketball Association, and the Queensland Health Department. The campaign is a joint initiative between the Queensland Government and the Queensland Basketball Association (QBA). The campaign aims to encourage Queenslanders to eat two servings of fruit and five servings of vegetables every day. The campaign is supported by the Queensland Government, the Queensland Basketball Association, and the Queensland Health Department.

**GATHER BUY FRESH TINNED FROZEN**

**Go for 2 & 5**

**5. MERCHANDISE:** cook book, recipe cards, water bottle, stickers, magnets.



## 6. COMMUNITY STORES: Automatic Teller Machine Advertising



## 7. HEALTH SERVICES: Interactive Touch-screen Module (HitNet)





## **mBCC Field Guide - A Resource for Developing Mobile Behavior Change Communication (BCC) Programs**

*Gael A. O'Sullivan, MBA*<sup>68</sup>

---

<sup>68</sup> Gael O'Sullivan, MBA leads the Behavior Change Communication (BCC) team for Abt Associates' international health division and the international economic growth division. With over 25 years of experience working in more than 30 countries around the world, Ms. O'Sullivan has developed and implemented a wide range of social marketing strategies to address issues such as: HIV/AIDS prevention, reproductive health and family planning needs; water and sanitation practices; livestock trading promotion; and chronic disease prevention. She has focused on local capacity building throughout her career, and has co-authored two widely disseminated publications: *How to Design a Health Communication Strategy* (published by Johns Hopkins University Center for Communication Programs in 2003) and the *mBCC Field Guide - a Resource for Developing Mobile Behavior Change Communication Programs*, published by Abt Associates in 2012 under the auspices of the mHealth Working Group. Ms. O'Sullivan is on the board of the International Social Marketing Association.

## **Project Overview:**

Over the past several years, there has been a proliferation of mobile phone-based applications to address behavioral health challenges. Most efforts to-date are small scale pilots with little evaluation data. This new publication, the *mBCC Field Guide - A Resource for Developing Mobile Behavior Change Communication (BCC) Programs* (Abt Associates, Inc. March 2012) is an attempt to take stock of what we know today about the power of mobile phones to influence health behaviors at both the consumer and healthcare provider levels. It also provides step-by-step guidance to making the key decisions that shape mobile BCC strategies.

## **Background and Policy Context:**

mBCC is defined here as the use of mobile phones to promote behavior change. This definition encompasses health and clinical behaviors for clients and healthcare providers. More broadly, BCC is an interactive, research-based process that meets the informational needs of audience groups; reduces barriers to adopting beneficial behaviors; and motivates people to reduce risks, seek appropriate care and services; and act as advocates to others. The primary audience of the *mBCC Field Guide* is practitioners experienced in developing BCC strategies who are considering employing mobile solutions but need guidance on key issues and on questions to consider in the design process. This publication fills a gap in the rapidly expanding and changing world of mobile phone communication and will help build the evidence base for using this approach effectively.

## **Case Study Benchmark Criteria**

The *mBCC Field Guide* is structured with social marketing principles in mind. It begins with a situation analysis, including an overview of behavior change theory, and then takes the reader through audience segmentation techniques. Once priority and influencing audiences are identified, the *mBCC Field Guide* illustrates how to set a good behavioral objective for the mBCC strategy. In the message development and tools & technologies chapters, the role of formative research, including pre-testing, is emphasized to maximize insights pertaining to client needs, competing factors, obstacles facing the audience, and the most efficient and effective mix of channels and mobile platforms. This discussion is rounded out with guidance on how to manage implementation of a mobile BCC strategy, as well as an outline of monitoring and evaluation considerations. Each chapter is accompanied by worksheets that can be tailored to a particular user's needs.

## **Evaluation and Results**

The *mBCC Field Guide* has been disseminated to hundreds of social marketers through the mHealth Working Group, listservs, and through [www.mbccfieldguide.com](http://www.mbccfieldguide.com). Users can post comments to the website, and the Guide also includes an evaluation form for those who prefer to submit feedback through this channel. Since it is a new resource, there are no program results yet. However, the following sampling of comments received to-date indicate that there is a sincere appreciation for this tool from practitioners in the field: "Congratulations again on the guide. It's really wonderful." [Email from Ms. Peggy D'Adamo, IT/KM Advisor, US Agency for International Development.] "This is really interesting and will surely be helpful, especially for those of us (Community Mobilizers) in the field." [Posted by Usman Unuwa on the Behavior Change Communications LinkedIn page.] "More important now than ever!" [Posted by Laura Dellinger on the Behavior Change Communications LinkedIn page.]

## **Lessons Learned**

The authors plan to update this resource at least annually, given how quickly the mobile landscape is changing and as we gather more feedback from users of the *mBCC Field Guide*. Lessons learned will be highlighted in future iterations of the Guide.

[www.mbccfieldguide.com](http://www.mbccfieldguide.com)

## **OPAL: Using a Social Marketing Approach to Reduce Childhood Obesity**

*Lisa Weir<sup>69</sup> & Jo Williams<sup>\* 2</sup>*

Social Marketing Manager, OPAL  
Health Promotion Branch, SA Health  
Email: [lisa.weir@health.sa.gov.au](mailto:lisa.weir@health.sa.gov.au)  
Ph: (08) 8226 8106

<sup>\*</sup>Social Marketing Manager, OPAL  
Health Promotion Branch, SA Health  
Email: [jo.williams@health.sa.gov.au](mailto:jo.williams@health.sa.gov.au)  
Ph: (08) 8226 5041

---

<sup>69</sup> Lisa Weir has been the Social Marketing Manager for OPAL, together with Jo Williams, since its inception in South Australia in 2009. The role of Social Marketing Manager for OPAL is to: oversee the development of the OPAL themes through research, stakeholder consultation, creative development, execution and evaluation; provide advice and training to local OPAL Managers regarding implementation of the theme through intervention planning and communication planning; and ensure social marketing best practice is adopted wherever possible through the program. Lisa has a degrees in Applied Science (Sports Science) and Public Health and over 20 years experience in health promotion both in Australia and overseas working for government and the non profit sector.

