



**International Social Marketing Conference 2016**

*Societal Wellbeing*

# Conference Proceedings

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**2016 International Social Marketing Conference**

Editors: Nadia Zainuddin and Megan Edgar

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## **Overview**

The Australian Association of Social Marketing (AASM) International Social Marketing Conference (ISMC) 2016 was hosted by the Faculty of Business, University of Wollongong from 25 to 27 September 2016. The conference programme included a pre-conference workshop day held on 25 September 2016, with the main conference running from 26 to 27 September 2016. The conference theme of “societal wellbeing” was widely promoted by the AASM and the University of Wollongong through their respective channels

## **Committee Structure**

The conference was managed by an Organising Committee comprising of:

- Dr Nadia Zainuddin, Conference Co-Chair, University of Wollongong
- Professor Nina Reynolds, Conference Co-Chair, University of Wollongong
- Lance Barrie, Centre for Health Initiatives, University of Wollongong
- Kishan Kariippanon, Faculty of Social Sciences, University of Wollongong
- Pippa Rendel, Illawarra and Shoalhaven Local Health District
- Luke van der Beeke, Marketing for Change
- Kendall Dent, Faculty of Business, University of Wollongong

## **Conference theme**

The concept of wellbeing has been gained increasing popularity in academic literature in the last fifteen years, across several disciplines including psychology, philosophy, geography, economics and marketing. The sub-discipline of social marketing is well positioned to assist the integration of this emerging area. The timing of a conference themed “societal wellbeing” is particularly poignant given the release by the OECD of guidelines to measure national accounts of wellbeing. With wellbeing as an interdisciplinary construct, combined with an emerging policy agenda, the opportunity now exists for social marketing to be positioned within and add to this important discourse. The theme is both topical, but also diverse enough in nature to assist the linkage of multiple scholars and practitioners.

## Conference supporters



THANKS TO OUR SUPPORTERS



## Conference venue

Since establishing the main University of Wollongong campus in Wollongong, the UOW have expanded their teaching locations to regional campuses in South Western Sydney, Southern Sydney, Bega, Batemans Bay, the Shoalhaven, and the Southern Highlands, as well as the Innovation Campus which is the University's second location in Wollongong. The UOW Sydney Business School delivers courses in the heart of Sydney, and the South Western Sydney campus in Liverpool, opening in 2017, represents a long-term commitment to the region.

The University of Wollongong is a global network of campuses; the University of Wollongong in Dubai delivers world-class teaching to students in the United Arab Emirates. Stewardship of Community College of City University, Hong Kong (CCCU), strengthens links in Hong Kong and takes CCCU to the next phase of its development. Partnerships with established international education providers INTI Laureate, IRI.HK, PSB Academy, Singapore, and the Singapore Institute of Management extend UOW's reach into Asia.

The ISM conference was held at the Main Campus in Wollongong, New South Wales Australia. Workshops, keynote presentations, plenaries, and breakout sessions were held at the McKinnon Building 67. Computer laboratories for conference delegates were located in the Business Building 40.



**Wollongong, NSW Australia**



**University of Wollongong: McKinnon Building**



## Accommodation

Delegate accommodation was arranged for Novotel Wollongong Northbeach, Adina Apartments Hotel Wollongong, and Keiraview UOW Accommodation



### Novotel Wollongong Northbeach



### Adina Apartment Hotel Wollongong



### Keiraview UOW Accommodation

## Call for papers

The call for papers was first released in December 2015 to the AASM membership, and was included in a mail-out pack with the annual Viewpoint that is posted to members every year. This was followed by an online call for papers, with an initial closing date for submissions as 31 March 2016. The scholarly submissions meet DETYA requirements. Authors of accepted papers were asked to nominate if they wish to have their abstract (EX) or full paper (E1) published in the proceedings. In the absence of advice from the author, the full paper is published. Industry case studies use the structure of the eight benchmark social marketing criteria by French and Blair-Stevens.

## Paper review process

Members of the AASM and ISMC committee were involved in the review of the academic, student, and practitioner papers, comprising of:

- Dr Nadia Zainuddin
- Professor Nina Reynolds
- Dr Cheryl Leo
- Dr Joy Parkinson
- Luke van der Beeke
- Pippa Rendel

## Conference programme

### Sunday 25 September 2016: Pre-Conference Workshop Series

Time	Workshop	Location
8.30-11.00am	An Interactive Insight Into the Powers of Social Enterprise	Room 203
10.00am-12.30pm	The social marketer as documentary filmmaker and ethnographer	Room 101
11.00-1.30pm	Using Strategy to Drive Social Change: A back-to-basics workshop	Room 201
1.30-4.30pm	Ethics in Social Marketing	Room 101

### Monday 26 September 2016: Conference Day 1

8.45am-10.30am	Conference Opening in Room 107 <ul style="list-style-type: none"><li>• Conference Chairs' Welcome</li><li>• Welcome to Country</li><li>• Keynote presentation by Clary Castrission 40K Globe</li><li>• Q&amp;A to follow</li></ul>
10.30am-11.00am	Morning Tea in Foyer
11.00am-12.30pm	<b>Concurrent track sessions</b>
12.30pm-1.30pm	Lunch & AASM AGM Lunch will be served in the foyer and the AGM will be held in Room 101
1.30pm-3.00pm	<b>Concurrent Track Sessions</b>
3.00pm-3.30pm	Afternoon tea

3.30pm-5.00pm	Plenary session: Think Tank – Systems Thinking in Action Speakers: Roger Layton, Ross Gordon, Phillip Stork, Josephine Previte. Session Chair: Josephine Previte Room 107
5.00pm-5.15pm	Housekeeping announcements
6.45pm-7.30pm	Drinks reception – City Beach
7.30pm-11.00pm	Conference dinner and awards followed by entertainment – City Beach

## **Tuesday 27 September 2016: Conference Day 2**

9.00am-9.15am	Day 2 Welcome in Room 107
9.15am-10.30am	Keynote presentation: Tracey Bridges Senate SHJ, Neil Horrocks CitySmart Q&A to follow
10.30am-11.00am	Morning Tea in Foyer
11.00am-12.30pm	<b>Concurrent Track Sessions</b>
12.30pm-1.30pm	Lunch in Foyer Film Screening of Tobacco consumption in Arnhem Land in Room 107
1.30pm-3.00pm	<b>Concurrent Track Sessions</b>
3.00pm-3.30pm	Afternoon tea in Foyer
3.30pm-5.00pm	Plenary session: Using Collaborative Approaches in Addressing Complex Social Problems – Unpicking the Hows, Whats, and Whys of Working Collaboratively Speakers: Paul Cooper, Joy Parkinson, Franca Facci Session chair: Nadia Zainuddin  Announcement of ISMC 2018 host and location, Conference close

# **Book of Abstracts**

# **Food Neophobia, Pro-Social Consumption Motivations and the Willingness to Pay Price Premiums for Food from a Developing Economy**

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## **Abstract**

Social marketing aims to enhance social and economic outcomes (Lazer and Kelley, 1973; French and Gordon, 2015) including alleviating poverty in emerging economies (Kotler and Lee, 2009). Indeed, developing village- level agri-enterprises that leverages indigenous foods is a way out of poverty for many emerging economies (Swinnen, 2007), such as the South Pacific Islands and budding agri-enterprises centred on their indigenous Canarium nut. Australia has been identified as a potential export market for Canarium nut products (Pacific Agribusiness Research and Development Initiative, 2012). This being the case, the purpose of this study was to empirically examine the relationship between Australians' food neophobia (being the fear or dislike of unfamiliar food) and their willingness to pay price premiums for Canarium nut products from the South Pacific Islands. Furthermore, this study sought to investigate the moderation role of pro-social consumption motivations. Specifically, H1 Australians' i) food neophobia and ii) pro-social consumption motivations influence their willingness to pay price premiums for South Pacific Island Canarium nut products. H2 Pro-social consumption motivations moderate the relationship between Australians' food neophobia and their willingness to pay price premiums for South Pacific Island Canarium nut products.

## **References**

- French J. & Gordon R. (2015). Strategic social marketing, London: Sage.
- Kotler, P. R. & Lee, N. R. (2009). Up and out of poverty: The social marketing solution. Englewood Cliffs: Pearson Prentice Hall.
- Lazer, W. & Kelley, E. J. (1973). Social marketing: Perspectives and viewpoints. Homewood: McGraw- Hill/Irwin.
- Pacific Agribusiness Research & Development Initiative. (2012), Canarium nut value chain review, Australian Centre for International Agricultural Research, Available at: <http://www.adelaide.edu.au/global-food/documents>.
- Swinnen, J. F. (Ed.). (2007). Global supply chains, standards and the poor: How the globalization of food systems and standards affects rural development and poverty. Wallingford: Cabi.

## **Social Media Attitude Analysis: A systemic functional method to understanding social media comments.**

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Dr Michael Mehmet is a Lecture in Marketing at the Charles Sturt University (Bathurst). Michael completed his PhD in Social Media Semantics, in which he developed a Social Semiotic Multimodal framework that allows researchers to identify, analyse and map posts and conversations within social media campaigns and conversations. He has published several articles in international journals and conferences on the topic of semantically analysing social media texts. His research interest include semantic social media communication theories and methodologies, human/wildlife coexistence and digital innovation and entrepreneurship.

## Introduction

Social media has drastically shifted how marketers gather insight from stakeholders (Mehmet & Clarke, 2016; Dahl, 2015). Forums, Facebook and Twitter hold a considerable amount of stakeholder insight into attitudes, opinion and intension. Macnamara (2013) urges all those involved in digital communication to develop an 'active listening' toolkit. He argues that those with the capacity to effectively listen will be the ones with a distinct advantage in a dynamic environment, such as the one which is presented before us today.

Typically marketers have use a form of Natural Language Processing (NLP) to conduct sentiment analysis of large reserved of digital media data (Plaza & de Albornoz, 2012). Sentiment analysis has increased in used because marketing managers want a competitive advantage (Cambria et al., 2013). By having deeper insights to stakeholders marketers can adapt their message, service and products to match the every shifting needs of clients, customers and the general public (Macnamara, 2013).

Social marketing initiative focus of changing deep routed behaviors, which require high levels of involved for the target group (Peattie & Peattie, 2003). Justification *for* or *against* adopting a particular stance are often not clear cut, with individuals often presenting conflicting justifications when debating a particular issue (Murphy et al., 2014). Sentiment analysis tends to rely on keyword and corpus based linguistic to determine how a particular participant feels about a specific topic (Cambria et al., 2013). These automated approaches are limited in what they can achieve, particularly for social marketers (Cambria et al., 2013).

While sentiment analysis provides a snapshot of how people feel towards an issue, it does not provide a deep or thorough understanding of discussion that may be domain specific (Plaza & de Albornoz, 2013); contain multiple opinions and attitudes from the same author (Canhoto & Padnamabhan, 2015); understand irony or sarcasm (Kumar and Sebastian, 2012); or assessing tone within any piece of text. These inherently meaning based indicators of sentiment are fundamental in assessing how individual and groups of people feel about a particular, issue, initiative or option.

Therefore, this author as with Mehmet and Clarke (2016) argues that if marketers wish to understand emotions conveyed through language in social media discussions, it is best to use a theory of language designed to assess emotion, attitude, opinions and judgement. The aim of this paper is explore how systemic functional linguistics (SFL), a theory of language could be used to better understand social media comments and post in relation to a social marketing issue. The paper will examine how a specific tool within SFL, known as *appraisal* would be beneficial for those interested in understanding sentiment.

## Conceptual Model

According to Bednarek (2009) and Martin (2014) appraisal theory differentiates between evaluations relating to the varying strength and intersubjectivity. Appraisal, represented in Figure 1, comprises of three main sub-systems, *engagement*, *graduation* and *attitude* (Martin,

2014). *Engagement* “deals with sourcing attitudes and the play of voices around opinions in discourse” (Martin & White, 2005, p. 35). *Graduation* attempts to grade particular phenomena based on feelings and emotions (Martin & White, 2005). *Attitude* “is concerned with our feelings, including emotional reactions, judgements of behaviour and evaluation of things” (Martin & White, 2005, p. 35). Considering this study is concerned with analysing feelings, emotions, opinion and judgement in social media posts in relations to social marketing contexts, it will focus on exploring the sub-system of attitude. Attitude can be further segmented into *affect*, *judgement* and *appreciation* (see Figure 1).

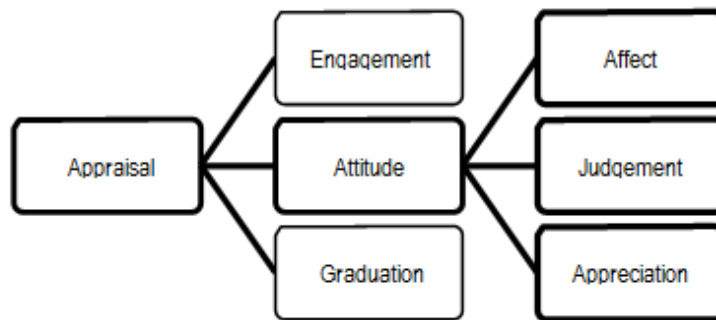


Figure 1: Appraisal

*Affect* is chiefly concerned with emotions, reaction to behaviours, texts and phenomena, such as a cure for cancer. *Judgement* reveals understandings attitudes towards behaviour, which we admire or criticise, praise or condemn, such as, donating to a cancer charity (Martin & White, 2005, p. 42). Judgement is also concerned with ethical assessments, assessing behaviours and focuses on determining how we construct “our attitudes to people and the way they behave – their character” (Martin & White, 2005, p. 52); basically how they compare against our expectations or worldview. *Appreciation* reviews the assessments of signs and natural phenomena, according to the ways in which they are or are not valued in a given context (Martin & White, 2005, p. 43). Specifically, appreciation is focused on aesthetics and natural occurring occurrences.

### Implications for theory

The three sub systems of *Attitude* would permit sentiment analysis to clearly distinguish exactly what aspect of a campaign, initiative or offering individuals and groups find positive or negative and to what degree their emotions range. Importantly, complex aspects of human communication, such as sarcasm and irony, which can sometime be subtle would be identified. This would occur for two reason, firstly because the human researcher would be aware of situational context, and secondly because the researcher would be aware of the unwritten ‘rules of engagement’ for the social media site in which the texts appears. Importantly, more texts would be included in a data set, because less ‘unanalyzable’ texts would be represented. This could potentially result in more accurate analysis and allow for understated opinions and attitudes to be revealed. Furthermore, multi-foci texts, would also be able to be unpacked using Appraisal due to the framework permitting the strength of each emotion or justification to be weighed against others in a single text (or across texts) to



determine. Finally, and potentially most important the level of conviction can also be assessed, allowing researchers to pinpoint the intensity to which a stakeholder feels what they feel.

### **Implications for practice**

Appraisal, a framework for active listening provides three broad benefits for those wanting to analyse sentiment expressed in social media text. Firstly, it offers social marketing practitioners and researchers a structured, systematic, yet human dimension to understanding varying types of sentiment in social media texts. Secondly, appraisal allows social marketers to identify the voiceless, as the framework would quickly identify what sentiment is *not* being expressed and identify specific which (individual or groups) voices not being *heard*. Thirdly, by gaining a contextual understanding in relation to a particular focus area, social marketers would be able to identify salient points of importance. This would assist in informing strategic and tactical development, assist with redesign of services and program and even provide opportunities for competitive advantage in a highly competitive environment.

### **References**

- Bednarek, M. (2009). Language patterns and ATTITUDE. *Functions of language*, 16(2), 165-192.
- Cambria, E., Schuller, B., Xia, Y., & Havasi, C. (2013). New avenues in opinion mining and sentiment analysis. *IEEE Intelligent Systems*, (2), 15-21.
- Canhoto, A. I., & Padmanabhan, Y. (2015). 'We (don't) know how you feel'—a comparative study of automated vs. manual analysis of social media conversations. *Journal of Marketing Management*, 31(9-10), 1141-1157.
- Dahl, S. (2015). *Social media marketing: theories and applications*. London: Sage.
- Kumar, A., & Sebastian, T. M. (2012). Sentiment Analysis: "A Perspective on its Past, Present and Future". *International Journal Intelligent Systems and Applications*, 10, 1-14.
- Macnamara, J. (2013). Beyond voice: audience-making and the work and architecture of listening as new media literacies. *Continuum*, 27(1), 160–175.
- Martin, J. R. (2014). Evolving systemic functional linguistics: beyond the clause. *Functional Linguistics*, 1(1), 1-24.
- Martin, J.R., & White, P.R.R. (2005). *The language of evaluation: appraisal in English*. New York: Palgrave Macmillan.
- Mehmet, M. I., & Clarke, R. J. (2016). B2B social media semantics: Analysing multimodal online meanings in marketing conversations. *Industrial Marketing Management*. In Press
- Murphy, J., Link, M. W., Childs, J. H., Tesfaye, C. L., Dean, E., Stern, M., ... & Harwood, P.

(2014). Social Media in Public Opinion Research Executive Summary of the Aapor Task Force on Emerging Technologies in Public Opinion Research. *Public Opinion Quarterly*, 78(4), 788-794.

Peattie, K., & Peattie, S. (2009). Social marketing: A pathway to consumption reduction?. *Journal of Business Research*, 62(2), 260-268.

Plaza, L., de Albornoz, J. C., Aker, A., Plaza, L., Lloret, E., & Gaizauskas, R. (2011). Sentiment Analysis in Business Intelligence: A survey. *Customer Relationship Management and the Social and Semantic Web: Enabling Clients Conexus*: IGI Global (Chapter 14).

## **How does value evolve over time? A netnographic study of health behaviour maintenance in social marketing**

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<sup>3</sup> Leona Tam is a Professor in Marketing at the Faculty of Business at the University of Wollongong, New South Wales, Australia. She has a Ph.D. in marketing from Texas A&M University, an MPhil degree and a bachelor's degree in marketing from the Chinese University of Hong Kong. Her main research interests are in motivational consumer psychology and social consumer behaviour. She is currently working on projects about habit versus loyalty, temporal effects, and repeated behaviour in personal health and finance contexts. She also studies group decision-making. She has published in a number of marketing and management journals.