## **Project Overview**

OPAL (Obesity Prevention and Lifestyle), is South Australia's most significant childhood obesity prevention initiative to date. Commenced in 2009, OPAL uses a whole of community approach to promote evidence based healthy eating and physical activity initiatives. OPAL uses social marketing at two levels: to develop centrally produced, theme based social marketing materials and at the local level to identify, design and deliver local interventions. OPAL is based within local councils across twenty communities in metropolitan and regional South Australia, reaching an estimated 400,000 people (Appendix 1).

## **Background and Policy Context**

Obesity is a significant public health issue with Australia ranking fifth in the world for its rates of adult obesity (OECD, 2009). Nearly 60% of South Australian adults and 25% of children are overweight or obese. While the rate of overweight and obesity in children aged 5–17 years appears to have stabilised at 25%, this is still too high.

OPAL is based on the French EPODE methodology which is one of the few programs in the world to have published results showing a reduction in population obesity rates (Romon et al, 2008). It is based on four pillars; political commitment, evaluation, partnerships and social marketing. This case study will focus on the application of a social marketing approach to develop OPAL's first theme 'Water. The Original Cool Drink.'

## **The Eight Social Marketing Criteria**

### **Theory**

OPAL is based on social ecological theory, which recognises that the health status of individuals and groups is influenced by personal attributes (e.g. genetic heritage, psychological dispositions and behavioural patterns), the physical environment (e.g. geography, architecture and technology) and the social environment (e.g. cultural, economic and political) (Stokols, 1992). It recognises that individuals are in a constant interchange with their environment, placing their knowledge, attitudes and behaviours within a broader interchange. Therefore, to bring about change, the individual and their environment are the targets (Economos, et al 2007; Egger and Swinburne, 1997).

### **Behavioural Goals**

'Water. The Original Cool Drink.' aimed to reduce the consumption of sugar sweetened beverages (SSB) by promoting water as the drink of first choice. Within the 12 month implementation phase it was anticipated an increase in knowledge about the link between SSB and obesity and a shift in attitude regarding SSB consumption could be achieved.

### **Customer Orientation**

Theme development included academic and grey literature reviews, extensive consultation with state and local stakeholders, focus group testing and supermarket intercept interviews within OPAL communities to obtain insights about the theme message.

### **Insight**

The consultation phase resulted in a number of key insights that were not elicited from the literature. A primary insight in some low SES communities was that SSB consumption was a status symbol. In addition, there was a lack of knowledge about the sugar content of common

drinks; water taste was a barrier to consumption and cost savings was a possible motivator to behaviour change.

### **Segmentation**

Broadly, OPAL targets 0-18 year olds through families and communities. The research phase identified the highest consumers of SSB were low SES families, who also had the lowest knowledge base of risks associated with SSB consumption. Further segmentation occurred at the local level where specific target groups were identified and a social marketing approach used to address them.

### **Exchange**

The research phases of the theme development identified that from the target audience perspective the benefits of substituting water for SSB included a cost benefit for parents and a health benefit for their children. The personal cost to the consumer in substituting water for SSB was a perceived lack of status within the community.

### **Competition**

Proliferation of SSB in the marketplace offering a range of benefits (e.g. fun, more energy, taste) provided the biggest competition. The OPAL approach of being positive and non-stigmatising aimed not to demonise SSB but highlight the benefits in making water their first choice.

### **Marketing Mix**

The OPAL methodology ensures that each theme is addressed at the local level through a seven strategy framework. These strategies include programs, co-ordination, policy, environments, marketing, education and evaluation. (see Appendix 2)

### **Evaluation and Results**

Theme monitoring surveys compared OPAL intervention sites to matched comparison communities not receiving OPAL. Initial survey results show that intervention communities were more likely to; have started to drink fewer sugar sweetened beverages (46% vs 40%), have made change in relation to providing water or milk as a first choice (8% vs 4%), have reduced soft drink purchases (15% vs 11%), have reduced sugar sweetened beverage consumption (15% vs 10%).

### **Lessons Learned**

Broad consultation at state and local levels creates long developmental lead times, with views from stakeholders often contradicting those of the consumer. Where feedback from policy makers contradicts the view of the consumer or complicates the message, the balancing act is to assess impact on the consumer. The success of OPAL social marketing messages lies with their acceptance by the consumer and therefore, their feedback is prioritised.

## References

Economos C D and S Irish-Hauser (2007) 'Community Interventions: A brief overview and their application to the obesity epidemic' The Journal of Law, Medicine and Ethics 35(1): 131-7.

Egger G. and B Swinburn (1997) 'An 'ecological' approach to the obesity pandemic' British Medical Journal 315: 477-480.

National Preventative Health Taskforce Obesity Working Group. Obesity in Australia: a need for urgent action. Technical Report No 1. Commonwealth of Australia, 2008.

Organisation for Economic Cooperation and Development (OECD). Overweight and obesity among adults. In 'Health at a glance': OECD indicators. OECD Publishing, 2009.

Romon M, Lommez A, et al. (2008) 'Downward trends in the prevalence of childhood overweight in the setting of 12-year school- and community-based programmes' Public Health Nutrition First View Article doi: 10.1017/S1368980008004278, Published online by Cambridge University Press 23 Dec 2008

Stokols D (1992). 'Establishing and Maintaining Healthy Environments: Toward a Social Ecology of Health Promotion' American Psychologist 47(1): 6-22.

## Appendix 1 : South Australian OPAL Councils

- Alexandrina Council
- Campbelltown City Council
- City of Marion
- City of Mount Gambier
- City of Onkaparinga
- City of Playford (2 sites)
- City of Port Augusta
- City of Salisbury (2 sites)
- City of Charles Sturt (2 sites)
- City of Port Adelaide Enfield
- City of Whyalla
- City of West Torrens
- Coorong District Council
- District Council of Copper Coast
- District Councils of Mount Remarkable, Peterborough and the Northern Areas
- Mid Murray Council
- Rural City of Murray Bridge

## Appendix 2: OPAL Marketing Mix

OPAL's seven strategy framework with an example of how 'Water. The Original Cool Drink' was implemented include:

- Programs and services: Work with schools on existing healthy eating guidelines to create a policy of water as the drink of first choice.
- Coordination and partnerships: Work with food outlets to preferentially price water compared with SSB; Work with food banks to replace SSB with water in food parcels.
- Policy and planning: Policy development with community stakeholders to ensure catering guidelines address the provision of water at meetings and events.
- Environments and infrastructure: Provision of attractive, clean water fountains in high traffic community locations.
- Marketing and awareness: Promotion of 'Water. The Original Cool Drink.' through marketing and communication materials including posters, brochures and merchandise.
- Education and training: Nutrition education including 'water tastings' and sugar content displays.
- Research and evaluation: Theme monitoring and evaluation.

### Campaign Poster





## **Developing a Comprehensive Online Presence Using Social Media and Mobile Technology to Engage MSM**

*Ilan Werbeloff*<sup>70</sup>

Victorian AIDS Council/Gay Men's Health Centre  
6 Claremont Street, South Yarra, Melbourne, Australia 3141

Email: [ilan\\_werbeloff@vicaids.asn.au](mailto:ilan_werbeloff@vicaids.asn.au)

Ph: +61 3 9865 6700

Fax: +61 3 9826 2700

---

<sup>70</sup> Mr Ilan Werbeloff has been working in the community sector for the past 7 years across a wide range of areas. These have included fundraising, event coordination, admin, peer education and workshop coordination, as well as campaign management. He has a diploma of Event Management and is now currently studying Internet Communications. As part of his work with the Victorian AIDS Council/Gay Men's Health Centre, he has managed an online campaign called Staying Negative which is a social marketing campaign that features the use of social media and digital marketing as core aspects of the campaign. Since his uptake of the Staying negative campaign, the website has seen a 670% growth in website traffic.

## **Project Overview**

The Staying Negative Project was launched in 2004 by the Health Promotion Program as a result of the rising numbers of HIV infections in Victoria each year. It aims to do this by engaging with the community on a practical level. By finding out how people from the community have managed to 'Stay Negative' it provides insights into the issues that stand in the way of HIV prevention. Stay Negative also provides a forum for HIV positive men to discuss how their strategies to staying HIV negative were not successful.

Staying Negative is a unique sexual health and wellbeing website that helps gay, bisexual and other men who have sex with men to identify those obstacles and provides personal strategies to overcome them.

## **Background**

Sexual health social marketing campaigns have for a long time used websites for educational purposes. As the popularity of smartphones and social media has grown, so has the need to make educational content easily accessible through these media.

The Staying Negative narratives allow us to broaden our focus on HIV and expand into broader holistic health issues. In 2010 we ran an evaluation which found that whilst the campaign was achieving its goals, a few barriers existed around the usability of the website. Another issue that we identified, separate to the evaluation, was the issue of accessibility. The original campaign website was predominantly in flash, which in the evaluation people indicated they liked, however it created issues for people with a visual impairment. Thus it was recommended that there was a redevelopment of the website. This was also used as an opportunity to assess the use of social media and mobile technology to better engage with our target populations.

## **Case Study Benchmark Criteria**

In keeping with the recommendations we redeveloped the website and switched to a HTML site. In terms of assessing the use of social media we decided to begin with Twitter. The content of the tweets was made up from quotes from the narratives featured in the campaign, which was then followed by a question based on the chosen quote. In amongst these we also retweeted interesting content from other organisations.

A mobile optimised version of the site was developed to help engage the 650 average visitors per month who access the site through mobile devices. Aside from increased accessibility, the mobile site engages mobile users by personalising the users experience and utilising the phone's geo-location services to deliver targeted testing referrals.

## **Evaluation and Results**

The campaign has seen over an 800% increase in traffic since the redevelopment. This increase is largely a result of a move away from print advertising to online advertising. Previously the advertising strategy was offline print ads being placed in gay community distributions. However by switching the focus to online advertising the campaign was able to attract more site visitors. Due to the switch from offline to online activities no other promotion occurred offline. You can see a preview of both the offline and the online ads in appendix 3 and 4 respectively.

The development of the HTML site meant that the site was indexed better by Google. This resulted in a jump in search engine referrals from 9.4% to 15.6% the following month. Furthermore analytics demonstrated that users found the site more engaging as the average number of page views per visit jumped from 2.6 to 3.7. This meant that people were being exposed to more of the content then they had previously. Website visitors spend on average of 4.5 minutes on the site, indicating not only high traffic, but high levels of engagement.

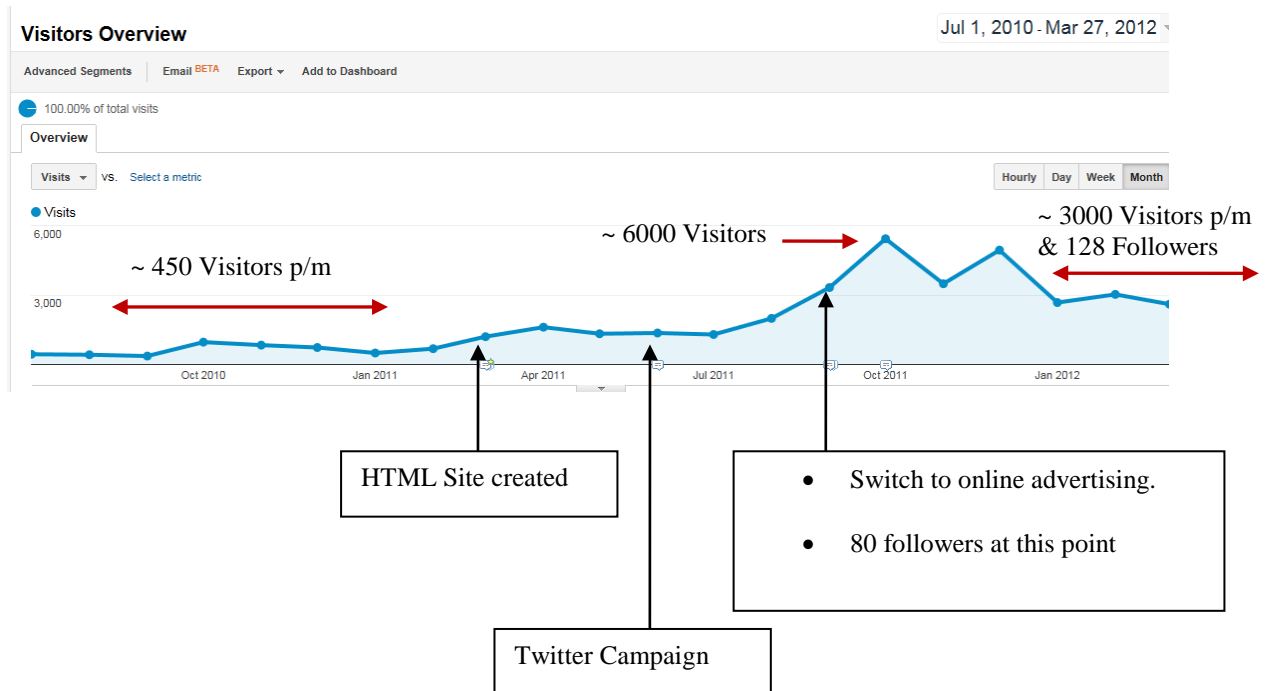
The Graph in Appendix 1 shows the growth that has been achieved through a stronger digital marketing strategy. There was also some behaviour change as previously participants had to be found and recruited, where after this rise in traffic, people began contacting us wanting to participate. This was a significant shift as previously finding participants was a major challenge of the campaign.