## Background

The long-term continuation of physical and mental health behaviours (e.g. exercise, nutrition, and mindfulness) is a central goal in social marketing. However, it is common for individuals to perceive more costs than benefits to maintaining health behaviours (Lee & Kotler, 2016). This often results in behavioural relapses or abandonment (Prochaska & DiClemente, 1983). The creation of value for social marketing target audiences has been demonstrated to lead to positive outcomes such as satisfaction, and intentions to continue with the desired behaviour (Zainuddin et al., 2013). While there is an expanding body of value research in social marketing (e.g. Chell & Mortimer, 2014; Mulcahy et al., 2015; Zainuddin et al., 2013), much of this research has focussed on understanding value at a single time point, using cross-sectional research approaches. Value is a dynamic construct, influenced by temporal circumstances (Sánchez-Fernández & Iniesta-Bonillo, 2007), and would therefore benefit from longitudinal approaches. Previous studies have argued consumers' perceptions of value change at different stages of consumption processes (e.g. Russell-Bennett et al., 2009; Woodruff & Flint, 2001), yet there remains a lack of longitudinal empirical evidence for how value experiences evolve during the maintenance of health behaviours in social marketing. This represents a gap in knowledge as behaviour maintenance is a long-term, ongoing process (Prochaska & DiClemente, 1983). This gap leads to the research question for this study: *RQ: How do value experiences evolve during health behaviour maintenance?*

## Methodology

Data were collected over a 12-week observation period using a netnographic method, which adapts ethnographic research techniques through the use of publically available social media data (Kozinets, 2010). This was operationalised via the social media site, Twitter. A sample of 220 university undergraduate students selected a personal health activity and endeavoured to maintain the activity for 12 weeks, whilst Tweeting about their experiences. A total of 5212 tweets were imported into NVivo software. Thematic analysis was first conducted to identify and categorise the dimensions of value within the dataset (Braun & Clarke, 2006). A codebook for each value dimension was developed to systematically code the data (David & Sutton, 2004). Next, qualitative longitudinal analysis was conducted to identify patterns of changes in value dimensions over time (Thomson et al., 2002). A thematic framework based on the Transtheoretical Model of behaviour change (Prochaska & DiClemente, 1983) was used to organise emerging patterns of changes (Holland et al., 2006).

## Results and discussion

The most common health activities chosen by the participants were exercise, nutrition, and meditation. Others included quitting smoking, drinking less alcohol, drinking more water, and getting sufficient sleep. Six dimensions of value were found (*epistemic, functional, economic, community, social, and emotional value*) and three distinct phases of behaviour change and maintenance over the 12-week observation period were observed. These phases explain how value experiences can evolve during health behaviour maintenance in social marketing.

Phase 1: New, fun, and exciting was the novel and exciting phase at the beginning of

participants' behaviour maintenance journey identified between Weeks 1-3. The most salient value dimensions in Phase 1 were *economic*, *epistemic*, and *functional* value. *Economic value* was identified through the financial incentives that enabled participants to rationally evaluate the relevance of their health activities (French & Gordon, 2015) (e.g. saving money on alcohol). *Epistemic value* was identified through the information sharing via Twitter that allowed participants to satisfy their desire for health-related knowledge (Sheth et al., 1991) (e.g. novel exercise routines). This process is known as *consciousness raising*, whereby people search for information related to new behaviours (Prochaska et al., 1992). *Functional value* was identified through the behavioural commitments expressed on Twitter (e.g. weight loss targets) which increased participants' sense of accountability towards maintaining their activities (Holbrook, 2006). This reflects *self-liberation*, whereby people in the preparation stage of change make a commitment to act on their behaviour (Prochaska et al., 1992).

Phase 2: Just get it done was when the increasing demands of the university semester began to hinder behaviour maintenance efforts between Weeks 4-7. *Economic value* was no longer evident in this phase of behaviour maintenance. This demonstrates how the reward contingent nature of financial incentives (Deci & Ryan, 2000) offer immediate enticement for short-term health behaviour change, yet remain ineffective for sustained change (Mantzari et al., 2015). *Functional value* remained salient in this second phase of behaviour maintenance, however was reflected through strategic planning activities (e.g. pre-preparing lunch to avoid fast food) as opposed to goal-setting that occurred in Phase 1. This is likely due to new barriers arising in Phase 2 that were absent in Phase 1 (e.g. time constraints). Strategic planning allowed participants to continue to work towards their goals demonstrating the achievement of utilitarian outcomes (French & Gordon, 2015). *Epistemic value* also remained salient in Phase 2, however was identified in terms of the novelty (Sheth et al., 1991) of augmented products (e.g. new running shoes) that allowed participants to overcome boredom with activities, opposed to the novelty of learning about the new health activity in Phase 1. This self-reward strategy (i.e. *reinforcement management*) (Prochaska et al., 1992) demonstrates the provision of behavioural opportunities by augmented products in social marketing (Zainuddin et al., 2013). *Community value* was a new value dimension that emerged, reflected by the online support amongst the participants demonstrated in their Twitter interactions (Loane et al., 2014) (e.g. exchanging tips for drinking more water). This emphasises the role of *helping relationships* in supporting health behaviour maintenance (Prochaska et al., 1992).

Phase 3: Finding the balance was when participants began to overcome barriers and realise the personal relevance of maintaining their health behaviours between Weeks 8-12. None of the previously identified value dimensions were apparent in Phase 3. The most salient value dimensions that emerged here were *emotional*, and *social* value. *Emotional value* was identified when participants engaged with their health activity "for its own sake" due to the emotional satisfaction derived (Holbrook, 2006, p. 715) (e.g. feeling of self-fulfilment from meditation). *Social value* was identified in terms of opinion leadership, whereby participants sought to positively influence others behaviours (Zainuddin et al., 2011) (e.g. encouraging friends to quit smoking). Although similar to *community value*, *social value* was largely

identified through offline behavioural encouragement, rather than online interaction and exchange. This reflects the process of *social liberation* (i.e. empowering one's self and others) (Prochaska et al., 1992), which is one of the crucial, final processes that allows individuals to move from the action stage to the maintenance stage of change (Prochaska et al., 1992).

### **Implications and conclusion**

This study offers three contributions towards our understanding of behaviour maintenance in social marketing. First, it identifies three distinct phases of behaviour maintenance that vary in their duration. Second, it identifies six value dimensions experienced by participants attempting to maintain behaviour. Third, it identifies changes in the salience and emergence of value dimensions across the phases of behaviour maintenance. The results are consistent with prior conceptual suggestions that consumers experience high functional value in early stages of the consumption process, and high emotional value at later stages (Russell-Bennett et al., 2009). Methodologically, this study responds to a call for longitudinal research on value in social marketing (Zainuddin, 2013). The use of netnography also demonstrates an innovative research method in this area, as value has been predominantly examined in an offline context, with the exception of Mulcahy et al. (2015).

### **References**

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chell, K., & Mortimer, G. (2014). Investigating online recognition for blood donor retention: an experiential donor value approach. *International Journal of Nonprofit and Voluntary Sector Marketing*, 19(2), 143-163.
- David, M., & Sutton, C. D. (2004). *Social Research the Basics*. London: Sage Publications.
- Deci, E. L., & Ryan, R. M. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self-Determination of Behavior. *Psychological Inquiry*, 11(4), 227-268.
- French, J., & Gordon, R. (2015). *Strategic Social Marketing*. London: Sage Publications.
- Holbrook, M. B. (2006). Consumption experience, customer value, and subjective personal introspection: An illustrative photographic essay. *Journal of Business Research*, 59(6), 714-725.
- Holland, J., Thomson, R., & Henderson, S. (2006). *Qualitative longitudinal research: A discussion paper*. London: South Bank University.
- Kozinets, R. V. (2010). *Netnography: Doing ethnographic research online*. Thousand Oaks, CA: Sage Publications.
- Lee, N., & Kotler, P. (2016). *Social marketing: Changing behaviors for good* (5<sup>th</sup> ed.). London: Sage Publications.

- Loane, S. S., Webster, C. M., & D'Alessandro, S. (2014). Identifying Consumer Value Co-created through Social Support within Online Health Communities. *Journal of Macromarketing*, 1(5), 1-15.
- Mantzari, E., Vogt, F., Shemilt, I., Wei, Y., Higgins, J. P. T., & Marteau, T. M. (2015). Personal financial incentives for changing habitual health-related behaviors: A systematic review and meta- analysis. *Preventive Medicine*, 75, 75-85.
- Mulcahy, R., Russell-Bennett, R., & Rundle-Thiele, S. (2015). Electronic games: can they create value for the moderate drinking brand?. *Journal of Social Marketing*, 5(3), 258-278.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390- 395.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In Search of How People Change: Applications to Addictive Behaviors. *American Psychologist*, 47(9), 1102-1114.
- Russell-Bennett, R., Previte, J., & Zainuddin, N. (2009). Conceptualising value creation for social change management. *Australasian Marketing Journal*, 17(4), 211-218.
- Sánchez-Fernández, R., & Iniesta-Bonillo, M. Á. (2007). The concept of perceived value: a systematic review of the research. *Marketing theory*, 7(4), 427-451.
- Sheth, J. N., Newman, B. I., & Gross, B. L. (1991). Why we buy what we buy: A theory of consumption values. *Journal of business research*, 22(2), 159-170.
- Thomson, R., Bell, R., Holland, J., Henderson, S., McGrellis, S., & Sharpe, S. (2002). Critical Moments: Choice, Chance and Opportunity in Young People's Narratives of Transition. *Sociology*, 36(2), 335-354.
- Woodruff, R., & Flint, D. J. (2001). The initiators of changes in customers desired value. *Industrial Marketing Management*, 30(4), 321-337.
- Zainuddin, N. (2013). Examining the impact of experience on value in social marketing. *Journal of Social Marketing*, 3(3), 257-274.
- Zainuddin, N., Previte, J., & Russell-Bennett, R. (2011). A Social Marketing Approach to Value Creation in a Well-Women's Health Service. *Journal of Marketing Management*, 27(3/4), 361-385.
- Zainuddin, N., Russell-Bennett, R., & Previte, J. (2013). The value of health and wellbeing: an empirical model of value creation in social marketing. *European Journal of Marketing*, 47(9), pp. 1504-1524.

## **Empowered, uncertain or disinterested? Health seeking knowledge and search behaviours**

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## Introduction

Inappropriate nutritional decisions and decisions that may impact on health in later life are of particular public-policy importance where young consumers are concerned, given global increases in obesity and the potential for future increases in ill health which will both place a burden on public-health spending and also lead to lower life expectancy (Malik et al., 2013). Several assumptions underpin current health and nutrition communication policies. The first is that information provision will lead to better patient outcomes (Ricciardi et al., 2013). However, the ability to access online health information does not guarantee successful retrieval of information nor its correct interpretation or application (Agree et al., 2015). Further, while information is necessary, mere information provision alone is insufficient to change attitudes and behaviours (Marteau et al., 2008).

## Literature Review

There is an implicit assumption that people will use Internet-based resources to inform decisions impacting on their health and well-being. *“ehealth literacy skills are especially important to develop in young adults because these skills will inform their decision-making processes later in life”* (Britt and Hatten, 2013, p. 1). Young adulthood is also the time when *“many health practices including risky behaviours like smoking and drinking are established”* (Abel et al., 2014, p. 2). However, even among students enrolled in health education degrees, e-health literacy skills have been found to be poor (Stellefson et al., 2011). Theoretical foundations are also weak in this area, with neither of the two frequently cited theories, Uses and Gratification Theory (Hou & Shim, 2010) and Media Systems Dependence Theory (Bowes et al., 2012) providing any predictive capacity that can guide future intervention development.

## Methodology

We adopted recommendations from a systematic review (Collins et al., 2012) and synthesised approaches from a number of previously validated instruments. The questionnaire was structured in four parts. The first drew from themes in the literature, relating to information search patterns and use of information, together with perceived usefulness of different sources. The second part used the eHeals scale which measures confidence in online health information seeking behaviours (Norman and Skinner, 2006). The third, drawn from work by Brennan et al. (2010) among young adults, tested knowledge of commonly used health and nutrition terms. This study identified low levels of correct knowledge and considerable confusion regarding the meaning of a range of terms and measurements such as BMI, culminating in what the authors described as a *“general picture.... of relative ignorance and a degree of disinterest”* (p. 648) which does not bode well for active engaged participation in health decisions. The fourth section replicated a study by Rowlands et al. (2013) in which a new health literacy instrument measuring *“both reading comprehension and numeracy skills using a nutrition label”* (p. 116) was validated. An online questionnaire and paper-based questionnaire was administered to first year university students. One hundred and seventy five students in their second semester of their first year of study on business degree programs

completed the questionnaire. Of these, 12 did not indicate their gender. Of the remainder, 42% were male and 58% female; 54% were under the age of 20 and 38% were aged between 20 – 29 years.

## **Findings**

**Part 1: Use of Internet and Other Sources for Health Information:** Over half of respondents use the Internet to search for health information at least once a month, and also both before and after GP visits, with the primary reasons for the latter being better understanding of the condition (34%) and self-diagnosis (22%). Few found drug company sites or online discussion forums useful, preferring Internet sites for specific conditions – but rating these less useful than advice from family and friends. The combination of preferred and trusted communications channels should be taken into account in future intervention design.

**Part 2: eHealth Scale (Stellefson et al., 2011) Replication** (scale uses a five point Likert-type scale: only percentages for strongly agree / agree are reported). While respondents were moderately confident in their ability to find information (68%), they were less confident in their ability to evaluate the information (47%), tell high quality information from low quality (59%) or to use it to make decisions (35%). Thus it appears that assumptions of digital competency and confidence may be misplaced.

**Part 3 Brennan et al. (2010) Replication:** Definition of commonly used health and nutrition terms. The findings are consistent with the earlier study with widespread ignorance and disinterest evident: Only 3% correctly defined Omega 3 and oily fish; 1% fatty acids and prebiotics. While 17% gave a correct definition of a BMI and a further 60% a vague definition, only 38% were able to correctly classify a BMI of 35.

**Part 4: Nutritional Labelling literacy and numeracy:** 50% correctly calculated the total calories within a container of ice cream, 43% correctly calculated the effect of reduced ice cream consumption on saturated fat consumption and 42% the calories from a single serve as a percentage of recommended daily intake. While this is better than the results for the general population found in the original Rowlands et al. (2013) study, it is of concern that this group, who are better educated than the general population performed so poorly in both Parts 3 and 4.

## **Conclusions and Recommendations**

This study has shown that this key group is not fully engaged in health and nutrition issues and that they lack confidence in their own abilities to access and use information. This has significant implications for disease prevention activity as we would assume that engagement would increase in the event of a specific negative health diagnosis. More concerning is the inability of a large percentage of the cohort to correctly calculate simple numerical tasks. Given that this group is better educated than a substantial percentage of the population, we can reasonably assume that the problem will be worse within the wider population, with specific concerns for those who face literacy and numeracy challenges. If online resources are to be effective in helping to change health and nutrition behaviours, was need to be found to

overcome existing ignorance and disinterest and engage young adults in the issues and to improve their competencies in selecting and using material. The findings of this study have wider implications regarding the literacy and numeracy challenges faced by a large proportion of consumers across national borders.

## References

- Abel, T., Hofmann, K., Ackermann, S., Bucher, S. and Sakarya, S. (2014) 'Health literacy among young adults: a short survey tool for public health and health promotion research', *Health promotion international*, 30(3), 725 – 735.
- Agree, E. M., King, A. C., Castro, C. M., Wiley, A. and Borzekowski, D. L. (2015) “‘It’s Got to Be on This Page’: Age and Cognitive Style in a Study of Online Health Information Seeking”, *Journal of medical Internet research*, 17(3), e79 – e99.
- Bernabeo, E., & Holmboe, E. S. (2013). Patients, providers, and systems need to acquire a specific set of competencies to achieve truly patient-centered care. *Health Affairs*, 32(2), 250-258.
- Bestwick, C., Douglas, F., Allan, J., Macdiarmid, J., Ludbrook, A., & Carlisle, S. (2013). A perspective on the strategic approach to the complexity and challenges of behaviour change in relation to dietary health. *Nutrition Bulletin*, 38(1), 50-56.
- Bowes, P., Stevenson, F., Ahluwalia, S., & Murray, E. (2012). ‘I need her to be a doctor’: patients’ experiences of presenting health information from the internet in GP consultations. *British Journal of General Practice*, 62(604), e732-e738.
- Brennan, R., Dahl, S. and Eagle, L. (2010) 'Persuading young consumers to make healthy nutritional decisions', *Journal of Marketing Management*, 26(7-8), pp. 635-655.
- Britt, R. K. and Hatten, K. N. (2013) 'Need for Cognition and Electronic Health Literacy and Subsequent Information Seeking Behaviors Among University Undergraduate Students', *SAGE Open*, 3(4), 1 – 10.
- Collins, S. A., Currie, L. M., Bakken, S., Vawdrey, D. K. and Stone, P. W. (2012) 'Health literacy screening instruments for eHealth applications: a systematic review', *Journal of Biomedical Informatics*, 45(3), pp. 598-607.
- Hou, J., & Shim, M. (2010). The role of provider–patient communication and trust in online sources in Internet use for health-related activities. *Journal of Health Communication*, 15(sup3), 186-199.
- Malik, V. S., Willett, W. C., & Hu, F. B. (2013). Global obesity: trends, risk factors and policy implications. *Nature Reviews Endocrinology*, 9(1), 13-27.
- Marteau, T. M., Sowden, A. J. and Armstrong, D. (2008) 'Implementing Research Findings into Practice: Beyond the Information Deficit Model', in Haines, A. & Donald, A. (eds.) *Getting Research Findings Into Practice*. Oxford, UK: Blackwell Publishing Ltd, pp. 68-76.

Norman, C. D. and Skinner, H. A. (2006) 'eHEALS: the eHealth literacy scale', *Journal of Medical Internet Research*, 8(4), e27 – e37.

Ricciardi, L., Mostashari, F., Murphy, J., Daniel, J. G. and Siminerio, E. P. (2013) 'A national action plan to support consumer engagement via e-health', *Health Affairs*, 32(2), pp. 376-384.

Rowlands, G., Khazaezadeh, N., Oteng-Ntim, E., Seed, P., Barr, S. and Weiss, B. D. (2013) 'Development and validation of a measure of health literacy in the UK: the newest vital sign', *BMC public health*, 13(1), pp. 116.