The aim of the Twitter campaign was to try and drive more returning traffic to the site. This has been quite successful as the returning traffic has improved significantly. This can be seen using the graph in Appendix 2. The fluctuations in the amount of traffic can be attributed to both the content of the tweets as well as periods of inactivity of the Twitter account. It provided strong evidence base for the ongoing use of social media as a tool in campaign promotion.

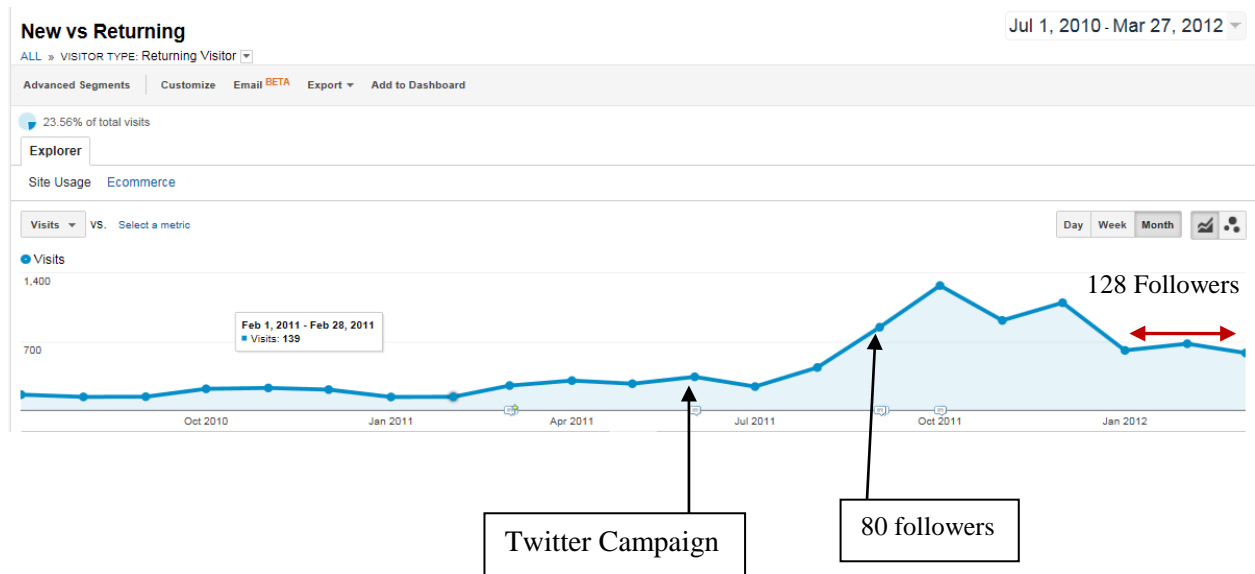
### **Lessons Learnt**

This case study demonstrates the need for social marketers to engage with people online in the spaces where they are already spending time. It was clear to us that by developing a comprehensive online marketing strategy we were able to achieve greater levels of engagement. As a result of this we launched a Facebook page on April 18<sup>th</sup> 2012 which in three weeks has gone from zero to 140 fans. Further to this we have also been working on the development of a comments section on the website. The ISM2012 presentation will also discuss the inherent privacy concerns of working within this medium. Nevertheless, by creating a more effective online presence we're better able to reach and engage with our target audience.

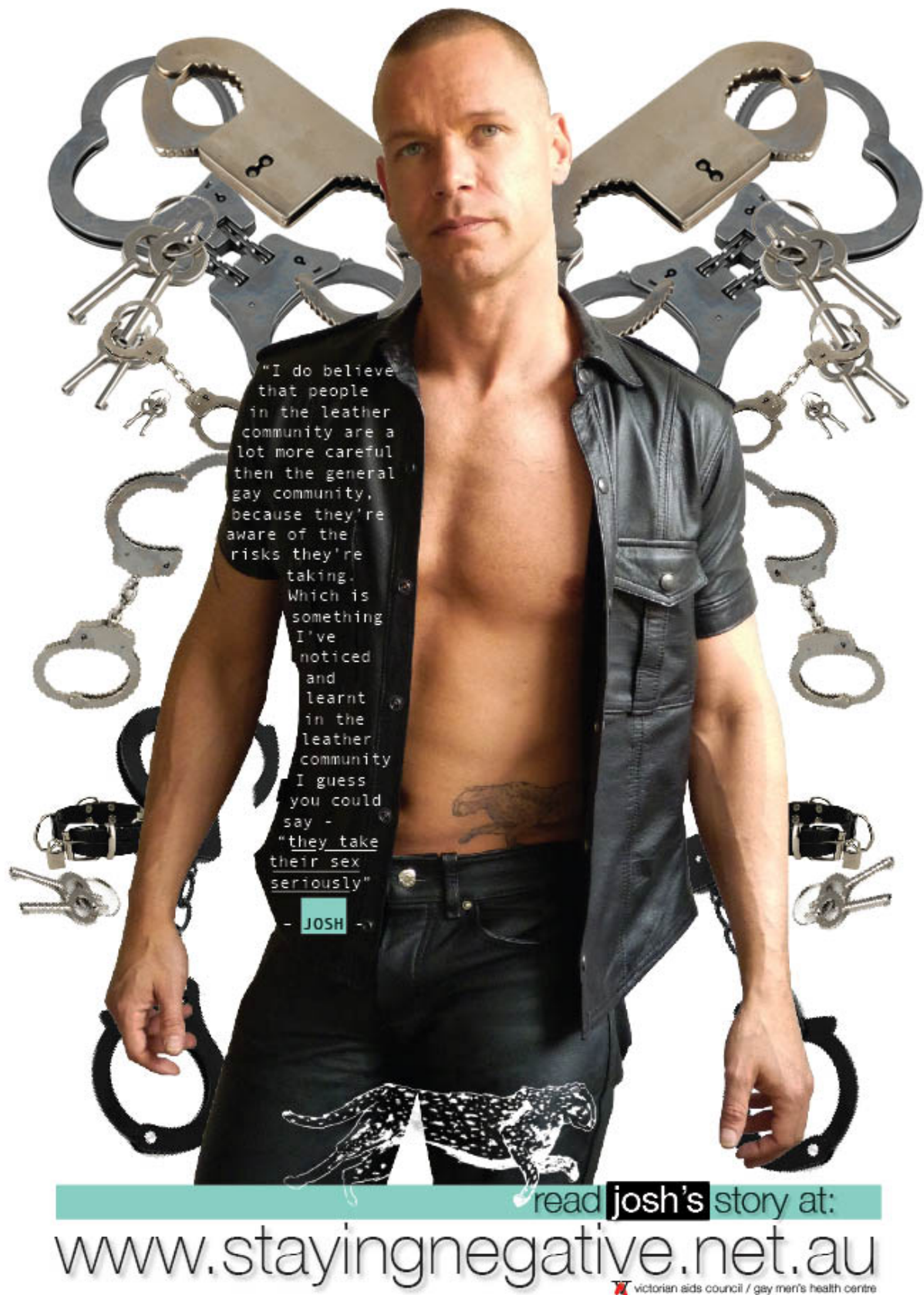
## Appendix 1 – Website visitor increase