Stellefson, M., Hanik, B., Chaney, B., Chaney, D., Tennant, B. and Chavarria, E. A. (2011) 'eHealth literacy among college students: a systematic review with implications for eHealth education', *Journal of Medical Internet Research*, 13(4), e102 – e 125.

## **Health apps: broccoli of the phone app world?**

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## **Introduction**

Analysis of mobile phone app use, unlike other digital media such as Facebook, remains almost totally un-researched, although smartphone penetration is high in most developed countries: 65% in Australia, 62% in the UK – higher than the USA at 56% with all three countries expected to achieve approximately 80% penetration by 2017 (Google / Ipsos Media CT, 2013). Smartphone ownership among teenagers is estimated at more than 75% (O'Keeffe & Clarke-Pearson, 2011). There are optimistic claims that apps offer the opportunity “*to bring behavioural interventions into important real life contexts*” to improve health (Dennison, Morrison, Conway, & Yardley, 2013, p. 87) but the mere existence of an app is no guarantee of it being used. Few respondents in previous studies have health-related apps, with one author noting that: “*In the candy store of iPhone apps, users treat health apps like broccoli*” (Melnick, 2010, p. 1). Further, a recent study found that government- developed mobile applications or games were actively avoided (Mulcahy, 2014). Within the extant literature, there are also numerous concerns about the proliferation of, and potential impact on, young people of promotional activity via digital media that encourage negative behaviours such as smoking, excessive drinking and unhealthy eating (BinDihm, Freeman, & Trevena, 2012; Boulos, Brewer, Karimkhani, Buller, & Dellavalle, 2014; Weaver, Horyniak, Jenkinson, Dietze, & Lim, 2013). This paper reports on the findings of a study to determine what types of apps were used by three cohorts of young adults.

## **Theoretical Foundations**

Uses and Gratification Theory suggests that people actively seek out information from specific media such as the internet to satisfy specific needs or achieve specific goals which may extend beyond information to encompass social and psychological needs (Hou & Shim, 2010). Consistent with the concept of Media Systems Dependency, online resources, may be seen as more accessible than other information sources and the more they are used, the more dependent people become on them (Tustin, 2010): satisfaction with initial use will lead to increased reliance on those sources. (Bowes, Stevenson, Ahluwalia, & Murray, 2012). The weaknesses of the two concepts are that, while they offer broad descriptive facilities, they do not offer predictive capacity.

## **Research Objectives and Methodology**

The objective was to assess the amount and nature of apps-based activity reported by a university student cohort and to identify the most frequently used types of apps and favourite apps. A student sample was chosen, as students are a large and growing group of consumers, recognised as trendsetters and often early adopters of new technologies, including the internet, mobile phones and other electronic devices, with usage being higher in some Asian and European countries than in the USA (Kumar & Lim, 2008). A multi-country survey method was chosen because it permitted us to gather information from two very different cultures, given a paucity of cross cultural studies (Fortunati & Taipale, 2014).

## **Findings**

Respondents report a wide range of app categories, as shown in Table 1, but compared to entertainment and social networking apps, few had health-related apps. When asked to list their three favourite apps, social networking sites, especially Facebook were the overwhelming favourites across all three groups. Health apps did not receive any mentions as favourites, with comments indicating that, if they had them the apps had ‘come with the phone’. While there may have been some tobacco and alcohol apps in the general games category, none were recorded as being among the top three favourites, therefore concerns may be overstated, at least for young adults. Two Australian respondents had drinking game apps, 7 had the app for a local liquor supply retailer that enabled them to pre-order alcohol for subsequent collection and one an app for blood alcohol level calculation. Two Singaporean respondents had drinks recipe apps and two unspecified apps. No Hong Kong respondents had alcohol-related apps. Only Australian 1 respondent had a tobacco-related app – to help him quit smoking. No respondents from the other two countries had tobacco apps.

**Table 1: Mean number of Apps in Categories of Phone Apps reported by respondents**

Category #significant differences between genders shown shaded	Australia n = 144			Singapore n = 142			Hong Kong n = 75		
	Mean Males	Mean Females	Mean Both Genders	Mean Males	Mean Females	Mean Both Genders	Mean Males	Mean Females	Mean Both Genders
Games	7.1	5.3	6.0	6.0	4.2	5.0	6.3	7.7	7.1
Utilities	5.6	4.2	4.8	3.7	6.6	5.3	4.7	3.7	4.1
Social networking	4.2	4.0	4.1	5.4	6.2	5.8	4.4	5.7	5.2
Music	2.0	2.1	2.1	2.1	3.0	2.6	1.9	2.5	2.27
Productivity	3.2	3.2	3.2	2.8	4.1	3.6	4.3	4.4	4.3
Travel	1.1	1.1	1.1	2.1	2.5	2.3	1.5	1.6	1.5
Sports	1.5	0.8	1.1	1.5	0.6	1.0	1.2	0.4	0.7
Health / Fitness	1.4	1.4	1.4	1.4	1.2	1.3	0.7	1.0	0.9
News / weather	1.7	1.6	1.6	2.0	2.0	2.0	2.4	2.5	2.4
Medical	1.0	0.4	0.6	0.6	0.5	0.5	1.0	0.3	0.6
Banking	3.7	3.4	3.5	2.2	4.3	3.4	1.7	4.8	3.6
Total	32.3	26.9	29.0	30.0	35.7	33.2	33.4	38.5	36.5

## Conclusions

Commercial marketers should be concerned by the apparent lack of interest in brand-related apps as the few that were nominated appear to have been selected for their utilitarian value rather than for any brand connection. With all apps, usage and enjoyment decide what a smartphone is to its users (Verkasalo, López- Nicolás, Molina-Castillo, & Bouwman, 2010) – and thus apps selected for it. The utilitarian focus evident in favourite app selection and usage frequency indicates that apps will only be selected if they are seen as having entertainment or social utility value for the user, consistent with the two descriptive theories noted earlier. The small number of apps in fitness / health listed in all three countries indicates that they are not valued and thus considerable work needs to be done to develop and test apps that have appeal to this sector. Future research will involve this age group in actively co-developing and testing possible options.

## References

- BinDihm, N. F., Freeman, B., & Trevena, L. (2012). Pro-smoking apps for smartphones: the latest vehicle for the tobacco industry? *Tobacco Control*, 1(4), 11 - 15.
- Boulos, M. N. K., Brewer, A. C., Karimkhani, C., Buller, D. B., & Dellavalle, R. P. (2014). Mobile medical and health apps: state of the art, concerns, regulatory control and certification. *Online journal of public health informatics*, 5(3), 229.
- Bowes, P., Stevenson, F., Ahluwalia, S., & Murray, E. (2012). 'I need her to be a doctor': patients' experiences of presenting health information from the internet in GP consultations. *British Journal of General Practice*, 62(604), e732-e738.
- Dennison, L., Morrison, L., Conway, G., & Yardley, L. (2013). Opportunities and challenges for smartphone applications in supporting health behavior change: qualitative study. *Journal of Medical Internet Research*, 15(4).
- Fortunati, L., & Taipale, S. (2014). The advanced use of mobile phones in five European countries. *The British journal of sociology*.
- Google / Ipsos Media CT. (2013). Our Mobile Planet. Retrieved from <http://www.thinkwithgoogle.com/mobileplanet/en/>
- Hou, J., & Shim, M. (2010). The role of provider-patient communication and trust in online sources in Internet use for health-related activities. *Journal of Health Communication*, 15(sup3), 186-199.
- Kumar, A., & Lim, H. (2008). Age differences in mobile service perceptions: comparison of Generation Y and baby boomers. *Journal of Services Marketing*, 22(7), 568-577.
- Melnick, M. (2010). In the candy store of iPhone apps, users treat health apps like broccoli. *Time: Health and Family*. Retrieved from <http://healthland.time.com/2010/10/21/inthe-candy-store-of-iphone-apps-users-treat-health-apps-like-broccoli/print/>
- Mulcahy, R. (2014). [Personal communication re Government / Quasi-government branded games].
- O'Keeffe, G. S., & Clarke-Pearson, K. (2011). The impact of social media on children, adolescents, and families. *Pediatrics*, 127(4), 800-804.
- Tustin, N. (2010). The role of patient satisfaction in online health information seeking. *Journal of Health Communication*, 15(1), 3-17.
- Verkasalo, H., López-Nicolás, C., Molina-Castillo, F. J., & Bouwman, H. (2010). Analysis of users and non-users of smartphone applications. *Telematics and Informatics*, 27(3), 242-255.
- Weaver, E. R., Horyniak, D. R., Jenkinson, R., Dietze, P., & Lim, M. S. (2013). "Let's get Wasted!" and Other Apps: Characteristics, Acceptability, and Use of Alcohol-Related Smartphone Applications. *JMIR mhealth and uhealth*, 1(1), e9.



## **Country and the Campus: Conceptualising Aboriginal Students University Experience**

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## **Introduction**

Enhancing the quality of life of individuals, communities and societies as a whole is the guiding tenet of social marketing (French and Gordon, 2015). The inequalities faced by minority groups such as Australian Aboriginal peoples, is an area in which social marketers can assist. Improving the educational attainment of Aboriginal Australians is a stated priority of the Council of Australian Governments' (COAG, 2009) 'closing the gap' policy. The participation of Aboriginal Australians in higher education varies across universities, yet remains below parity with the population percentage (Gale and Parker, 2013). This paper conceptualises how Aboriginal peoples' concept of Country is latent within the university campus experience yet is important to fostering cultural safety and, ergo, educational attainment.

### **Aboriginal Australians' Concept of Country**

Prior to invasion and colonisation, Australia comprised approximately 750 distinct Aboriginal societies with different languages or dialects, history and territories (Walsh, 1991; Collard, 2000). For Aboriginal people the concept of Country is profound—being on Country; being from Country; being of Country (Bunda, 2015) or example, the lived reality for a desert person is different from that of a saltwater person: the priorities, the food, the relationship to the weather is disparate. Country is inextricably tied to the Aboriginal body, spirit and mind in socio-economic, legal-political and religious-ethical disciplinary practices that have been translated and transferred across generations (Bunda, 2015). The Dreamings of each language group connects Country to all other aspects of life (Atkinson, 2002) including familial and spiritual bonds (Dudgeon, Garvey and Pickett, 2000). This makes being welcome on another Aboriginal language groups' Country to study, walk and work very important. It is broadly acknowledged that the concept of Country influences Aboriginal students (Bourke, Burden and Moore, 1996) but the concept of Country as a dimension of 'cultural safety' in the contemporary university campus experience of Aboriginal students remains unexplored.

### **Country and the University Campus Experience**

Today, university campuses offer a range of distinctive spaces, programs, activities and support structures for Aboriginal students as well as Torres Strait Islander students — both of which comprise Indigenous Australia. Aboriginal and Torres Strait Islander student support centres provide both a culturally-safe place for peer- making and academic support, but also a haven for respite, social networks and opportunities to 'give back' through mentoring or community activities (Day and Nolde, 2009). Such places can mitigate the isolation felt by some Aboriginal students (Barney, 2016), particularly when they have relocated from their home Country to attend university and are studying on another language group's Country.

Universities typically recognise the importance of their local surrounds by undertaking acknowledgements of and welcomes to Country (Harrison *et al.*, 2013). As the practice of making overt recognitions of Country have become widespread, cautionary

advice for universities offered by Everett (2009) is to avoid and be conscious of tokenism in acknowledgements and welcomes as they can be seen as inauthentic and undertaken to complete an institutional obligation to engage with Aboriginal content and perspectives. But beyond the manifest acknowledgements and welcomes, the role and influence of Country on the campus experience of Aboriginal students remains unfamiliar to most university staff. More accomplished education institutions have *some* staff that understand the important relationship between the institution and the Aboriginal owners of the land on which it stands, and both Aboriginal and non-Aboriginal staff who are adept at working within and across various social groups (Harrison and Greenfield, 2011). These staff build collaboration with the local community, displaying Aboriginal cultures through artworks, flags, reserve carparks for Indigenous community members, promote Sorry Day observances and teach about Aboriginal cultures (Harrison and Greenfield, 2011). Facilitating networks is also valuable in supporting Aboriginal students (Behrendt *et al.*, 2012) as networks enhance cultural safety by empowering individuals (Bin-Sallik, 2003). ‘Student-to-Country’ networks that connect Aboriginal students from another Country and the Aboriginal custodians of the Country where their university is located, for example, represents a potential social marketing initiative.

### **Universities as Culturally Safe Places on Aboriginal Country**

For many Aboriginal students, the campus experience is disjointed and at points contradictory. From the perspective of many Aboriginal students, the campus experience is often comprised of welcomes and acknowledgements of Country and other activities punctuated by interactions with some highly adept staff who understand the importance of the concept of Country and its (largely undocumented) relevance to perceived cultural safety. Yet in other campus experiences, many Aboriginal students encounter cultural blindness, being the belief that approaches used by the dominant culture are universally applicable (Cross *et al.*, 1989). Indeed, unfamiliarity with the uniqueness of local histories and expressions of Indigenous culture by academic staff, non-academic staff and fellow students frequently leads to the homogenisation of Aboriginal knowledges and cultures (Harrison and Greenfield, 2011). On the whole, these inconsistent campus experiences where Country is both exalted and ignored creates a confusing context for many Aboriginal students, resulting in muddled (at best) or suspicious (at worst) perceptions of the cultural safety of their university. Thus, attending university on another Country and receiving mixed messages regarding the university’s cultural safety leads to self-questioning of ‘fit’ and belonging and, in turn, sub-optimal learning (Kift and Field, 2009).

Beyond its influence on learning, the cultural safety of universities is known to influence Aboriginal peoples’ decisions to stay and complete their studies (Bin-Sallik, 1991; 2003); with national data reporting Aboriginal and Torres Strait Islander student completion represented only 0.5% of the total number of university completions (Department of Education, 2014). Cultural safety comprises a number of factors, including the appropriateness of student support structures, inclusive curriculum and interactions in the university environment that do not challenge or deny Aboriginal

students identity (Bourke, Burden and Moore, 1996; Williams, 1999; Wilks and Wilson, 2014). Cultural safety has cognitive, behavioural and affective aspects and is dynamic (Garvey, 2010), in that it is characterised by constant change over time.

### **An Overarching Research Question for Social Marketers**

There is an opportunity for social marketers to explore the deeper, latent role of Aboriginal Country and, albeit incrementally, assist in 'closing the gap'. Hence, the following research question is posited as a starting point for interested social marketers:

*RQ. How and why the concept of Country influence Aboriginal university students perceived cultural safety across their university campus experience and subsequent educational attainment?*

### **References**

- Attkinson, J. (2002). Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia. Melbourne: Spinifex Press.
- Barney, K. (2016). Listening to and learning from the experiences of Aboriginal and Torres Strait Islander students to facilitate success. *Student Success*, 7(1), 1-11.
- Behrendt, L., Larkin, S., Griew, G. & Kelly, P. (2012). Review of higher education access and outcomes for Aboriginal and Torres Strait Islander people: Final report. Retrieved from Department of Industry, Innovation, Science, Research and Tertiary Education website at <https://docs.education.gov.au/system/files/doc/other/heaccessandoutcomesforaboriginalandtoresstraitislanderfinalreport.pdf>
- Bin-Sallik, M. (1991). Aboriginal tertiary education in Australia – How well is it serving the needs of Aborigines. Underdale: Aboriginal Studies Key Centre, University of South Australia.
- Bin-Sallik, M. (2003). Cultural safety: Let's name it! *The Australian Journal of Indigenous Education*, 23, 21-28.
- Bourke, C. J. B., Burden, J. K. & Moore, S. (1996). Factors affecting performance of Aboriginal and Torres Strait Islander students at Australian universities: A case study, Department of Employment, Education, Training and Youth Affairs, Canberra: Commonwealth of Australia.
- Bunda, T, 2015 pers.comm, Head of College for Indigenous Studies, Education and Research, University Southern Queensland.
- Collard, K. (2000). Aboriginal culture. In Dudgeon, P., Garvey, D. & Pickett, H. (eds). *Working with Indigenous Australians: A handbook for psychologists* (pp. 21-26). Perth: Gunada Press.
- Council of Australian Governments (COAG). (2009). National integrated strategy for closing the gap in Indigenous disadvantage, Canberra: Commonwealth of Australia.

- Cross, T. L., Bazron, B. J., Dennis, K. W. & Isaacs, M. R. (1989). Towards a culturally competent system of care: A monograph of effective services for minority children who are severely emotionally disturbed, Washington: Georgetown University Child Development Center.
- Day, D. & Nolde, R. (2009). Arresting the decline in Australian Indigenous representation at university: Student experience as a guide. *Equal Opportunities International*, 28(2), 135-161.
- Department of Education, Science and Training. (2014). Selected higher education statistics - 2013 Indigenous students. Retrieved from <https://docs.education.gov.au/node/35969>
- Dudgeon, P., Garvey, D. & Pickett, H. H. (eds). (2000). Working with Indigenous Australians: A handbook for psychologists, Perth, Australia: Gunada Press. 5
- Everett, K. (2009). Welcome to country ... not. *Oceania*, 79(1), 53-64.
- French, J. & Gordon, R. (2015). Strategic social marketing, Sage: London.
- Gale, T. & Parker, S. (2013). Widening participation in Australian higher education. Report to the Higher Education Funding Council for England (HEFCE) and the Office of Fair Access (OFFA), England. CFE (Research and Consulting) Ltd, Leicester, UK and Edge Hill University, Lancashire. Retrieved from [http://www.ncsehe.edu.au/wp-content/uploads/2013/10/2013\\_WPeffectivenessAus.pdf](http://www.ncsehe.edu.au/wp-content/uploads/2013/10/2013_WPeffectivenessAus.pdf)
- Garvey, D. (2010). Ready, steady...practice! How working better with Indigenous Australian people can take as little as three minutes of your time. *Australian Community Psychologist*, 22(1), 8-17.
- Harrison, N., Page, S. & Finneran, M. (2013). Generative methodology: an inquiry into how a university can acknowledge a commitment to its Aboriginal community. *Australian Educational Research* 40, 339-351.
- Harrison, N. & Greenfield, M. (2011). Relationship to place: positioning Aboriginal knowledge and perspectives in classroom pedagogies. *Critical Studies in Education*, 52(1), 65-76.
- Kift, S. M. & Field, R. M. (2009). Intentional first year curriculum design as a means of facilitating student engagement: Some exemplars. In *Proceedings of the 12th Pacific Rim First Year in Higher Education Conference*, Queensland University of Technology, Townsville.
- Renwick, R. & Brown, I. (1996) Being, belonging, becoming: The Centre for Health Promotion model of quality of life. In Renwick, R., Brown, I. and Nagler, M. (eds.). *Quality of Life in Health Promotion and Rehabilitation: Conceptual Approaches, Issues, and Applications*. Thousand Oaks: Sage, pp. 75-88.
- Walsh, M. (1991). Overview of Indigenous languages of Australia. In Romaine, S. (ed), *Language in Australia*. Cambridge University Press.
- Wilks, J., & Wilson, K. (2014). 'Can't be what you can't see': The transition of Aboriginal and Torres Strait Islander students into higher education: Literature review 2014. Retrieved from

[http://www.nd.edu.au/2014.pdf.data/assets/pdf\\_file/0018/122364/OLT-ID-SI11-2138-Lit-Rev-Final-14-March-](http://www.nd.edu.au/2014.pdf.data/assets/pdf_file/0018/122364/OLT-ID-SI11-2138-Lit-Rev-Final-14-March-)

Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.