## Appendix 2 – Returning traffic increase




### Appendix 3 – Print Ads



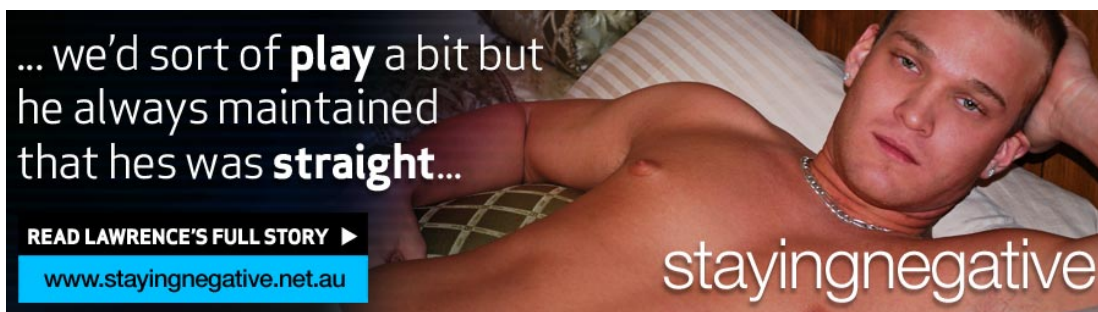
"I do believe that people in the leather community are a lot more careful than the general gay community, because they're aware of the risks they're taking. Which is something I've noticed and learnt in the leather community. I guess you could say - "they take their sex seriously"

- JOSH -

read **josh's** story at:  
[www.stayingnegative.net.au](http://www.stayingnegative.net.au)

 victorian aids council / gay men's health centre





... we'd sort of **play** a bit but he always maintained that hes was **straight**...

READ LAWRENCE'S FULL STORY ►

[www.stayingnegative.net.au](http://www.stayingnegative.net.au)

stayingnegative



"I'm actually healthier and **more at peace** than I ever was."

READ JIM'S FULL STORY ►

[www.stayingnegative.net.au](http://www.stayingnegative.net.au)

stayingnegative



"I was living more of a gay life than I'd ever lived, but **it was secret**..."

READ MICHAEL'S FULL STORY ►

[www.stayingnegative.net.au](http://www.stayingnegative.net.au)

stayingnegative



"... stereotype that **all gay men** end up with HIV."

READ DARREN'S FULL STORY ►

[www.stayingnegative.net.au](http://www.stayingnegative.net.au)

stayingnegative



"Knowing that my parents accepted my sexuality changed **everything** for me."

READ CLARK'S FULL STORY ►

[www.stayingnegative.net.au](http://www.stayingnegative.net.au)

stayingnegative

**The Wes Bonny Testimonial Campaign:  
Increasing the Salience of the Susceptibility to Melanoma Among Young People**

*Simon J Willcox<sup>71</sup>, Scott C Walsberger<sup>\*</sup>, Blythe O'Hara<sup>\*\*</sup>, Anita Dessaix<sup>\*\*\*</sup>*



A/Project Manager, Skin Cancer Prevention  
Cancer Institute NSW

Email: [simon.willcox@cancerinstitute.org.au](mailto:simon.willcox@cancerinstitute.org.au)

<sup>\*</sup>Project Manager, Skin Cancer Prevention  
Cancer Institute NSW

Email: [scott.walsberger@cancerinstitute.org.au](mailto:scott.walsberger@cancerinstitute.org.au)

<sup>\*\*</sup>A/Manager, Cancer Prevention Division  
Cancer Institute NSW

Email: [blythe.ohara@cancerinstitute.org.au](mailto:blythe.ohara@cancerinstitute.org.au)

<sup>\*\*\*</sup>Manager, Cancer Prevention Division

Email: [anita.dessaix@cancerinstitute.org.au](mailto:anita.dessaix@cancerinstitute.org.au)

---

<sup>71</sup> Simon has a Bachelor of Commerce, majoring in marketing and a Master of Public Health (Hons). Specialising in social marketing for public health and related research, Simon has worked for both government and non-government organisations on public health programs in Australia and overseas. Simon has been responsible for coordinating the planning and development of social marketing programs aimed at reducing smoking rates among Aboriginal communities and is currently responsible for the development and implementation of a range of social marketing activities and programs in the area of skin cancer prevention at the Cancer Institute NSW.

## **Project Overview**

The Wes Bonny Testimonial campaign is a mass media social advertising campaign developed by the Cancer Institute NSW in 2010. The campaign tells the true story of Wes Bonny, a young man who was diagnosed and subsequently died from melanoma at the age of 26. The campaign has been implemented in NSW during the past two summers. The campaign objectives are to: 1. Reduce pro-tan attitudes; 2. Increase understanding of the severity of melanoma; 3. Increase the personalisation of the health consequences of overexposure to ultraviolet radiation (UVR); 4. Increase knowledge of the link between overexposure to UVR and melanoma; and, 5. Increase intentions to improve sun protection behaviours.

## **Background and Policy Context**

Skin cancers, including melanoma and non-melanoma skin cancer (NMSC), are the most common cancers in Australia and the most costly cancers to the Australian health system (AIHW, 2005). In NSW, melanoma is the most common cancer in people aged 15-39 years (Tracey et al, 2010). Approximately 95 - 99 per cent of skin cancers can be prevented through reduced exposure to UVR (Armstrong, 2004).

The NSW Government states its commitment to reducing the burden of chronic disease, including cancer, in the NSW 2021 Plan. The NSW Cancer Plan 2011 – 15 highlights reduction of overexposure to UVR as a priority. There are five well-established sun protection measures: seeking shade and wearing protective clothing, a broad-brimmed hat, sunglasses, and sunscreen. Adolescents have the poorest sun protection behaviours and sun exposure behaviours amongst the NSW population (Dobbinson & Hill, 2004).

## **The 8 Social Marketing Benchmark Criteria**

### **Customer Orientation**

Mixed methods were used to understand the target audiences' knowledge, attitudes, beliefs and behaviours with respect to UVR exposure, UVR protection and skin cancer.

### **Behaviour**

The campaign has a focus on improving UVR protection behaviours among young people.

### **Theory**

Campaign development was guided by the Health Belief Model (Becker, 1974), Social Cognitive Theory (Bandura, 1986) and Social Norms Theory (Perkins & Berkowitz, 1986).

### **Insight**

Formative research highlighted several key insights:

- Young people perceived melanoma as a severe disease;
- Young people believed that they could prevent melanoma;
- Young people knew the five sun protection measures;
- Young people did not perceive themselves as susceptible to melanoma;
- Young people identified a number of barriers to using the five sun protection measures. The most prominent of these barriers was a normative belief among some individuals that a tan is desirable.

### **Exchange**

The campaign seeks to facilitate exchange of overexposure to UVR for UVR protection behaviours amongst young people using integrated marketing communications (see below).



## **Competition**

Key competing factors addressed through this campaign are the desirability of a tan, the misconception that a tan is healthy and the perception that skin cancer seen as something that occurs later in life.

## **Segmentation**

Young people, 13-24 years old, were the focus due to their poor UVR protection behaviours. There is also evidence to suggest that UVR exposure earlier in life may contribute disproportionately to a person's lifetime risk of developing skin cancers (Armstrong, 2004).

## **Integrated Marketing Communications**

The Wes Bonny Testimonial campaign as an operational level social advertising campaign applies an integrated marketing communications approach. We defined the *core product* (Kotler & Lee, 2009) as the prevention of skin cancers (both melanoma and non-melanoma skin cancers) and the *actual product* (Kotler & Lee, 2009) as UVR protection behaviours.

For young people the main cost of adopting individual UVR protection behaviours is the loss of perceived benefits of tanning. The campaign seeks to reduce this barrier by emphasising that the costs of overexposure to UVR dramatically outweigh the perceived benefits of tanning and emphasising in a personally relevant way that young people do develop and die from melanoma i.e., that the benefits of protective behaviours now outweigh the costs of loss of tanning. Altering these perceptions can influence social norms by increasing the acceptability of protective behaviours and reducing the social cost of not tanning. UVR protection behaviours are promoted as a way to avoid these costs of overexposure to UVR.

This mass media campaign used a variety of media including television, cinema and radio. The campaign highlights places where exposure to UVR occurs amongst the target audience through depiction of a variety of real life circumstances and settings. The human interest aspect of the testimonial campaign facilitated public relations opportunities.

## **Evaluation and Results**

The campaign was evaluated through the use of online tracking surveys (approx. 150 people per week for 10 weeks, n=1699).

- Prompted recognition of the campaign peaked at 70 per cent.
- In total 79 per cent of respondents agreed that the campaign was believable.
- In total 73 per cent of respondents agreed that the campaign was sad.
- There was very high agreement amongst respondents that the campaign delivered its key messages effectively.
- In total 85 per cent of respondents aged 30 years and younger agreed that the ad made them think that someone their age can get melanoma.
- In total 74 per cent of respondents agreed that the ad made them think that by protecting themselves from the sun that they can avoid melanoma.

## **Lessons Learned**

- Testimonial campaigns can be used to increase perceptions of susceptibility to melanoma.
- Testimonial campaigns can have a strong emotional impact on young people.
- Time and resources need to be allocated to develop user friendly talent release contracts.
- Due to sensitivities, it is best to film a testimonial campaign with minimal crew on set.
- Testimonial campaigns can achieve high recognition with minimal frequency of exposure.

**Reference List:**

Australian Institute of Health and Welfare (AIHW), Health system expenditures on cancer and other neoplasms in Australia, 2000-2001, in Health and Welfare Expenditure Series no. 22. 2005. Canberra: AIHW.

Armstrong, B.K. (2004). How sun exposure causes skin cancer: an epidemiological perspective. In D.J. Hill, M. Elwood, & D.R. English (Eds.), *Prevention of Skin Cancer* (pp. 89 – 116). Dordrecht, The Netherlands: Kluwer Academic Publishers.

Bandura, A. (1986). *Social foundations of thought and action: a social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall

Becker, M. H. (1974). The health belief model and personal health behavior. *Health education monographs* 2:32473. Thorofare, NJ: Charles B. Slack.

Perkins, H.W. & Berkowitz, A.D. (1986). Perceiving the Community Norms of Alcohol Use Among Students: Some Research Implications for Campus Alcohol Education Programming. *International Journal of the Addictions*, 21:961-976.

Dobbinson, S. & Hill, D.J. (2004). Patterns and causes of sun exposing and sun protection behaviour. In D.J. Hill, M. Elwood, & D.R. English (Eds.), *Prevention of Skin Cancer* (pp. 89 – 116). Dordrecht, The Netherlands: Kluwer Academic Publishers.