# **Consumer Insights into Changing Water Consumption Behaviour: A Social Marketing Case Study**

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## **Abstract**

The low rainfall in the UAE, combined with high population growth and strong economic development, has led to a critical increase in water demand. Therefore, in an attempt to improve water security, the UAE Government has increased reliance on large-scale desalination plants, notwithstanding the high associated cost of US\$3.21B (Szabo, 2011). Furthermore, the UAE Government has imposed water restrictions and water saving measures to manage demand and ensure the conscious use of water across the residential, commercial and industrial sectors. However, water consumption in the UAE is still one of the highest in the world; the average consumption per capita is 500 litres a day, around 82 percent above the global average (Szabo, 2011). Szabo (2011) found 57% of residential water consumption can be attributed to luxury lifestyles, lack of conservation measures, and lack of awareness of water scarcity in the country. Thus, this study tried to understand why the UAE residents are consuming water above the world average, using the Theory of Interpersonal Behaviour (TIB) as a framework for the study.

## **Dark side and the light: Comparing social marketing organisations and micro-celebrities social media performance**

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## **Introduction**

Social media has the potential to be a powerful tool for influencing social norms and normative behaviour as evidenced by the trends in contexts such as health behaviours including FitSpO, paleo, veganism, CrossFit etc. In any context some individuals have greater influence on consumers than others (Soneji, et al 2015) for example, celebrity chef Jamie Oliver has had a significant influence on food policy, school menus and individual food behaviour (Slocum, et al 2011). Individuals who achieve a high amount of attention on social media, with large numbers of followers are now being coined micro-celebrities, as they closely mimic mainstream celebrities on a smaller scale (Page, 2012; Thomas, 2014). As such, social marketers need to understand how consumers engage with social media and how micro celebrities influence consumers who seek to link their real or aspirational identities with those of their favourite micro celebrities or cultural movement for example, paleo. The rapid growth of social media and mobile phone ownership has made it increasingly possible for information exchanges, particularly user-generated content (Bernhardt, et al 2012) from micro-celebrities. The aim of this paper is to investigate social marketing organisations' social media performance and engagement in comparison to that of micro-celebrities.

## **Social Marketing and Social Media**

Despite the expanding use of social media, little has been published about strategies to use the channel effectively in both health promotion and social marketing (Neiger, et al 2012). Five broad purposes for use of social media in health promotion and social marketing have been proposed: (a) communicate with consumers for market insights (b) establish and promote a brand with consumers; (c) disseminate critical information; (d) expand reach to include broader, more diverse audiences and (e) foster public engagement and partnerships with consumers (CDC, 2010; Kruse, 2010). Further, social media provides a unique opportunity for social marketers to engage with target markets as they can provide consumer- driven content and reach hard to contact communities (Bernhardt, et al. 2012). Activating injunctive social norms amongst these target markets are likely to lead to beneficial social behaviours across a number of settings (Reno et al 1993). Through engagement with social media there is potential to influence these social norms. However, current empirical studies in social marketing suggest social media strategies are failing to gain and engage followers (Waters, et al 2011). This is a missed opportunity for social marketer and we don't yet know the steps required to use social media successfully as part of the social marketing mix. One potential way of improving social marketer's social media performance is by harnessing the power of micro-celebrities on social media.

## **Micro-Celebrities**

Like mainstream celebrities, micro-celebrities strategically maintain a large devoted number of followers, however, in order to do so, they must continuously communicate and interact via comments and posts on social media (Marwick, 2011). Micro-celebrities have strong self-brands and often align themselves with lifestyle and online trends such as #fitspo (fitness inspiration) and #foodporn (visually appealing food) (Page, 2012; Senft, 2012). To build a strong self-brand and a large devoted number of followers, micro-celebrities often achieve high levels of

exposure, reach and engagement.

## Method

Instagram profiles of micro-celebrities were identified using the search people function on Instagram. Micro-celebrities were chosen if they had over 5,000 followers, this is far greater than the average reported followers, which is 251 (Rayner, 2015). Organisations were chosen based upon their accreditation as recognised bodies and or advocates of health and well-being, including charities (such as Diabetes Queensland), government departments (such as VicHealth) and commercial organisations (such as Jenny Craig). Data from micro-celebrities and organisations were collected in March 2016. To compare differences between 10 micro-celebrities and 10 organisations Instagram statistics (see Appendix) independent sample t-tests were conducted.

## Results

The results show a significant difference between the number of posts by micro-celebrities ( $M=1,64^1$ ) and social marketing organisations ( $M=0,33$ ),  $t(18)=1.73$ ,  $p=.034$  (see Table 1). Results also showed significant differences between the total number of likes for micro-celebrities ( $M=466,09$ ) and social marketing organisations ( $M=31,07$ ),  $t(18)=2.92$ ,  $p=.000$ . Micro-celebrities ( $M=21,84$ ) had a significantly higher number of comments than social marketing organisations ( $M=0,61$ ),  $t(18)=3.75$ ,  $p=.000$ . Micro-celebrities ( $M=1,65$ ) follow a significantly higher amount of Instagram users than social marketing organisations ( $M=0,28$ ),  $t(18)=1.70$ ,  $p=.007$ . Finally, micro-celebrities ( $M=80,48$ ) have a significantly larger amount of followers than social marketing organisations ( $M=12,45$ ),  $t(18)=1.75$ ,  $p=.022$ .

Table 1: T-test results

Social Media KPI	F	Sig.	t	df
Number of Posts	5.257	.034	1.729	18
Total Likes	32.423	.000	2.922	18
Total Comments	24.276	.000	3.754	18
Following	9.227	.007	1.704	18
Followers	6.258	.022	1.746	18

## Discussion and conclusion

This study investigates social marketing organisations' social media performance and engagement in comparison to that of micro-celebrities. In doing so, this study has introduced micro-celebrities to the social marketing literature. Further, it demonstrates social marketers should be aware of the competition which exists on social media and the difficulties of gaining attention online. Currently, social marketing organisations are being outcompeted by micro-celebrities in regards to exposure, reach and engagement. This insight opens opportunities for social marketers to investigate how to harness the power or strategies of micro-celebrities to improve their social media performance and engage with their target market. Given that the followers of microcelebrities on social media seek to align their identities with those of the microcelebrities, this presents social marketers with a powerful opportunity to potentially

change social norms around their desired behaviour. Future research could investigate the use of hashtags and emoticons to increase engagement with followers. Other areas which may provide interesting future research is micro-celebrity endorsement of social marketing organisations and behaviours.

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<sup>1</sup> Mean results are shown in thousands

## References

Bernhardt, J. M., Mays, D., & Hall, A. K. (2012). Social marketing at the right place and right time with new media. *Journal of Social Marketing*, 2(2), 130-137.

Centers for Disease Control and Prevention. (2010). *The health communicator's social media toolkit*. Retrieved from

[http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit\\_BM.pdf](http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf)

Guidry, J., D. Waters, R., & D. Saxton, G. (2014). Moving social marketing beyond personal change to social change: Strategically using Twitter to mobilize supporters into vocal advocates. *Journal of Social Marketing*, 4(3), 240-260.

Kruse, K. (2010). *Social media metrics and ROI: The definitive guide for life science companies, hospitals and public health organizations*. Retrieved from

<http://www.krusesearch.com/ebook/social-media-metrics-and-roi>

Marwick, A. E. (2011). I tweet honestly, I tweet passionately: Twitter users, context collapse, and the imagined audience. *New Media & Society*, 13(1), 114-133.

Neiger, B. L., Thackeray, R., Van Wagenen, S. A., Hanson, C. L., West, J. H., Barnes, M. D., & Fagen, M. C. (2012). Use of social media in health promotion purposes, key performance indicators, and evaluation metrics. *Health Promotion Practice*, 13(2), 159-164.

Page, R. (2012). The linguistics of self-branding and micro-celebrity in Twitter: The role of hashtags. *Discourse & Communication*, 6(2), 181-201

Rayner, T. (2015). Instagram reveal statistics about Australian users: Female Dominante, 7/10 Active everyday, only share 7 posts a month. Retrieved from:

<http://www.techly.com.au/2015/05/15/instagram-reveal-statistics-australian-users-female-dominated-710-active-everyday-share-7-posts-month/>

Senft, T. M. (2013). Microcelebrity and the branded self. *A companion to new media dynamics*, 346-354.

Slocum, R., Shannon, J., Cadieux, K. V., & Beckman, M. (2011). "Properly, with love, from scratch" Jamie Oliver's Food Revolution. *Radical History Review*, 2011(110), 178-191.

Soneji, D., Riedel, A., & Martin, B. (2015). How Gordon Ramsay appeals to consumers: Effects of self-concept clarity and celebrity meaning on celebrity endorsements. *Journal of Strategic Marketing*, 25(3), 1-12.

Thomas, S. (2014). Celebrity in the 'Twitterverse': history, authenticity and the multiplicity of stardom situating the 'newness' of Twitter. *Celebrity studies*, 5(3), 242-255.

Waters, R. D., Canfield, R. R., Foster, J. M., & Hardy, E. E. (2011). Applying the dialogic theory to social networking sites: Examining how university health centers convey health messages on Facebook. *Journal of Social Marketing*, 1(3), 211-227.

## Appendix A-Instagram Account Overviews

### Micro Celebrities

Instagram Account	Posts	Likes	Comments	Following	Followers
Vegiehead	7,9	796,5	42,6	4,6	30,6
Saladpride	0,5	10,9	2,9	7,5	18,9
hemsleyhemsley	1,5	1,145,4	34,9	2,2	214,6
ohsheglows	1,05	1,167,2	54,2	0,08	365,5
recipe4healing	0,13	26,6	1,5	0,2	17,2
fitbrittnutrition	0,47	167,7	9,8	0,2	27,2
melissas_healthykitchen	0,99	393,3	28,8	0,4	22,8
eatingwitharielle	0,29	160,9	9,2	0,5	9,4
healthforhappy	0,4	765,5	12,3	0,09	,08

### Organisations

Instagram Account	Posts	Likes	Comments	Following	Followers
VicHealth	0,13	1,6	0,05	0,13	0,76
QueenslandHealth	0,53	0,27	0,01	0,19	0,21
CancerCouncil	0,77	3,7	0,08	0,03	2,4
WeightWatchers AU/NZ	1,1	46,9	2,2	0,09	0,9
thebutterflyfoundation	0,01	0,5	0,01	0,01	0,5
dietitians_association_aus	0,1	9,3	0,3	1,9	3,4
nutritionaustralia	0,02	1,2	0,06	0,02	2,7
Foodbank South Australia	0,05	0,5	0,01	0,3	0,3
worldhealthorganization	0,5	252,3	3,35	0,04	113,0
diabetesqld	0,08	0,8	0,03	0,08	0,4

\*Numbers are represented in

**Peta Watt, I choose you! Preliminary insights into the potential of avatars for social marketing**

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## **Introduction**

Technology is changing the way consumers and social marketers interact (Bernhardt, et al. 2012) and providing avenues for the use of avatars; human-like graphic representations personified via computer technology (Holzwarth, et al 2006). To date, the avatar literature has focused on the commercial context and on pleasurable behaviours; for instance gaming entertainment (Bailey, et al 2009) and internet shopping (Pentina & Taylor, 2010). However, avatars used for social marketing purposes differ from these contexts in that the aim is for consumers to perform less pleasurable behaviours such as exercise or recycling and for social good. To date there has been little investigation in a social marketing context about the use of avatars so this research seeks to explore the first step in the process of avatar use; the selection stage. Research in commercial marketing has provided useful insights as to the design features which create an effective and desired avatar by consumers, these include cues such as gender and attractiveness avatar (Bélisle & Bodur, 2010) however we do not know if consumers choose avatars for a social behaviour on the same basis as a commercial or entertainment purpose. With this in mind, the purpose of this paper is to investigate why consumers choose particular avatars within a social marketing program.

### **Extending avatars into social marketing**

Avatars are now being designed in such a way to possess human like characteristics such as hair colour, voice and language (Moon, et al. 2013). One study by Jinn (2009) hints at the potential for avatars in social marketing with their findings indicating the presence of an avatar can increase consumer's interaction with 'exergame'. Avatars are potentially useful for social marketing as they can be used as a representation of a consumer's actual self, extended self or ideal self (Behm-Morawitz, 2013; Belk, 2013) which may increase motivation to change or perform a behaviour in the real world. Further, avatars can be used as a social support tool by providing credibility and trust (Chattaraman, et, al. 2012; Mull, et al. 2015). Social marketing programs typically struggle with engaging consumers sufficiently and for long enough to make a difference (Macario, et al 2013). Many programs, particularly in the health domain reveal results between 5% and 10% in behaviour change (Snyder 2007). Avatars may assist social marketers to bring an emotional connection and personal relevance to a topic that may be tedious and not very exciting to them e.g. losing weight, recycling, saving energy. This connection may then help the effectiveness of social marketing programs in achieving the social goal.

## **Method**

The sample for this study consists of 335 participants from Program X which was developed by XYZ<sup>1</sup> sustainability organisation with the support of ABC marketing agency and 123 university. Program X was a digital social marketing program which tackles household electricity use for 18-35 year old low income earners in CITY<sup>2</sup> Australia. During the

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<sup>1</sup> Name of organisation anonymised

<sup>2</sup> Name of city anonymised

program, participants were required to select an avatar to commence using the mobile games of the program (see Appendix). The avatars known collectively as the “Watt” family represented different members of a fictitious household. The data for this paper was collected via a post-program survey and open-ended questions, including: “can you tell us why you chose this character?” The first round of coding the data was carried out using open coding to find common themes in the data. This was followed by a second round of coding which utilised axial coding to identify relationships and links among the open codes (Corbin & Strauss, 2014).

## **Results and Discussion**

Three key themes arose from the data to explain why consumers choose particular avatars for a social behaviour; household role, emotional attachment and extension of self. The most frequently mentioned theme was the ability of the avatar to reflect the role the consumer within the household. For example, participants who were mothers indicated they picked Peta Watt because it reflected their parental role in their household: “*Cause it’s a mum like me*” “*Cause I am mummy*” “*I’m the mum in my family*”. The adoption of the avatar reflective of the household role provides opportunity to assist consumers in performing the desired behaviours by having the avatar simulate behaviours within the control of that household role. For example, the ‘mother’ avatar could simulate the energy champion role which is an important facilitating role for energy efficiency (Clancy & O’Loughlin, 2002). The second key theme was emotional attachment, which refers to the level of connection a consumer feels to an avatar based upon the emotional appearance of the avatar. Participants discussed how the appearance of an avatar, particularly the avatar’s perceived emotional state encouraged them to attach themselves with an avatar: “*It was the cutest and looked happy and friendly*” “*It was cute and funny looking*”. Social marketers could build interactive components into their program to leverage the emotional connection with the avatar such as emojis of the avatar with different emotional expressions the consumer can choose to indicate their mood. The third theme was the avatar as an extension of self-resulting in consumers selecting either the baby or the pet avatar rather than an avatar that resembled themselves. New mothers or pregnant women discussed how they chose the Nano Watt due to the arrival or impending arrival of a baby: “Because the baby is cute and I have a 5 month old baby”. Additionally, participants spoke of the reasons picking Killa Watt based upon their affection for their pets and in particular dogs: “I love my dog” “I like pets”. The choice of this type of avatar reflects traits of the consumer such as loyalty or social connection to others (Mulcahy, et al 2015) and increases their sense of identity (Mosteller, 2008).

## **Conclusion**

Avatars in the past have shown to provide social support (Chattaraman, et, al. 2012), and there is potential for avatars to also provide emotional support for social marketing issues such as mental health. Indeed, past research has shown games, which often use avatars, as an effective method for overcoming negative emotional states such as depression (Jones, et al 2014). This may provide an interesting area for future research. Theoretically, this paper introduces avatars to the social marketing literature. This study investigated the importance of creating avatars that both reflect the roles people play in the social behaviour (in this case the household role of the participant) and emotional attachment.



## References

- Bailey, R., Wise, K., & Bolls, P. (2009). How avatar customizability affects children's arousal and subjective presence during junk food-sponsored online video games. *CyberPsychology & Behavior*, 12(3), 277-283.
- Behm-Morawitz, E. (2013). Mirrored selves: The influence of self-presence in a virtual world on health, appearance, and well-being. *Computers in Human Behavior*, 29(1), 119-128.
- Bélisle, J. F., & Bodur, H. O. (2010). Avatars as information: Perception of consumers based on their avatars in virtual worlds. *Psychology & Marketing*, 27(8), 741-765.
- Belk, R. W. (2013). Extended self in a digital world. *Journal of Consumer Research*, 40(3), 477-500.
- Chattaraman, V., Kwon, W. S., & Gilbert, J. E. (2012). Virtual agents in retail web sites: Benefits of simulated social interaction for older users. *Computers in Human Behavior*, 28(6), 2055-2066.
- Clancy, D., & O'Loughlin, D. (2002). Identifying the 'energy champion': a consumer behaviour approach to understanding the home energy conservation market in Ireland. *International Journal of Nonprofit and Voluntary Sector Marketing*, 7(3), 258-270.
- Corbin, J., & Strauss, A. (2014). Basics of qualitative research: Techniques and procedures for developing grounded theory. Sage publications.
- Holzwarth, M., Janiszewski, C., & Neumann, M. M. (2006). The influence of avatars on online consumer shopping behavior. *Journal of Marketing*, 70(4), 19-36.
- Jin, S. A. A. (2009). Avatars mirroring the actual self-versus projecting the ideal self: The effects of self-priming on interactivity and immersion in an exergame, Wii Fit. *CyberPsychology & Behavior*, 12(6), 761-765.
- Jones, C. M., Scholes, L., Johnson, D., Katsikitis, M., & Carras, M. C. (2014). Gaming well: links between videogames and flourishing mental health. *Frontiers in psychology*, 5. Keeling, K., McGoldrick, P., & Beatty, S. (2010). Avatars as salespeople: Communication style, trust, and intentions. *Journal of Business Research*, 63(8), 793-800.
- Macario, E., Krause, C., Cooke Katt, J., Caplan, S., Stevens Payes, R., & Bornkessel, A. (2013). NIDA engages teens through its blog: lessons learned. *Journal of Social Marketing*, 3(1), 41-55.
- Moon, J. H., Kim, E., Choi, S. M., & Sung, Y. (2013). Keep the social in social media: The role of social interaction in avatar-based virtual shopping. *Journal of Interactive Advertising*, 13(1), 14-26.
- Mulcahy, R., Russell-Bennett, R., & Kuhn, K. A. (2014). Balancing entertainment and behaviour value: M-games as a social marketing agent of change. In *Proceedings of the 2014 Australian and New Zealand Marketing Academy Conference: Agents of Change* (p. 627).

Mull, I., Wyss, J., Moon, E., & Lee, S. E. (2015). An exploratory study of using 3D avatars as online salespeople: The effect of avatar type on credibility, homophily, attractiveness and intention to interact. *Journal of Fashion Marketing and Management*, 19(2), 154-168.

Pentina, I., & Taylor, D. G. (2010). Exploring source effects for online sales outcomes: the role of avatar-buyer similarity. *Journal of Customer Behaviour*, 9(2), 135-150.

### **Appendix: Avatars**



Note: Peta Watt (Purple), Nano Watt (Blue), Milli Watt (Pink), Micro Watt (Yellow), Killa Watt (Green) and Mega Watt (Orange)

## **Exploring parents' attitudes towards active school travel in Queensland**

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### **Abstract**

Active school travel (AST) has significantly declined over the past 30 years both globally and in Australia. And there is little research that empirically identifies how the attitude towards AST among Queensland parents with primary school aged children. Only a handful of studies adopted qualitative methods to investigate how parents' attitudes towards AST are formed. This paper aims to address the two aforementioned gaps by adopting focus groups to explore Queensland parents' attitudes towards AST and to explore the reasons why certain attitudes are held. This study employs focus groups to explore Queensland parents' attitudes towards AST. Parents that have primary school children were recruited and a total of 5 focus groups with 5 to 6 people in each group were conducted. The initial analysis of collected data indicates that participants held positive attitudes towards AST, however the overwhelming majority of them choose not to walk or cycle with their children to school for three key reasons, namely social norms, physical environment, and practicality. Further data analysis will be conducted before the conference to provide more depth to the emerging themes. The results of this research will provide insights for social marketers to better design future active school travel interventions.

## Can a digital approach change low-income energy saving behaviours?

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Rebekah Russell-Bennett is a professor in the QUT Business School and is the immediate past president of the Australian Association of Social Marketing. Rebekah undertakes research in social marketing with a technology or services focus. Rebekah has published more than 150 peer-reviewed articles and is considered an international leader in the field of social marketing. She is also the co-editor of the Journal of Services Marketing, an A ranked journal in the ABDC list.

Rory Mulcahy is a lecturer of marketing at the University of Sunshine Coast. Rory just recently completed his PhD in 2015 and has published articles and conference papers in the Journal of Social Marketing, ANZMAC, the World Social Marketing Conference and International Social Marketing Conference. His research interest include serious games, digital marketing and the micro-celebrity endorsement.

Ryan McAndrew holds a PhD in social marketing and is a senior research assistant at Queensland University of Technology. His research involves examining group-level motives for excessive alcohol consumption in friendship groups. He has previously worked on social marketing projects in the areas of healthcare, tertiary education, and alcohol reduction. He has presented his research at Australian and international conferences.

Tim Swinton is the Commercial Projects Manager at CitySmart. He has delivered a range of innovative energy efficiency programs producing tangible environmental, social and commercial outcomes across the residential and business sectors. Tim is a graduate of the QUT Business School and completed a Graduate Certificate in Built Environment and Engineering.

Jo-Anne Little is the Marketing Project Manager for the Reduce Your Juice project at CitySmart. She is a marketing professional with over 15 years industry experience across a variety of brands and organisations. Specialising in digital and social marketing, she has an interest in the application of digital marketing and gamification techniques for social good.

Professor Marcus Foth is founder and director of the Urban Informatics Research Lab, Research Leader of the School of Design, and Professor in Interactive & Visual Design, Creative Industries Faculty at Queensland University of Technology. Marcus' research focuses on the relationships between people, place and technology. He leads a cross-disciplinary team that develops practical approaches to complex urban problems. He adopts human-computer interaction and design methodologies to build engagement around emerging issues facing our cities

### Abstract

Low-income earners are a key vulnerable group in society with limited resources leading to diminished lifestyles in health and well-being (Hampson, et al 2009) and large energy bills can often contribute further to their burden. Past approaches to energy saving behaviour are typically informational and have achieved limited success in motivating people to change. As a result there have been calls for different approaches to encouraging energy saving behaviour that go beyond information and awareness (Hargreaves, et al. 2010). As a behaviour focused discipline, social marketing is well-placed to address the deficits of past energy efficiency programs. One way to engage people in contexts that are low-involvement where disinterest is high (such as energy efficiency) is the use of digital tools such as mobile phones and games. While social marketers are using these tools to change behaviours (Russell- Bennett et.al. 2016, Mulcahy, et. al. 2015, Schuster et. al. 2013) there is mixed evidence of their effectiveness. This study addresses the research question of; *Can a digital approach change low-income energy saving behaviours?* This study uses a quasi-experimental design with data from three different sources at multiple points in time; self-report surveys, electricity bills and kilowatts used. The stimulus for the design is the digital social marketing program *Reduce Your Juice* (2015 winner National Energy Efficiency Awards). The results indicate that a digital approach is highly effective in changing behaviours and generating impact in a short period of time.

**Cross-disciplinary teaching in social marketing: Bridging the gap between health and marketing for undergraduate university students. A case study of the 'Marketing for Health and Wellbeing' course at the University of South Australia.**

Amy Wilson and Svetlana Bogomolova

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**Abstract**

Social marketing is at the forefront of using multi-disciplinary approaches for promoting the health and wellbeing of individuals and communities. However social marketing is not often taught to students from disciplines outside of marketing. To address this gap, the authors developed a new undergraduate course, Marketing for Health and Wellbeing, which teaches students from various disciplines about how marketing concepts can be used to promote health and wellbeing. The course is cross-disciplinary, uses an active student- centered learning and is very practical and applied. Students (n=59) were very satisfied with the course and perceived the course to be useful for their degree/career. This course 'shines a spotlight on the special connection between health and marketing' and equips students with the knowledge to apply marketing concepts to promote health and wellbeing, and skills to work with people from various disciplines.

# Identifying the most effective way to promote a local product: A case study of olive oil

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## Abstract

Driving consumer demand for local food is vital as it supports local farmers and economies and provides public health benefits. However, there is a lack of research to determine how local food can be promoted more efficiently in supermarkets without using heavy discounting. This practice is inaccessible to many local producers with higher production costs than international competitors. This paper examines which off-location displays (i.e., end-of-aisle displays, special displays outside of store) generate higher sales for a local product, and which promotion framing approach (i.e., “20% off” or “Member’s Price”) results in larger price elasticities for a local product. This study used the natural experiment method – an analysis of 31 weeks (8 July 2015 to 9 February 2016) of supermarket transactional data linked to records of where in the supermarket the product (local olive oil) was displayed and what promotion framing (if any) was used in respective weeks. The highest sales uplift was when the product was sold at a front endcap, a special display outside store, and in-aisle: 191% sales uplift. Results from the Marshallian price elasticities showed that the effect on sales was smaller (-10.3) when the olive oil was sold at the Member’s price (\$7.99), as compared to a 20% discount (-14.2). To investigate and increase the prominence of local foods, an experiment is currently under way using promotion framing that doesn’t offer a monetary discount, but highlights that the product is locally produced.

## **Vegetable Consumption in Greater Western Sydney - 45 and Up age group**

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### **Abstract**

The 45 and up age group is of special interest to public health policy makers as over the next 30 years, a quarter of Australia's population is expected to be older than 65. Vegetables are an important part of a healthy diet as they contribute to prevention of non-communicable diseases. This paper examines whether residing in a transport-disadvantaged area, along with respondents' place of birth is associated with vegetable consumption levels. Our results show a significant multivariate interaction effect for transport-disadvantage and country of birth. However, the main effects of being in a transport-disadvantaged area were unusual. Reasons are offered for the unexpected findings.



# Exploring scepticism among young urban Indians towards ethical foods and ways to foster trust

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## Abstract

When it comes to ethical consumption, previous studies have highlighted that a consumer's ethical intentions may not necessarily translate into actual purchase (Auger & Devinney, 2007; Carrigan & Attalla, 2001; Devinney, Auger, & Eckhardt, 2010; Follows & Jobber, 2000). Common reasons for this include the perceived ease or difficulty of performing a particular behaviour (Ajzen, 1991; De Pelsmacker & Janssens, 2007; Follows & Jobber, 2000; Straughan & Roberts, 1999), lack of adequate resources being available to the consumer (Ajzen, 1991) and social desirability, which might positively influence ethical intentions but which may not result in actual purchase (Cialdini, 2003; Flynn & Goldsmith, 1994; Pronin, Berger, & Molouki, 2007). To date, the findings on ethical consumption relate largely to consumers in developed markets with relatively little information on emerging markets. India, which is one of the world's most populous countries with a relatively young median age of just 27 years (Central Intelligence Agency 2012), is important market to consider. As the country undergoes rapid social and economic change, there is a young and affluent urban middle-class emerging that is adopting new consumption habits and revolutionising the traditional urban way of life (Majumdar 2010; Sinha 2011). In terms of understanding ethical consumerism in urban India, the literature on this subject is especially sparse. Previous studies have highlighted that while urban Indians might advocate buying environmentally friendly products, the lack of awareness and non-availability of such products are barriers to usage (Gill, 2012; Jain & Kaur, 2006) and, hence, information about the benefits of such products is first necessary in order to increase consideration (Maheswari & Malhotra, 2011). This study aimed to go deeper by exploring consumer attitudes towards ethical foods, which offered social and environmental benefits, and factors influencing these attitudes, thereby aiming to understand the perceived opportunities and challenges relating to such a concept. Hence, the main question of this research study is – *What are urban Indian attitudes like towards ethical foods and what might influence their attitudes?*

# **Using Communications-Human Information Processing (C-HIP) model to evaluate effectiveness of alcohol warning labels: An empirical examination**

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## **Abstract**

Alcohol abuse continues to exist within Australia, with the alcohol industry implementing strategies such as alcohol warning labels on beverage containers to address community concerns as part of a more comprehensive strategy to address Australia's alcohol drinking culture. Mixed evidence is available on the effectiveness of warning labels suggesting more research is needed. An online survey targeting Australian women was used. Through the use of snowball sampling and an email list, 734 respondents were recruited and completed the online survey. Study participants were randomly exposed to one experiment wine label condition (out of a possible four) where the alcohol warning label was embedded to examine the effectiveness of differing warning label designs on the attention and understanding of the warning label. Results from the study indicate that warning labels designed through suitable frameworks such as the C-HIP model may improve a warning labels' ability to draw attention and help readers to understand the content of the warning label. Implications for theory, practice and suggestions for future research are outlined.

# Texting and Driving Behaviour: An Empirical Examination of the Extended Health Belief Model

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## Abstract

It is estimated that 63% and 41% of young Australians (17-24 year olds) read and send text messages while driving (D.I.R.D, 2014). The Health Belief Model (HBM) is among the most frequently used theories in social marketing campaigns (Luca & Suggs, 2013) and has more recently been extended to include a sixth construct, self-efficacy referred to as the Extended Health Belief Model (EHBM) (Bylund et al., 2011). Previous texting and driving research has focused on the application of the Theory of Planned Behaviour (TPB) to explain texting and driving behaviour (Nemme & White, 2010; Gauld, Lewis, White & Watson, 2015). In a qualitative study of 25 college undergraduate students, Watters and Beck (2016) analysed and related findings of texting and driving behaviour to the HBM. Hence, it is warranted to understand whether the HBM can explain texting and driving behaviour to extend the theory base applied to texting and driving. Furthermore, to date, the EHBM has not been applied in the texting and driving context. This formative research study provides an empirical examination of the EHBM's effectiveness in explaining texting and driving behaviour for a 17-25 year old age segment. A total of 400 respondents completed an online survey following an email invitation to participate in the study. Results indicated the EHBM is partially effective in explaining the variation in texting and driving behaviour ( $R^2 = 27.3\%$ ). This study has demonstrated the EHBM's applicability to a new context, namely texting and driving and determined that the EHBM may be used to guide social marketing program design.

## References

- Bylund, C. L., Galvin, K. M., Dunet, D. O., & Reyes, M. (2011). Using the extended health belief model to understand siblings' perceptions of risk for hereditary hemochromatosis. *Patient Education and Counseling*, 82(1), 36-41. doi:10.1016/j.pec.2010.03.009.
- Gauld, C. S., Lewis, I. M., White, K. M., & Watson, B. (2015). Key Beliefs Influencing Young

Drivers' Engagement with Social Interactive Technology on their Smartphones: A Qualitative Study. *Traffic injury prevention*, (just-accepted), 00-00.

Luca, N. R., & Suggs, L. S. (2013). Theory and model use in social marketing health interventions. *Journal of Health Communication*, 18(1), 20-40.

Nemme, H. E., & White, K. M. (2010). Texting while driving: Psychosocial influences on young people's texting intentions and behaviour. *Accident Analysis & Prevention*, 42(4), 1257-1265.

## **Bringing dual-process thinking to social marketing: Results from the Go Food intervention**

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### **Abstract**

This paper describes the pilot testing of a healthy eating intervention conducted in a military dining hall which took a broadened approach to social marketing via recognition of conscious and automatic behavioural pathways, during both formative research and intervention planning. Intervention development was guided by extensive formative research, and the intervention included communications (conscious pathway) and environmental changes (automatic pathway). Intervention impact was evaluated using a pre-post behavioural observation (plate photography) design. Significant differences were observed in the evaluation measures after the social marketing intervention, all in a beneficial direction.

## **UV. It all adds up – a new message for skin cancer prevention**

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<sup>1</sup> With qualifications in Marketing, Terri Miano has worked for the Cancer Council Victoria since 2004 predominately developing social marketing campaigns for Quit Victoria. During this time she has worked on many campaigns including the National Health Warnings, Smokefree Homes and Cars and ‘Separation’ - a campaign targeting parents which was then licensed to other countries such as the USA and UK. Most recently Terri has moved into working on a broader range of cancer prevention campaigns such as ‘LiveLighter’ and the

2015/2016 SunSmart summer campaign ‘UV. It all adds up’. Terri is passionate about campaigns that educate and provide support to the community to make lifestyle changes that can help reduce their risk of cancer.

<sup>2</sup> Laura Wakely has spent almost a decade in media and communications. A former journalist with forays into print, radio and online platforms, Laura has covered everything from Melbourne’s music scene to Federal politics. Since 2014 she has focused her attention on skin cancer prevention as the media and communications adviser for the SunSmart program at Cancer Council Victoria. During this time, Laura has been proud to have contributed to SunSmart’s world-leading work, including two state-wide summer campaigns, redevelopment of the SunSmart app and widget, and the 3<sup>rd</sup> International Conference on UV & Skin Cancer Prevention in 2015.

## **Project Overview**

‘UV. It all adds up’ is a new campaign developed by the SunSmart program at Cancer Council Victoria to tackle incidental UV exposure. The campaign aims to improve people’s awareness of the danger of incidental sun exposure and ultimately improve sun protection behaviours. The campaign was launched during National Skin Cancer Action Week in November 2015 and continued throughout summer to February 2016.

## **Background and policy context**

SunSmart’s core business is UV protection, aiming to prevent and minimise the adverse effects of UV through effective skin cancer prevention and early detection initiatives, improving awareness of vitamin D and promoting a balanced approach to UV exposure. The Program objectives for 2013–17 are to:

1. Build the capacity of priority organisations and settings to play a role in managing the effects of UV exposure on health.
2. Advocate for supportive environments and infrastructure to ensure a balanced approach to UV exposure.
3. Improve the awareness and knowledge amongst priority population groups of UV through the communication and active dissemination of key messages information and resources.
4. Identify, establish and maintain strategic partnerships to work towards common goals.
5. Demonstrate leadership and good practice in UV protection evaluation and research to guide the SunSmart program.
6. Ensure systems are in place to operate as an effective and efficient program.

After 30 years of mass media campaigns and strategies primarily focused on the dangers of tanning, there is good awareness among Victorians of the health risks associated with deliberate tanning. However, Victorians continue to develop tanned skin and other UV damage from day-to-day exposure. This ‘incidental’ damage is the next chapter for summer UV protection media campaigns in Victoria. The 2015-19 campaign *UV. It all adds up* aims to address this challenge by highlighting the dangers of incidental UV exposure and ultimately improve sun protection behaviours.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

1. To increase awareness of developing skin cancer through incidental exposure to UV.
2. To increase the proportion of the target group that intends to use sun protection when outdoors.

## Customer orientation

Two in three Australians will be diagnosed with skin cancer by the age of 70.<sup>i</sup> It is by far the most common cancer in Australia with 784 new cases diagnosed each week in Victoria alone. In one year, 478 Victorians died from skin cancer – almost double the road toll for that same year.<sup>ii</sup> Focus testing was carried out with a section of the target audience (Victorians aged 18-34) to find a concept that was able to increase awareness of personal risk/susceptibility of developing melanoma and skin cancer through incidental exposure; and to increase and reinforce awareness of effective sun protection behaviours, thus increasing the likelihood of behavioural change. Feedback was incorporated into the campaign development to ensure the message of the campaign remained relevant to this audience.