Kotler, P. & Lee, N.R. (2009). *Up and Out of Poverty: the social marketing solution*. New Jersey: Pearson Education.

Tracey E, Kerr T, Dobrovic A, Currow D. (2010). *Cancer In NSW: Incidence and Mortality Report 2008*. Sydney: Cancer Institute NSW.

## **Establishing a Social Marketing Framework for Implementing Social Marketing Messages and Community Based Obesity Prevention Programs.**

*Marianne Zangari*<sup>72</sup>

---

<sup>72</sup> Marianne has over 20 years experience working in both clinical and health prevention programs. Over the last 10 years Marianne has worked in a number of national and state social marketing programs, including: BreastScreen Queensland campaign, Go for 2&5<sup>®</sup>, the implementation of the Queensland Water Fluoridation Policy and campaign, the Dengue Fever campaign, the Swine Flu and Indigenous Flu campaigns, the Indigenous Go for 2&5<sup>®</sup> campaign, the state components of the national Measure Up and Swap It, Don't Stop It campaign. Marianne has a Masters of Health Science, majoring in Health Promotion.

## **Overview and Purpose**

Under recent national health reforms for chronic disease prevention Queensland is delivering local activities to extend the reach and impact of a national Swap It, Don't Stop It mass media campaign over three years. Four separate initiatives have been established, three with lead non-government agencies (QLD Aboriginal and Torres Strait Islander health Council, Ethnic Communities Council QLD and Diabetes QLD Australia) and a community based Regional Health Service program.

This paper describes the development and implementation of the community based regional program. This is the first time Queensland Health has fully integrated a community based social marketing component to leverage off a national mass media campaign, so evidence based approaches from social marketing and health promotion helped inform decisions around the program approach and strategies. During this iterative process a new social marketing program framework was then developed to guide implementation and reporting. This framework will be used for future Commonwealth and State partnership social marketing initiatives.

## **Background**

Under the National Partnership Agreement on Preventive Health (NPAPH) the Commonwealth is managing a three year nationwide Swap It, Don't Stop It mass media campaign, with States and Territories funded to deliver local level activities to reinforce campaign messages. The focus is to increase community awareness of the risks of specific lifestyle factors (such as poor nutrition, inadequate physical activity, and unhealthy weight/waist measurement) and motivate Australians to take action. The *Swap It Don't Stop It* (replacing *Measure Up*) campaign was introduced in March 2011. Key campaign messages are:

- An increase in your waistline increases your risk of some cancers, type 2 diabetes and heart disease
- You only need to make simple everyday changes to get you on your way to a healthier lifestyle
- Consider small swaps you can make in everyday life to be more active and eat healthier food

Queensland has drawn on health promotion and social marketing principles to develop the following framework:

1. Establish project infrastructure to support the implementation
2. Co-branding and incorporating social marketing messages in nutrition and physical activity resources, programs and activities
3. Developing local partnerships to extend the reach and influence of social marketing messages
4. Implementing evidence based programs with the common goal of reducing obesity.

## **Establish Project Infrastructure to Support the Implementation**

Given the size and scope of Queensland Health, this new project meant internal infrastructure had to be developed to support implementation and coordination of the project. Laws et al's (2008) case studies from the Act-Belong-Commit campaign pilot supported the need for a central coordination role to support locally based staff. Queensland has taken the same approach, with a centrally based health promotion officer providing coordination and support to regional staff delivering local activities. The officer developed templates for regional plans and reports, funding guidelines and a set of practice principles and established a working

group with regional representatives. A social marketing workshop presented by Rob Donovan (Professor of Behavioural Research in the Division of Health Sciences, and Professor of Social Marketing and Director of the Social Marketing Research, Curtin University) was held early into the project to upskill staff on social marketing principles and practice. To gain local support, regional face to face staff briefing sessions were held throughout Queensland prior to the project commencing. This important first step created a strong platform for the central coordination and communication to regional and local partners.

**Co-branding and incorporating Swap It messages with and physical activity resources, programs and activities**

**Table 1.**

Activity	Description	Nutrition	Physical activity
<i>Swap It</i> and Heart Foundation Walking	Heart Foundation Walking is a community-based walking groups with over 16,000 active members; walking coordinators have <i>Swap It</i> scripts and resources to promote messages in programs		X
<i>Swap It</i> Pit Stop program	A Queensland Health brief intervention program targeting men's health. The chassis or waist check station promotes <i>Swap It</i> messages	X	X
<i>Swap It</i> TAFE cooking classes	A Queensland Health program offering healthy cooking classes through TAFE; <i>Swap It</i> messages and resources are given to attendees	X	
<i>Swap It</i> Lighten Up program	A Queensland Health group-based healthy lifestyle program with <i>Swap It</i> messages and resources	X	X
<i>Swap It</i> Living Strong program	A Queensland Health group-based healthy lifestyle program for Aboriginal and Torres Strait Islander people with <i>Swap It</i> resources	X	X
<i>Swap It</i> Aboriginal and Torres Strait Island Nutrition and Physical Activity Brief Intervention Training Program	<i>Swap It</i> messages in training program for health professionals working with Aboriginal and Torres Strait Islanders	X	X
<i>Swap It</i> and QUIT program	Aims to promote the quit smoking message through local <i>Swap It</i> activities and events.		
<i>Swap It</i> 10,000 Steps resources and signage	The program aims to help people incorporate physical activity as part of everyday living. Resources & signage are <i>Swap It</i> branded		X
<i>Swap It</i> and Go for 2&5 <sup>®</sup> fruit and vegetable resources	<i>Go for 2&amp;5<sup>®</sup></i> resources have been cobranded with <i>Swap It</i>	X	

Table 1 shows programs that have incorporated the *Swap It*, Don't Stop brand. Donovan Henley, 2003, refer to branding as 'more than the name of the product or campaign articulating the 'branding attributes that are expressed in all aspects of the marketing. Positive encouragement is the key strategy behind the

'*Swap It*, Don't Stop It' brand helping to move people away from a 'dieting' model (associated with sacrifice, failure and misery). The brand promise demonstrates the impact



exchange in social marketing (Donovan and Henley, 2003); by not giving up all the things people enjoy, just ‘swap a big serve for small’, or ‘swap sitting for walking.’ Leveraging the Swap It brand off well established programs such as Go for 2&5,<sup>®</sup> 10,000 Steps and Heart Foundation Walking helps extend the brand message reach and influence.