## Insight

Evaluation results from successive campaigns that focus on the dangers of tanning have highlighted successes in cut through and changes in social norms. For example, in comparing the summer of 2010-11 with the summer of 2003-04, preference for a suntan decreased among both Australian adolescents and adults, as did misconceptions about the health benefits of tanning.<sup>iii</sup> Although fewer people are sunbaking, it is still common for Australians to report having tanned skin, which suggests that skin damage is occurring through more incidental UV exposure. This is supported by an internal report, which found more Australians are sunburnt doing activities around the home (such as gardening and chores) or doing other passive recreation activities (such as reading or having a BBQ) than are sunburnt at a beach, lake or pool.

## Segmentation

*UV. It all adds up* is targeted to Victorians aged 18-34 years old. People 18-34 years represent a large proportion of the Victorian population (20%). An attitudinal overlay was used to identify those with minimal concern or worry and who might be at greatest risk for incidental exposure, as well as to develop a strategy to address these barriers. For example, those in the target audience who disagreed with the statement ‘I worry about getting skin cancer’ and classified as light TV viewers were 48% more likely to have streamed video in the last four weeks, compared to all people in Victoria. Digital video was therefore included to reach this audience. The campaign strategy also considered the media consumption habits of the target audience, including their heavy online use (43% of target audience spent more than 24 hours a week online), strong outdoor profile and fragmented screen viewing habits.

## Exchange

Despite being the most common cancer in Victoria, skin cancer is also the most preventable. By using good sun protection, a person can reduce their risk of skin cancer at any age. *UV. It all adds up* establishes a clock motif in campaign creative as a representation of UV damage accumulating with every moment spent unprotected in the sun. When a person uses sun protection, such as shade or a hat) the clock stops. But for the person who doesn’t take steps to



protect their skin, the clock – and UV damage – keeps adding up, until it runs out and that person is shown being wheeled into an operating room, uncertain and scared about the future. This grim consequence is a reminder to the audience of the seriousness of skin cancer and the incentive to improve their sun protection behaviour.

## **Competition**

Sun protection is a simple behaviour change, however people may not know what they need to do, how to do it or forget. *UV. It all adds up* is about reinforcing the importance of sun protection. Radio, outdoor and display advertising are especially important to reaching the audience as they go about their day-to-day activity and are susceptible to UV damage. These ‘on-the-go’ reminders are included with ‘how to’ campaign components, for example Outbrain articles examining the common mistakes people make when applying sunscreen.

*UV. It all adds up* also competes with media and marketing depictions of people over summer that include bronzed skin and lack of sun protection. These often present tanning and non-SunSmart behaviour as fun, carefree and energetic. The strong consequence of skin cancer depicted across *UV. It all adds up* creative helps to combat this perception.

## **Theory**

The *UV It all adds up* campaign aligns with the Health Belief Model, by increasing the perceived threat of skin cancer from cumulative UV exposure, demonstrating what can be lost through failure to take action, and providing a clear call to action.

## **Marketing Mix**

The media consumption of the target audience was analysed to determine the most effective channels to achieve optimum reach. An attitudinal overlay was then used to identify those with minimal concern or worry about skin cancer, who would therefore be at greatest risk of incidental UV exposure. The media buy for *UV. It all adds up* was then allocated as per the results of this media consumption analysis, which included a combination of television, radio, outdoor, digital video, digital content seeding, Facebook, Google Search and Google Display. Unpaid media was also used to enhance the reach of this advertising activity. This included a campaign launch, with experts and a case study to attract media attention. Reactive media opportunities and media releases issued during the campaign period were used to further disseminate key messages, as were social media channels (Facebook, Twitter, YouTube). SunSmart also engaged stakeholders to promote the campaign – this included a Parliamentary engagement event and campaign toolkits for GPs, Medicare Locals, cancer clinicians, cancer services and educators from tertiary, secondary and primary institutions.

## **Partnerships**

*UV. It all adds up* is supported by Cancer Council Victoria, VicHealth and the Victorian State Government. Customedia provided media planning advice and strategy development, and JWT provided creative development of the campaign assets.

## **Evaluation and results/Lessons Learned**

The campaign was evaluated through an online tracking survey of Victorians aged 18-39 years old. The television advertisement was well received and was found to clearly communicate key messages. In total, 47% of participants recognised either the television or radio advertisements. This figure was slightly lower than expected but did not include recognition of outdoor or digital components, which will be important to capture in future evaluations (particularly in light of the rapidly changing media landscape). There was a statistically significant, positive impact on attitudes toward the harms of cumulative UV exposure and on attitudes and intentions to use sun protection during day to day activities i) over time (before compared with during the campaign) and ii) when comparing those who did and did not recognise the television advertisement.

### References

- Australian Institute of Health and Welfare. Australian Cancer Incidence and Mortality (ACIM) books: Melanoma of the skin. AIHW, 2015. Retrieved from: <http://www.aihw.gov.au/acim-books/> on October 27.
- Thursfield V, al. e. *Cancer in Victoria: Statistics & Trends 2013*. Cancer Council Victoria: Melbourne, Australia 2014.
- Volkov A, Dobbinson S, Wakefield M, Slevin T. Seven-year trends in sun protection and sunburn among Australian adolescents and adults. *Australian & New Zealand Journal of Public Health* 2013; 37(1): 63-9.

## **Reaching Vietnamese and Indian Women: The PapScreen Victoria Multicultural Campaign**

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<sup>1</sup> Ali Hickerson is an experienced communications professional who has been working with Cancer Council Victoria since 2014. In 2005, Ali Hickerson graduated summa cum laude at DePaul University with a Bachelor degree in Journalism and has worked in communications, media and production roles since.

Cancer Council Victoria is a non-profit cancer charity organisation involved in cancer research, patient support, cancer prevention and advocacy. PapScreen Victoria is a communications and recruitment program funded by the Victorian Department of Health and Human Services as part of the National Cervical Screening Program and is coordinated by the Cancer Council Victoria. The program's goal is to decrease the incidence and mortality of cervical cancer among Victorian women.

To achieve this goal, a key activity is delivering social marketing campaigns.

\*Hiranthi Perera is an experienced public health manager who has worked for Cancer Council Victoria for over 8 years. Hiranthi completed a Bachelor of Applied Science majoring in Health Promotion and in 2013 completed a Masters in Business Administration. Hiranthi has managed the statewide communications and recruitment program for cervical screening in Victoria since 2011.

## **Project Overview**

PapScreen Victoria developed the multicultural campaign to coincide with International Women's Day in 2016 with the aim of raising awareness of the need for regular cervical screening to prevent cervical cancer primarily with Vietnamese and Indian women residing in Victoria. Two videos were produced with Victorian women and doctors from these communities to provide key messages, destigmatize talking about sex and myth busting and were promoted digitally.

A comprehensive six week radio and print ad campaign in seven languages complemented the new videos.

## **Background and Policy Context**

Cervical cancer is a potentially fatal disease that is largely preventable via early detection through screening (Pap tests). Cervical cancer is primarily caused by an infection with the human papillomavirus (HPV), a very common sexually transmitted infection. Regular Pap tests (two-yearly) can prevent around 90% of cervical cancers (PapScreen Victoria, 2016).

People from culturally and linguistically diverse (CALD) backgrounds diagnosed with cancer have poorer outcomes and poorer quality of life compared to non CALD groups. This is due to lower screening rates, later diagnosis, lower survival rates and higher rates of reported side effects (Cancer Australia and Federation of Ethnic Communities' Councils of Australia, 2010).

Cervical cancer is the 4<sup>th</sup> most commonly diagnosed cancer among females in the world (World Health Organization, 2016, a). Women who migrate to Victoria from countries where there is a high prevalence of cervical cancer, bring a heightened risk with them, but this risk diminishes over time, eventually approaching the same as that of Australian-born women (Victorian Cancer Register, 2016). Many countries do not have cervical screening programs.

The latest census showed 1,405,332 Victorian residents who were born in a country other than Australia, comprising 26.2% of the state's population, which is an increase from 23.8% in 2006. According to the latest Victorian Cervical Cytology Registry Statistical Report, the overall percentage of women screened who had a country of birth recorded by the VCCR was 17.4%. However, this reporting is not mandatory at this point in time.

## **Case-study Benchmark Criteria**

### **Using the French and Blair-Stevens 2006 8 Benchmark Criteria: Benchmark 1**

Little was known about how Vietnamese and Hindi-speaking Indian communities in Victoria participate in cervical screening. Therefore PapScreen Victoria commissioned focus groups in 2015 with the Vietnamese and Hindi communities to develop a better understanding of women's knowledge about cervical cancer and cervical screening, and the barriers and enablers to accessing screening.

Specific behavioural goals for the campaign were established, including:

- establish an understanding of the importance of regular cervical screening among the target audience
- challenge misconceptions, myths and stigma around cervical cancer and it's connection to sexual activity.

Please note it was not possible to create a measurable behavior goal as screening participation for CALD women is not routinely collected and awareness levels among this group have not been previously evaluated.

## **Benchmark 2**

Before development of the campaign, a report was compiled for PapScreen Victoria by the Centre for Behavioural Research in Cancer which analysed the top 15 countries of origin for Victorians; top 15 languages spoken at home; English language proficiency among those groups; global cancer burden; and estimated incidence, availability of screening and immunisation services.

This report helped pinpoint priority groups who needed messaging about cervical screening. We also took into account that whichever communities we chose would have adequate promotional channels and we analysed other cervical cancer prevention groups in Australia to ensure we were not duplicating efforts in the Hindi and Vietnamese communities.

The Indian community is Victoria's largest emerging community. There is no nationwide screening program in India and every year in India over 122,000 women are diagnosed with cervical cancer, and most cases present in advanced and late stages. Over 20% of cancer deaths in women in India were from cervical cancer (World Health Organization, 2014, b).

The Vietnamese community is growing in Victoria, with a large proportion of women who do not speak English well or do not speak it at all within screening age. Cervical cancer remains one of the top cancers for women in Vietnam, with over 5,000 cases per year (World Health Organization, 2014, c).

Focus groups were conducted involving eight group discussions with four groups with women from each of Vietnamese and Hindi backgrounds. For each cultural segments, the four groups were split by age (25-39, 40-59) and screening status (current screener / under screened).

The groups were conducted in a mix of English and women's native languages (Vietnamese, Hindi), with an interpreter in each group aiding the process. The discussions were recorded, transcribed and thematically analysed.

Further detail of the focus groups is provided in benchmark four.

## **Benchmark 3**

The Health Belief Model was utilised in designing this campaign. We used the constructs of the model to guide our messaging:

- Perceived susceptibility –

Message: All of us are at risk. You need cervical screening every two years between the ages of 18 and 70 – or from two years after becoming sexually active, whichever comes later.

- Perceived severity –

Message: Early stages of cervical cancer usually do not show symptoms. Regular cervical screening can reduce the chance of getting cancer by 90 percent. In Australia, regular screening can save 1200 women from cervical cancer each year.

- Perceived benefits –

Message: The rate of cervical cancer in Australia is amongst the lowest in the world due to our screening programs. If you do have changes, the earlier they're found, the better chance there is for effective treatment.

- Perceived barriers –

Message: Having a Pap test is nothing to be embarrassed about. Once you do have sex, it's important to get yourself screened. Cervical cancer has nothing to do with hygiene.

- Cue to action –

Message: Book an appointment if you're overdue.

- Self-efficacy –

Message: It is one of the easiest tests available to screen for cancer.

## **Benchmark 4**

The campaign messaging and methods for communication were identified by focus group research among the target communities (method detailed in benchmark two). The aim of the research was to develop a better understanding of women's knowledge about cervical cancer and cervical screening, and the barriers and enablers to accessing screening in order to identify culturally appropriate promotional strategies among these communities that would help inform campaign messaging.

Additionally, a Vietnamese and Indian Bilingual Health Facilitators from Cancer Council Victoria were consulted during the development of the campaign.

Some of the difficulties surrounding communicating cervical cancer prevention messages are: stigma, language, low literacy levels, low understanding of health/preventative health issues, low understanding of accessibility of services.

These difficulties were addressed in the content of the videos created around the campaign. Furthermore, it was identified that women did not have reliable, Australian information about cervical screening in-language. Therefore, we created a landing page on the papscreen.org.au website for each of the seven languages of the wider campaign to provide more detail into the disease and point women in the direction of where they needed to go for further information.

## **Benchmark 5**

The exchange concept was very important in the development of this campaign, as stigmatization around cancer, sex (especially sex before marriage) and perceived costs around screening were high.

It was important for us to convey these messages through people the community would trust, therefore we sought Victorian women from Hindi and Vietnamese backgrounds and General Practitioners to ensure these challenging notions were coming from trusted authority figures and community.

To navigate these issues, in the videos we highlighted:

- that regular cervical screening (which is an easy test) can pick up any abnormal changes early, giving you the best chance for effective treatment;
- the taboo of sex, but stating that screening is necessary after sexual activity commences and it's nothing to be embarrassed about; and
- regular cervical screening is a preventative measure to make sure you are healthy and

around to see your kids grow and enjoy life.

### **Benchmark 6**

Competition for the behaviour of regular cervical screening may include:

- Cultural taboos around sexual activity and cancer
- Unawareness of the need for regular cervical screening to prevent cancer
- Emotional triggers, discomfort or previous poor experiences
- Lack of services available that cater to CALD communities.

### **Benchmark 7**

The segmentation approach was utilised in this campaign using different messages for each audience, as identified through our focus groups.

### **Benchmark 8**

The primary target audience for the video component of the campaign was women aged 25 to 69 from the Hindi and Vietnamese community residing in Victoria.

Throughout the development and implementation of this campaign, we used the marketing mix to determine what kind of content our target audience preferred (product), how they preferred to get the information (place) and highly-targeted promotion.

The campaign messages were promoted by social media, pre-roll, public relations, print and media ads, newsletter articles promoting the campaign by partner organisations and use of the videos in community education sessions.

## **Evaluation and Results**

The PapScreen CALD campaign is still running at the time of writing. Results of the campaign will be available in June 2016.

## **Lessons Learned**

While evaluation is not yet available to form our lessons learned, some considerations we have noted are:

- Anecdotal evidence indicates that women are hesitant to comment publicly about the benefits of the campaign because it is considered 'taboo' in nature and instead have shared their thoughts via Cancer Council bilingual educators
- A substantial budget is required to obtain a heavy media buy across many languages
- Evaluation is difficult with these target audiences for the reasons already specified.

## Reference List

- Cancer Australian and Federation of Ethnic Communities' Councils of Australia. 2010. *Cancer and Culturally and Linguistically Diverse Communities*. Deakin, ACT.
- PapScreen Victoria. (2016). *Benefits of the Pap test*. Retrieved from <http://www.papscreen.org.au/forwomen/aboutpaptests/aboutpaptestsbenefits>
- Victorian Cancer Register. 2016. *Cancer in Victoria: Statistics & trends 2014*. Melbourne, Victoria.
- a. World Health Organization. 2012. *Globocan. Cervical cancer: Estimate Incidence, Mortality and Prevalence Worldwide in 2012*. Retrieved from: <http://globocan.iarc.fr/old/FactSheets/cancers/cervix-new.asp>
- b. World Health Organization. *Cancer Country Profiles, 2014. India*. Retrieved from: [http://www.who.int/cancer/country-profiles/ind\\_en.pdf?ua=1](http://www.who.int/cancer/country-profiles/ind_en.pdf?ua=1)
- c. World Health Organization. *Cancer Country Profiles, 2014. Viet Nam*. Retrieved from: [http://www.who.int/cancer/country-profiles/vnm\\_en.pdf?ua=1](http://www.who.int/cancer/country-profiles/vnm_en.pdf?ua=1)



## **Drink Water: A pilot social marketing intervention to increase secondary student consumption of water and reduce their consumption of soft drink**

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## **Project Overview**

‘Drink Water’ was a school-based pilot study undertaken at Shoalhaven High, a regional school in New South Wales, Australia. The social marketing intervention was conducted from May to September 2015. The objectives of the project were to increase secondary student’s preference for, and consumption of water as a drink, and reduce their consumption of Sugar Sweetened Beverages (SSBs). The project comprised:

- Focus group and survey research with students in Years 9, 10 and 11
- Health education lessons on the benefits of water and negative health effects of soft drink
- Screening of an Australian documentary ‘That Sugar Film’
- Development of, and exposure to, posters comparing key benefits of water with health effects of soft drink and a sign showing sugar content of beverages sold at the canteen
- Access to five new bottle refill taps and repairs to bubblers in the school grounds
- Provision of free refillable ‘Drink Water’ bottles for all students
- Design and creation of a ‘Drink Water’ mural for students in Year 9.

## **Background**

In 2011-2012, over 25% of Australian children aged five to 17 years were overweight or obese (ABS 2014). SSBs have been widely recognised as a major dietary contributor to weight gain and the World Health Organisation (2015) released guidelines recommending the reduction of free-sugar consumption to 10% of a person’s total diet. The latest National Nutrition Survey states that 20% of the Australian diet consists of sugars with 9.7% of total sugars from soft drink consumption alone (ABS 2014). Water is recommended as a healthy alternative because it contains no sugar and helps prevent nutrition-related non-communicable diseases (Popkin et al. 2010).

## **Case-study Benchmark Criteria**

### **Goals**

The goals of the ‘Drink Water’ intervention which lasted for three months were to increase Year 9 and 10 students’ knowledge of sugar content of SSBs by 10%, decrease their positive attitudes toward and consumption of soft drink by 5%, increase their positive attitudes toward and consumption of water by 5%. The project also aimed to increase the availability of water and reduce availability of sugary drinks in the school environment and increase student awareness of the healthfulness of water and the health problems associated with SSBs.

### **Customer orientation**

There is increased prevalence of overweight/obesity and high consumption of soft drink among Indigenous Australians and people of low socioeconomic status (Hector et al 2009). Additionally, teenagers (14-18 years) have been the highest consumers of soft drink for almost two decades (ABS 2014). The selected setting for the pilot was a high school of socio-

economic disadvantage with a high percentage of Aboriginal students (24%) (ACARA 2013). Consultation with the Principal, Deputy Principal and health teachers found that poor nutrition, including student consumption of SSBs and energy drinks, hindered learning for some students. Despite the NSW Healthy School Canteen Strategy, soft drinks and flavoured mineral waters were sold at the school canteen. Following a review of the literature on adolescent consumption of water and SSBs, a pre-test survey questionnaire was developed and conducted with students in Years 9 and 10. Pre-test survey results found that 43% reported having soft drink 2 to 5 times a day or more (and up to several times a day) and 23% reported consuming soft drink at school. Students reported they accessed water via bubblers at school but also preferred to bring their own drink bottle. The majority of students underestimated the amount of sugar in soft drink and 33% underestimated the RDI of water.

### **Insight**

To gain more in-depth contextual understanding of student attitudes and beverage consumption behaviour, four focus groups were conducted with (n= 32) students in Years 9, 10 and 11. Sample materials for the intervention were discussed including the 'Rethink Sugary Drink' posters and draft 'Drink Water' posters. A thematic analysis of focus group transcripts created key target audience recommendations which informed the development of the intervention. Students were less concerned with the longer-term health benefits of drinking water vs soft drink, but were concerned about: the sugar content of SSBs; immediate weight gain (over a year); the effects of a sugar slump; and the visual/sensation effects of SSBs such as feeling on your teeth, potential of tooth decay, and perceived effects of appearance of skin. Students wanted the negative aspects of SSBs to be directly compared with positive facts about water. Their preference was to learn via interactive experiments and this feedback was integrated into the development of the lesson plan. Students preferred bottle refill taps to bubblers and identified that many of the school bubblers were not working.

### **Segmentation**

The target audience was high school students as this group are among the highest consumers of SSBs in Australia (ABS 2014). Secondary audiences identified included teachers and parents who influence this target group. Following consultation with health promotion experts, teachers and the school leadership team, students in Years 9 and 10 were selected because they have established their identity and provide a peer influence over younger students. Further, the educational components of the intervention were deemed most suitable for this age group. Some aspects of the project (distribution of drink bottles, changes to canteen, provision of bottle refill taps and educational posters throughout the school) were made available to all students as well as staff at the school. Staff were provided information about the project via staff meetings. Parents were provided information about the project via notes home, newsletters and a presentation at the Parents and Friends (P&F) meeting.

### **Exchange**

Health lessons and educational posters highlighted the negative effects of SSBs (as perceived

important by students) and presented water as the healthy alternative. Posters were placed at drinking stations throughout the school, as well as in classrooms and at the school canteen. A sugar content sign at the canteen demonstrated the amount of sugar in each product sold, in comparison with water which has no sugar. Drinking stations around the school were improved with the installation of more bottle refill taps (preferred by students), posters, and a mural painted by students to promote the 'Drink Water' message. Every student was given a free refillable drink bottle to support their behaviour, and make use of the new refill taps.

## **Competition**

The key competition to drinking more water was undesirability of water stations around the school and poor promotion of bottled water at the school canteen. This was addressed by installation and promotion of new bottle-refill taps and more prominent positioning of water in the canteen refrigerator. The competition to drinking less soft drink was student preference for and industry promotion of SSBs. To counter this, students explored the profits and the marketing tactics of the soft drink industry and learned about the negative health effects of SSBs, with water promoted as a fresh, free alternative.

## **Theory**

Socio-ecological Theory (McLeroy et al. 1988) was used to understand the multi-factorial influences of adolescent behaviours including: individual factors (e.g. knowledge, attitudes, skills); interpersonal factors (e.g. social networks); the school environment (e.g. physical environment, ethos); and community level factors (e.g. cultural values, norms and public policy). Use of this theory and its application in previous studies (de Bruijn et al. 2007) demonstrated that strategies were needed at each level to support knowledge, attitude and behaviour change. 'Drink Water' addressed individual factors of students, interpersonal factors (social norms, family, teachers and school influence) and the school environment (canteen, water supply and school policy), but had limited influence at community level.

## **Marketing Mix**

The actual product, water, was promoted as safe, clean, free, readily available and easily accessible with the brand 'Drink Water: It's Fresh. It's Free'. The augmented product included improved access to water at school, the provision of re-fillable drink bottles and new bottle refill taps. The core product included short term benefits as perceived by the target group (improved appearance of skin and teeth and avoiding the negatives of soft-drink including sugar consumption, effects on teeth, weight gain, and the sugar slump). Long term benefits included improved health and reduced risk of becoming overweight or obese, developing dental caries and conditions such as Type 2 diabetes and cardiovascular disease. Price strategies included: increasing cost of SSBs and reducing the cost of bottled water at school canteen; improving awareness of health benefits and improved access to free water and bottled water. To influence social norms and make drinking water more normative, free refillable drink bottles were distributed to all students. The psychological cost of SSBs was increased via education of negative effects (lessons and posters). Place strategies included: improved water provision in high traffic areas including five new bottle refill taps;

maintenance to five bubblers; installation of a mural and educational posters (in lockable display cabinets); increased visibility of bottled water at school canteen; and the sugar content sign showing teaspoons of sugar in each beverage sold at the point-of-purchase. The brand 'Drink Water: It's Fresh, It's Free' and other promotional messages were used to increase awareness, influence attitudes and change behaviour. Messages were promoted via school grounds (posters on walls in high traffic areas, classrooms, near drinking stations and canteen), health lessons, drink bottles, school newsletters and website, notes sent home, presentation at P&F meeting, staff meetings and news media. Drink Water involved a partnership between a disadvantaged regional secondary school, a local health promotion service and a university to implement a pilot social marketing project. The successful engagement of both students and staff in this project was aided by the central involvement of a health teacher at the school.

### **Evaluation and Results**

A pre-post survey was used to determine changes in student's knowledge, attitude and consumption behaviour in relation to water and soft drink. The questionnaires included questions from similar studies (de Bruijn et al. 2007, Bere et al. 2008, and Denney-Wilson et al. 2009). Students in years 9 and 10 completed the survey during class time, with n=147 for the pretest and n=134 in the post-test. Student knowledge of the sugar content in soft drink increased after the intervention with the number of students correctly identifying the sugar content increasing from 28% to 35%. A statistically significant decrease ( $p < 0.05$ ) was found in responses to two student attitude questions ('at meal times I prefer to drink soft drink over water' and 'drinking soft-drink makes me feel good') however no statistically significant change was reported in student's attitudes to water. Student consumption of water 'several times a day' increased at home (36% pre to 39% post) and at school (21% pre to 35% post). This is likely due to the new infrastructure (bottle refill taps and bubblers) the provision of free refillable bottles, and the educational components of the intervention. Whilst there was trend towards reduced consumption of soft drink at home, there were no significant changes in student consumption of soft drink at home or at school. Potentially this could have been achieved with a larger sample size, a longer intervention period and the involvement of parents, as well as the cooperation of the school canteen to increase the price of soft drink.

### **Lessons Learned**

A social marketing intervention within a school setting that includes educational, promotional and environmental components can be effective in increasing student consumption of water, increasing student knowledge of sugar content of SSBs and decreasing positive attitudes towards soft-drink. While the partnership was successful, a longer and wider-reaching intervention was needed to involve parents, effect school policy and work more cooperatively with the canteen. Sustainability in the pilot school is expected as a result of the new infrastructure and the ongoing use of lesson resources. Key to the success was consultation and involvement of school staff, formative research, improved infrastructure, and flexibility.

### **References**

ABS (Australian Bureau of Statistics). (2014). Australian Health Survey: Nutrition First Results Foods and Nutrients. 2011-12, cat. No. 4364.0.55.007

ACARA (Australian Curriculum, Assessment and Reporting Authority). (2013). My School, viewed 23 September 2015, <http://www.myschool.edu.au/>

de Bruijn, G. J., Kremers, S.P.J., de Vries, H., van Mechelen, W. & Brug, J. (2007). Associations of social–environmental and individual-level factors with adolescent soft drink consumption: results from the SMILE study. *Health Education Research*, 22 (2), 227–237.

Denny-Wilson, E., Crawford, D., Dobbins, T., Hardy, L. & Okely, A. (2009). Influences on consumption of soft drinks and fast foods in adolescents. *Asia Pacific Journal of Clinical Nutrition*, 18 (3), 447-452.

Hector, D., Rangan, A., Louie, J., Flood, V., Gill, T. (2009). Soft drinks, weight status and health: A review. New South Wales Centre for Public Health Nutrition, Sydney.

McLeroy, K. R., Bibeau, D., Steckler, A. & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Behavior*, 15 (4), 351-377.

Popkin, B. M., D'Anci, K. E., Rosenberg, I. H. (2010). Water, hydration and health. *Nutrition Review*, 68 (8), 439-458.

World Health Organization. (2015). Guideline: Sugars intake for adults and children, viewed 24 March 2015, <http://apps.who.int/iris/>

## Walk to School 2015

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Dr Jenny Veitch is a National Health and Medical Research Council funded Senior Research Fellow at the Institute for Physical Activity and Nutrition, School of Exercise and Nutrition Sciences at Deakin University. Her research involves examining the role of the neighbourhood built environment on physical activity and sedentary behaviour among youth and adults. Dr Veitch has a particular research interest in the role of parks and public open spaces and how features of parks may be associated with use and overall physical activity levels across the lifespan.

## **Project Overview**

Walk to School is an annual, high profile community campaign that has been funded by VicHealth since 2006. The Walk to School 2015 campaign encouraged Victorian primary school students to walk, ride or scoot to and from school as often as possible during October 2015. The campaign achieves this aim through statewide promotions, and by supporting primary schools, local councils and communities to integrate active travel behaviours into their local settings.

## **Background and policy context**

National guidelines recommend that children aged 5–12 engage in at least 60 minutes of moderate to vigorous physical activity every day (Department of Health and Ageing, 2004), however only one in five children aged 5-17 achieve this (Australian Bureau of Statistics 2013a), and less than 20% of Victorian children walk to school (Australian Bureau of Statistics 2013b). The Walk to School campaign aims to increase physical activity through the promotion of school active travel.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

Walk to School 2015 aimed to increase walking to and from school behaviour among Victorian primary students (with a particular focus on those with low walk to school behaviour), during October 2015. Campaign goals were to:

- Increase overall primary student participation by 10% to 86,500 students (from 78,628 in 2014)
- Increase overall walks by participating students by 10% to 1,373,000 walks (from 1,248,124 in 2014)
- In order to achieve this, the Walk to School 2015 campaign objectives were to:
- Increase awareness of the Walk to School campaign and the benefits of walking to and from school for Victorian primary school aged children (with a particular focus on those with low walk to school behaviour), amongst their families, and the general community, compared to 2014 results
- Change attitudes of carers of primary aged children towards walking to and from school after the campaign compared to before the campaign
- Increase council engagement through VicHealth's Walk to School grants program to by 5% to 55 councils (from 52 in 2014)
- Increase primary school engagement by 10% to 550 schools (from 499 in 2014) including a 15% increase in schools from low SEIFA (Socio-Economic Indexes for Areas) score areas to 224 (from 195 in 2014)
- Increase walking behaviour in student segment identified as having very low walking behavior by 100% to 0.2 walks per week (from 0.1 in 2014).

### **Customer Orientation and Insight**



Evidence suggests that active travel – walking and cycling instead of driving – contribute to individual achievement of recommended physical activity levels (Australian Institute of Health and Welfare 2012), and that high levels of persistent physical activity participation in children are correlated with adult levels of activity (Telama et al. 2005).

To understand how best to promote active travel within the target audience, customer and stakeholder insights were gathered through a range of channels such as parent and carer surveys, social media engagement, and feedback from stakeholders. These related to motivations and barriers to participating in the campaign and walking to and from school, perceptions of social norms, and perceptions of agency.

VicHealth also undertook message and creative concept testing prior to the Walk to School 2015 campaign to develop key messages and images that resonated with the target audience. Consumer insights were applied in the following ways:

- Key campaign messages were selected, promoting social connection and the ‘part way is ok’ message.
- Communications encouraged parents and carers to walk with their children, to address road safety and ‘stranger danger’ concerns.
- Images used across the campaign were selected to resonate with parents’ motivations and avoid raising safety concerns.
- The website was updated to improve the user experience for distinct user groups.

### **Segmentation and Marketing Mix**

Walk to School 2015 aimed to engage Victorian primary school students (aged 5-12) with a focus on families with low walking to school behaviour. Families with low walk to school behavior were identified through the Walk to School 2014 campaign evaluation, as children of parents or carers who live more than 5km away from the child’s school, have very little intention to increase the number of times their child walks to or from school and perceive low levels of control over whether their child walks to or from school. Parents were targeted through a mix of online advertising, marketing, earned media and public relations activities, direct email, posters and school-based signage, and social media. Local councils and schools, key drivers of local campaign activity, were reached through email marketing, social media and direct contact (phone and face-to-face).

### **Exchange**

Walk to School provides the benefits of better health, social engagement, and increased independence for participating students. The costs (to carers and children) of walking to and from school include time, physical effort, and perceived safety risks. The campaign aims to minimise and offset the costs by supporting families to develop daily routines that involve walking, by providing an enjoyable sense of connection with the school and community, and by providing opportunities for children to develop safety skills and independence. The costs to councils and schools participating in the campaign centre around time and effort required, and this is offset by grants and resources provided to councils, and a range of resources and

prizes offered to schools to reward their participation.

## **Competition**

Key internal competition includes time demands on parents, schools and councils. Campaign design and communications aim to address these challenges. External competition includes a range of campaigns and programs that target primary schools or primary aged children and promote active transport, and extra-curricular activities. Walk to School is set apart from similar campaigns by its longer duration, and by the community-level engagement through councils and schools, which support community-level action to promote and enable longer term school active travel.

## **Theory**

Walk to School draws upon the Theory of Planned Behaviour. This theory, applied to walk to school behaviour, suggests that parents (as decision makers for primary school students) will be more likely to allow their children to walk to school if they:

1. believe walking to school is a positive behaviour, and
2. believe other people see walking to school as a positive behaviour, and
3. feel that they have control over the decision about their children walking to school.

Actual behavioural control may be affected by a number of barriers outside parents' control, such as a lack of footpaths/safe crossings, distance between home and school, weather, terrain, etc. The campaign engages councils and schools to address some of these barriers. The campaign was designed to develop positive perceptions and social norms around walking to school by encouraging a large number of students to walk to and from school, and to provide opportunities and incentives for carers to realise their control over their children's walking behaviour.

## **Partnerships**

VicHealth partnered with 61 of Victoria's 79 local councils through a grants program to fund the delivery of locally-relevant, community focused promotion, engagement and long term walking initiatives. A community partnership was developed with Cricket Victoria and the Melbourne Stars Big Bash team to support the campaign promotion and delivery.

## **Evaluation and results**

Results of the Walk to School 2015 campaign were:

- 108,997 participating students: an increase of 39% compared with 2014 results
- 1,780,659 walks recorded: an increase of 43% compared with 2014 results
- 36% awareness among target audience and 17% awareness among the Victorian community: a 10% increase among target audience and 3% increase among the Victorian community, compared with 2014 results

- No change measured in attitudes of carers towards walking to and from school
- 61 councils engaged through the grants program: an increase of 15% compared with 2014 results
- 620 primary schools participated: an increase of 24% compared with 2014 results
- 251 participating schools from low SEIFA score areas: an increase of 29% compared with 2014 results
- Average of 0.9 walking trips among participating students identified as having the lowest walking behavior: an 800% increase compared with 2014 results.

### **Lessons Learned**

- Engagement and promotional activities should be delivered with more lead time to allow better stakeholder and partner engagement.
- Given the strong Facebook following by parents, content could better engage this audience by providing tips and sharing ‘real life’ stories and discussion points.
- Web content could be enriched by featuring the benefits to participation on the homepage, providing testimonials and highlighting the results from the previous years.
- Paid advertising does not efficiently drive sign ups to the campaign, and investment in social media content promotion to increase reach and social norming should be considered.

### **References**

Australian Bureau of Statistics 2013a, *Australian health survey: physical activity, 2011-12*, 4364.0.55.004, Australian Bureau of Statistics, Canberra.

Australian Bureau of Statistics 2013b, *Census At School Australia, 2013 National Summary Tables*, Australian Bureau of Statistics, Canberra.

Department of Health and Ageing 2004, *Australia’s physical activity recommendations for 5-12 year olds*, Department of Health and Ageing, Canberra.

Australian Institute of Health and Welfare 2012, *Risk factors contributing to chronic disease*. Cat. no. PHE 157. Australian Institute of Health and Welfare, Canberra.  
<<http://www.aihw.gov.au/publication-detail/?id=10737421466>>.

Telama, R, Yang, X, Viikari, J, Välimäki, I, Wanne, O & Raitakari, O 2005, ‘Physical activity from childhood to adulthood: a 21-year tracking study’, *American Journal of Preventive Medicine*, 3, pp. 267-273.

# BEFORE



Spot the early signs  
and deal with them.

## SPOT a

For the last 2 weeks or longer are things not right? Is it about...

**S** **Depression Awareness**  
For the last 2 weeks or longer are things not right? Is it about ...

**S** **Social Isolation...**  
Withdrawn from friends, family and the community. Lonely. Lost interest or enjoyment in favourite activities.

**S** **Physical Health...**  
Not eating or sleeping well, lack of regular exercise. Loss of energy and tired all the time. Unexplained aches and pains.

**S** **Obvious Changes...**  
Sad, moody, worry a lot, teary, restless, on edge or irritable. Weight loss or gain. Increased use of alcohol or substance abuse. Difficulty concentrating or can't make decisions.

**S** **Tough Times...**  
Issues with school, work or home life. Relationship breakup, major illness, recent tragic or disturbing personal events.

**Assistance to Get Help**  
If you SPOT the early signs from a few GROUPS above...

If someone's life is in danger call 000. No



## **Health and nutrition content claims in infant formula advertising; a content analysis**

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<sup>1</sup> Since taking her PhD from the Centre for Health Initiatives at the University of Wollongong in 2010, Nina Berry has been applying principles of social marketing to the development of behaviour change communications and policy advocacy strategies in support of improved child health and nutrition. She is currently working on developing upstream strategies to address vaccine hesitancy.