### **Developing Local Partnerships to Extend the Reach and Influence of Social Marketing Messages**

The major risk factors for chronic disease are directly and indirectly influenced by the physical, social and economic environment. Social inequality is a risk factor in its own right. Social environments which encourage healthy behaviour can be achieved through ‘community capacity building and community-based initiatives which strengthen community connectedness, resilience, health and wellbeing’ (World Health Organisation, 2003). Community capacity building and working in partnership are both emphasised in the community development and health promotion literature to empower communities to manage their own health (Eggar, 2005). By empowering communities in this way, health problems can be addressed at the local level, and innovative and sustainable local solutions can be identified and implemented.

In recent years, Queensland Health’s Regional Health Services have been working with local government and other key partners in developing supportive environments conducive to healthy eating and physical activity through the Active and Healthy Communities. The Swap It project provided an opportunity to strengthen these existing partnerships and extend membership to other NGOs. The local partnerships became the mechanism to engage with local stakeholders to plan and implement programs, disseminate campaign information and resources. Consistent with consumer orientation in the marketing mix, the local partnerships ‘facilitate accessibility of the product to the target groups’ (Donovan and Henley, 2003).

### **Implementing Evidence Based Programs with the Common Goal of Reducing Obesity**

Table 2 (below) shows the state-wide programs coordinated under the Swap It, Don’t Stop It branding. These existing programs were developed on health promotion principles, supporting people to show ‘how’ lifestyle change can be achieved to reduce chronic disease. The Swap It funding provided further opportunity to develop new programs and extend other local successful programs such as community garden and cooking schemes and physical activity programs (Zumba, Tai Chi and swimming programs). From July 2011 – January 2012 over 90 community-based Swap It programs have been implemented.

**Table 2.**

<b>Program</b>	<b>Target Group</b>	<b>Key Focus</b>	<b>Program Components</b>
10,000 Steps challenge	Adults	<ul style="list-style-type: none"> <li>• A free health promotion program encouraging people to use step-counting pedometers to monitor their daily physical activity levels.</li> <li>• The program aims to help people incorporate physical</li> </ul>	<ul style="list-style-type: none"> <li>• Free resources and information is downloaded from the 10000 Steps website and participants record progress</li> <li>• The project has been successful in motivating local communities, workplaces and</li> </ul>

		activity as part of everyday living.	individuals to increase their physical activity levels
Living Strong Program	Aboriginal and Torres Strait Islander communities	<ul style="list-style-type: none"> <li>• A healthy lifestyle group-based program for Aboriginal and Torres Strait Islander communities</li> <li>• supports people to make long term lifestyle and behaviour changes, like choosing healthier food and drinks and being more physically active</li> </ul>	<ul style="list-style-type: none"> <li>• Run by trained health professionals (usually Aboriginal and Torres Strait Islander health workers) with other health professionals</li> <li>• Workshops at community centres, hospitals and health facilities</li> <li>• Participants are followed up for progress</li> </ul>
Lighten Up for a Healthier Lifestyle Programs	Adults over the age of 18 years	<ul style="list-style-type: none"> <li>• A healthy lifestyle group program for adults who want to improve their health</li> </ul>	<ul style="list-style-type: none"> <li>• Lighten Up is run by trained health professionals from a range of backgrounds (eg. nurses, physiotherapists, occupational therapists).</li> <li>• Dieticians, physiotherapists, social workers and psychologists may be involved at various stages of the program</li> <li>• Participants are followed up for progress</li> </ul>
TAFE Cook for Life Program	<ul style="list-style-type: none"> <li>• Adults over the age of 18 on low incomes</li> <li>• Other full fee paying students.</li> </ul>	<ul style="list-style-type: none"> <li>• A new program based on a pilot program at Roma Central Qld TAFE</li> <li>• Group based healthy cooking program run by TAFE educators in conjunction with local nutrition/health staff</li> </ul>	<ul style="list-style-type: none"> <li>• Cooking classes held at TAFEs and some schools</li> <li>• Participants learn, food safety, budgeting, hygiene and cooking healthy recipes</li> <li>• The program has an evaluation component where attends are followed up on progress</li> </ul>
Swap It Aboriginal and Torres Strait Island Nutrition and Physical	Health workers promoting Aboriginal	<ul style="list-style-type: none"> <li>• A new program based on an Brief Intervention North Queensland Project</li> </ul>	<ul style="list-style-type: none"> <li>• Based on train the trainer principles and motivational interviewing, trains</li> </ul>

Activity Brief Intervention Training Program	and Torres Strait Islander health		staff to engage and support clients in addressing barriers to increase physical activity and good nutrition
--	---	--	--

### Discussion and Conclusion

Donovan (2011) discusses the benefits of using health promotion principles with elements of social marketing to bring an ‘innovative mindset to program planning.’ This project has applied elements from both disciplines to develop a framework to plan and implement community based social marketing program. Health promotion programs that addressed chronic disease were selected and co-branded under Swap It to provide the place, promotion, product, price under the marketing mix.

Prior to this project a number of state-wide physical activity and nutrition programs had been running in an ad hoc fashion. The Swap It funding provided an opportunity to bring staff together, co- brand programs and build local partnerships to achieve the common of objective of reaching and influencing local communities’ to improve their health. Queensland plans to apply this framework to future social marketing work with the view to build on evidence and best practice in this field.

### References

Donovan, R.J. and Henley, N (2003). Social Marketing Principles and Practice. Melbourne: IP Communication (Chapter 10).

Donovan, R.J. (2011). The role of marketing in public health campaigns, Australian Review of Public Affairs, 10, 23-40.

Eggart, G. (2005). Health promotion strategies and methods (2nd ed.). Sydney: McGraw-Hill (Chapter 5).

Laws, A., James, R., Donovan, R.& Ambridge, J. (2008). Implementing the Act-Belong-Commit Pilot Campaign: Lessons from the Participating Towns. Mentally Healthy WA, Curtin University of Technology. Accessed at: <http://www.actbelongcommit.org.au> 4 March , 2012.

World Health Organisation, Community Based Initiatives: Accessed at [http://www.emro.who.int/cbi/cbi\\_introduction.htm](http://www.emro.who.int/cbi/cbi_introduction.htm) February, 2010.