<sup>2</sup> Karleen Gribble's research focuses on various facets of infant feeding experiences. These include children's experiences of prolonged breastfeeding, mother's experiences of informal breastmilk sharing facilitated by social media and relactation for adopted babies.

## Introduction/Background

Overuse of infant formula in high-income countries with well-developed health systems imposes a significant cost burden. Economic modeling suggests that if 90% of families in the USA could avoid breastmilk substitutes, predominantly infant formula, for six months, US\$13 billion could be saved (Bartick and Reinhold 2010). Even modest decreases in the use of breastmilk substitutes, predominantly infant formula, are likely to result in significant cost gains for health care systems (Pokhrel, Quigley et al. 2014).

Exposure to infant formula advertising messages is associated with infant formula use and early cessation of breastfeeding (Sobel, Iellamo et al. 2011, Piwoz and Huffman 2015). The influence of health and nutrition content claims made by advertisers for food products in other categories has been well studied (Nestle 2010). Consumers generally, and women in particular, are interested in and influenced by health claims made for food products (Parry, Taylor et al. 2013; Nocella, Kennedy, et al. 2012). One study found that parents inferred that children's breakfast cereal products were more nutritious and could have beneficial health effects when a health claim was included on the packaging (Harris, Thompson et al. 2011).

The use of health and nutrition content claims in infant formula advertising is restricted by governments in response to WHO policies and resolutions (WHA 34.22 1981, Hawkes 2004, European Commission 2006, Code of Federal Regulations 2011). Australia and New Zealand prohibit the use of health claims in the advertising and/or promotion of infant formula (Australia New Zealand Food Standards Code 2013, Australia New Zealand Food Standards Code 2016). However, there has been no investigation of the effect of these instruments on the use of such claims in online advertising for infant formula in Australia. The purpose of this study was to determine whether health claims, nutrition content claims, or references to the nutritional content of human milk could be observed in websites advertising infant formula products available in Australia.

## Methods

A comprehensive internet search was conducted to identify internet advertisements for infant formula available for purchase in Australia. Search terms "infant" and "formula" were used to identify websites advertising infant formula products using the Google<sup>TM</sup> search engine and limited to pages from Australia on 14<sup>th</sup> July 2014. Infant formula products were identified as those bearing the term "infant formula".

Content analysis was used to identify health claims, nutrition content claims and references to the nutritional content of human milk. A thematic coding frame, closely aligned to the provisions of the *Australian and New Zealand Food Standards Code - Standards 2.9.1 and 1.2.7*, which prohibit these claims, was developed and applied to screen shots taken from advertising pages identified in the search. Outcome measures were the presence or absence of health claims, nutrition content claims and references to the nutritional content of human milk.

Advertisements for infant formula products were coded as either making or not making a

prohibited claim (health claim, nutrition content claim or a reference to breastmilk). Two researchers independently coded the entire data set. Cohen's Kappa was used to measure inter-coder reliability prior to discussion of the results. Disagreements were resolved by consensus with reference to a medical dictionary. Technical advice was sought from the NSW Food Authority to confirm that the authors had not misunderstood the provisions of the Standards.

## **Results**

Advertisements for twenty-five infant formula products available for purchase in Australia were identified and analysed. The authors achieved perfect inter-coder reliability (Cohen's Kappa = 1). Every advertisement (100%) contained at least one health claim. Eighteen (72%) also contained at least one nutrition content claim. Claims of functional process or outcome, effects and claims of growth and development effects were the most commonly observed health claims, followed by claims of effect on a disease, disorder or condition (eg reflux disease), or on a physiological process (eg digestion) or outcome effect (eg stooling). The most common nutrition content claims were that the product contained certain proteins. Claims that products contained biologically active substances, minerals, carbohydrates, fats or components of proteins were also observed.

Three pages advertising infant formula brands referenced the nutritional content of human milk, making favourable comparisons between products (including infant formula) bearing the company's brand and breastmilk. These were usually observed in sections of websites that claimed to be educational or informative rather than on pages devoted to promoting a single infant formula product. In addition to clear indications of the brand identity, some of these pages also contained pack-shots of infant formula products.

## **Discussion**

In Australia, exposure to advertising for infant formula is pervasive. A recent study of Australian parents found that 91% recalled seeing an advertisement for one of five infant formula products depicted (Berry, Jones et al. 2012). The same study found that Australian parents recognized a number of advertising claims made for infant formula, including health and nutrition content claims (Berry, Jones et al. 2012). Mothers report believing these claims are credible because they use words that sound scientific or technical, even when they don't understand them (Berry, Jones et al. 2010, Berry, Jones et al. 2011). They often believe that infant formula products can treat common ailments or resolve inconvenient but normal infant behaviours (Parry, Taylor et al. 2013).

The results of this research are consistent with evidence of the effects of health and nutrition claims made for food products in other categories (Lynam, McKevitt et al. 2011; Verbeke, Scholderer, et al 2009) and indicate one possible explanation for the continued failure of health promotion activities to improve EBF. Often referred to as 'behaviour change communications', the public health literature is littered with reports of interventions that have targeted individual mothers and failed to improve EBF (Meedya, Fahy & Kable. 2010). The consistent failure of initiatives social marketers would describe as 'downstream' interventions

should not surprise social marketers. Successful public health initiatives have integrated downstream social marketing with upstream interventions, targeting the environments in which individuals make healthy choices through regulation and policy measures designed to mitigate the influence of profit-driven marketing activities on health behaviour (Jochelson 2006). This study strengthens arguments in favour of integrating upstream and downstream approaches to social marketing (Hoek & Jones 2010; Weis & Arnesen 2007) to improve EBF.

### **Conclusion**

Australian manufactures of infant formula appear to be disregarding regulatory prohibitions that apply to the inclusion of health and nutrition content claims in advertisements for their products. This suggests these prohibitions are either not effectively enforced or sanctions applied do not present a significant disincentive. In order to provide an environment in which mothers can make infant feeding choices freely, avoiding the influence of commercial stimuli designed to influence their purchasing and therefore feeding decisions, existing regulations must be enforced and consideration given to prohibiting the advertising of infant formula altogether.

### **References**

Australia New Zealand Food Standards Code (2016). - Standard 1.2.7 - Nutrition, health and related claims. F2016C00161.

Australia New Zealand Food Standards Code (2013). - Standard 2.9.1- Infant Formula Products. F2013C00109.

Bartick, M. and A. Reinhold (2010). "The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis." *Pediatrics* 125(5): e1048-e1056.

Berry, N., S. C. Jones and D. Iverson (2010). "'It's all formula to me': Women's understandings of Toddler Milk ads." *Breastfeeding Review* 17(3): 21-30.

Berry, N. J., S. C. Jones and D. Iverson (2011). "Relax, You're Soaking in It: Sources of Information about Infant Formula." *Breastfeeding Review* 19(1): 9-18.

Berry, N. J., S. C. Jones and D. Iverson (2012). "Toddler milk advertising in Australia: Infant formula advertising in disguise?" *Australasian Marketing Journal* 20(1): 24-27.

Black, R. E., L. H. Allen, Z. A. Bhutta, L. E. Caulfield, M. de Onis, M. Ezzati, C. Mathers and J. Rivera (2008). "Maternal and child undernutrition: global and regional exposures and health consequences." *The Lancet* 371(9608): 243-260.

Code of Federal Regulations (2011). Title 21- Food and Drugs.

European Commission (2006). "COMMISSION DIRECTIVE 2006/141/EC of 22 December 2006 on infant formulae and follow-on formulae and amending Directive 1999/21/EC."



Official Journal of the European Union.

Harris JL, Thompson JM, Schwartz MB, et al. (2011) Nutrition-related claims on children's cereals: what do they mean to parents and do they influence willingness to buy? *Public Health Nutrition* 14: 2207-2212.

Hawkes, C. (2004). *Nutrition Labels and Health Claims: The Global Regulatory Environment*. World Health Organization: Geneva.

Hoek J and Jones SC. (2011) Regulation, public health and social marketing: a behaviour change trinity. *Journal of Social Marketing* 1: 32-44.

Jochelson K. (2006) Nanny or steward? The role of government in public health. *Public Health* 120: 1149-1155.

Lynam A-M, McKeivitt A and Gibney MJ. (2011) Irish consumers' use and perception of nutrition and health claims. *Public Health Nutrition* 14: 2213-2219.

Meedya S, Fahy K and Kable A. (2010) Factors that positively influence breastfeeding duration to 6 months: A literature review. *Women and Birth* 23: 135-145.

Nestle M and Ludwig DS. (2010) Front-of-Package Food Labels: Public Health or Propaganda? *JAMA* 303: 771-772.

Nocella G and Kennedy O. (2012) Food health claims - What consumers understand. *Food Policy* 37: 571-580.

Parry, K., E. Taylor, P. Hall-Dardness, M. Walker and M. Labbok (2013). "Understanding Women's Interpretations of Infant Formula Advertising." *Birth* 40(2): 115-124

Piwoz, E. G. and S. L. Huffman (2015). "The Impact of Marketing of Breast-Milk Substitutes on WHO-Recommended Breastfeeding Practices." *Food and Nutrition Bulletin* 36(4): 373-386.

Pokhrel, S., M. A. Quigley, J. Fox-Rushby, F. McCormick, A. Williams, P. Trueman, R. Dodds and M. J. Renfrew (2014). "Potential economic impacts from improving breastfeeding rates in the UK." *Archives of Disease in Childhood* 100(4): 334-340.

Sobel, H. L., A. Iellamo, R. R. Raya, A. A. Padilla, J. M. Olive and U. S. Nyunt (2011). "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis." *Soc Sci Med* 73(10): 1445-1448.

Weis WL and Arnesen DW. (2007) When the forces of industry conflict with the public health: a free market malignancy. *Academy of Health Care Management Journal* 3: 81.

WHA 34.22 (1981). *International Code of Marketing of Breastmilk Substitutes*. Geneva.

# **Exploring boys' identification of attractiveness ideals: A developmental perspective**

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## **Abstract**

Young people in Western society are burdened with body image pressure, with documented outcomes including self-esteem illnesses, depression, anxiety and life threatening eating disorders (Jung and Peterson 2007; Tiggemann 2005). Historically it has been considered a predominately female issue, as men seemed more 'at ease' with their physical appearance (Labre 2002). Today however, the incidence of body image dissatisfaction amongst males is increasing, and in Australia statistics show it is rapidly approaching symmetry with female counterparts (The National Eating Disorders Collaboration 2010). A national focus on the root causes of negative body image in children at younger ages has been identified by the Butterfly Foundation (Butterfly Foundation for Eating Disorders 2013a; 2013b) as an important step in understanding the complexities of mental illness occurring at younger ages.

To date, adolescent females have been the focus of most social comparison studies amongst children. Results show that girls as young as seven have body and beauty dissatisfaction issues, with evidence of self-evaluation through social comparison processes. With boys, we just don't know. Therefore, the current study seeks to understand at what age boys start to recognize 'ideal types of male attractiveness', internalize (think in terms of) those types, and adopt those idealised images as a benchmark for their own self-assessment. Given that children learn what is culturally attractive through personal experiences, group experiences and the mass media, it is anticipated that boys will identify a wider range of more detailed attractiveness types as they get older. Similar studies of females report that comparison with idealized images leads to negative self-evaluation and adverse effects on perceived attractiveness, emotions and self-esteem (Groesz, Levine and Murnen, 2002, Martin and Gentry, 1997). Therefore, we expect that social comparison issues arise in boys when they compare themselves to an ideal that they don't think they can achieve.

The findings will allow us to explore the development of these processes amongst boys, and make recommendations to the Australian government, the advertising industry (e.g. the voluntary body image code of conduct) and education programs regarding the potential dangers, warning signs and intervention ages. This is an important issue for social marketers seeking to influence how boys are exposed to body attractiveness types, and who are seeking to guide, educate and improve the way that boys recognize, internalize and adopt these attractiveness types.

## References

Butterfly Foundation for Eating Disorders. 2013a. "Body image top 3 concern for 4 years running – Australia must act now" Media Release 3 December 2013.

<http://thebutterflyfoundation.org.au/media-releases/> link: "Body image top three area of concern" Accessed 15 March 2016.

Butterfly Foundation for Eating Disorders. 2013b. "Children's Eating Disorders day-program a reality in NSW" Media Release 14 September December 2013.

<http://thebutterflyfoundation.org.au/media-releases/> Accessed 15 March 2016.

Groesz, Lisa M., Michael P. Levine, and Sarah K. Murnen. 2002. "The Effect of Experimental Presentation of Thin Media Images on Body Satisfaction: A Meta-analytic Review." *International Journal of Eating Disorders* 31 (1): 1–16. doi:10.1002/eat.10005.

Jung, Jaehee, and Michael Peterson. 2007. "Body Dissatisfaction and Patterns of Media Use Among Preadolescent Children." *Family and Consumer Sciences Research Journal* 36 (1): 40–54. doi:10.1177/1077727X07303486.

Labre, Magdala P. 2002. "Adolescent Boys and the Muscular Male Body Ideal." *Journal of Adolescent Health* 30 (01): 233–42.

Martin, Mary C., and James W. Gentry. 1997. "Stuck in the Model Trap : The Effects of in Ads on Female Pre-Adolescents and Adolescents." *Journal of Beautiful Models Advertising* XXVI (2): 19–33.

The National Eating Disorders Collaboration. 2010. *Eating Disorders Prevention, Treatment & Management: An Evidence Review*. Canberra, A.C.T. : The National Eating Disorders Collaboration.

Tiggemann, Marika. 2005. "Body Dissatisfaction and Adolescent Self-Esteem: Prospective Findings." *Body Image* 2 (2): 129–35. doi:10.1016/j.bodyim.2005.03.006.

# **The Influence of e-Service Quality on a Digital Weight Management Program's Participants' Health and Wellbeing Outcomes**

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## Introduction

Obesity is a significant problem worldwide (WHO, 2015) and to combat this problem digital technology is increasingly being adopted for the delivery of a broad range of programs (Webb, Joseph, Yardley & Michie, 2010). However, many weight management programs both commercial and government funded, have high rates of attrition (Tsai & Wadden, 2005; Neve et al., 2010; 2011). Digital weight management programs have the potential to provide a service to a large number of people, be widely accessible and cost effective for individuals. Thus, service quality delivery through these digital platforms may become one of the most critical issues for marketers (Webb et al., 2010; Neve et al., 2010). The aim of this study was to gain consumer insights into participant's perceptions of e-service quality and satisfaction with a digital weight management program to understand which elements of the program assisted the participants to achieve and sustain weight loss post program participation.

E-service quality is an integral factor in determining customer satisfaction (Webb et al., 2010) and customer loyalty (Santos, 2003). E-service quality includes characteristics such as usability, convenience and content (Udo, Bagchi & Kris, 2008). To provide satisfactory levels of e-service quality, digital weight management program marketers need to understand how to satisfy their participants in relation to these characteristics. Understanding how to achieve high levels of service quality will allow digital weight management programs to gain a competitive advantage (Sivadas & Baker-Prewitt, 2000), retain participants in their programs and assist participants to achieve their desired health and wellbeing outcomes. Further, the lack of direct human interaction in digital weight management programs, which have traditionally been high contact services, necessitates the need to examine the impact of technology on service quality and customer satisfaction (Webb et al., 2010). Therefore, to ensure consumer retention and reduce attrition, the consumers' perceptions of e-service quality and satisfaction should be at the forefront of the marketers design and evaluation of digital weight management services (Webb et al., 2010; Neve et al., 2010).

## Method

This study forms part of a larger research program. Data was collected via an online survey from 594 participants (97% female) 12 weeks following their participation in a digital weight management program. The mean age of participants was 41 years. According to WHO (2016) BMI classifications, a majority of participants were classified as either overweight (37.9%) or obese (29.1%). The majority of participants were well educated and earned above \$120,000, with the exception of those classed as obese, where most participants earned less than \$60,000. Ethical clearance for the study was obtained through the researcher's university. To gain a deeper understanding of participants' service experience with a digital weight management program, open ended responses were thematically coded for the following question, *"Please tell us about your experience with the program."* Data analysis was undertaken using a deductive (theory-driven) method. This approach was useful for organising and describing data within a pre-determined framework. Two cycles of coding were conducted on the open text data. The first cycle identified satisfaction and e-service quality, the second cycle coded level of satisfaction, ease of use, convenience and

customisation or personalisation.

## Results

The study found 158 participants reported being extremely satisfied with the program, with 68% of these participants reporting a weight loss following program participation. Similarly, 125 participants described being very satisfied, 65% (n=81) and reported a weight loss following program participation. Of participants describing an average level of satisfaction, 53% (n=22) also reported a weight loss following program participation. A small number of participants (n = 17) reported being dissatisfied with the program, and 11 of these did not report a weight loss following participation. Satisfied participants referred to the program as *"life changing," "amazing experience," "empowering experience,"* or *"the best thing they had ever done."* Many participants indicated they had achieved successful outcomes including weight loss and positive lifestyle changes for example, *"well on my way to achieving my goals and have kept most of the weight I've lost off for over 12 months now,"* and *"goal weight still not reached but lifestyle now embedded and happy to keep chipping away at it."* Participants also reported a variety of program elements which assisted them to achieve their weight management goals including usability, convenience and content elements of service quality. Examples of usability include: *"easy to follow with noticeable results,"* and for convenience: *"recipes are easy to prepare, tasty and there is variety."* Participants also described the ability to personalise the content of their program as an important aspect of satisfaction for example, *"I love the menu selection, meals are well thought out, plenty of variety, tasty, we are vegetarians there is heaps to choose from,"* *"meals and ease of customising was great along with the option of cooking for one."* Results indicate satisfaction with the program can lead to loyalty and word of mouth: *"immensely enjoyable and I will be doing it again in later 2015,"* and *"loved it, recommend it to others."*

## Discussion and Conclusion

This study aimed to gain consumer insights into participant's perceptions of e-service quality and satisfaction with a digital weight management program to understand which elements of the program assisted the participants to achieve and sustain weight loss post program participation. We found usability, convenience and content contributed to perceptions of e-service quality which influenced the perceived level of satisfaction with the service which in turn influenced their participation in the program and consequently their weight loss outcomes. Consistent with previous research participants in this study who reported a higher level of satisfaction with the program were more likely to have reported weight loss post program participation (Udo et al., 2008) and repeat participation intention. While further quantitative research is needed, this study has provided a first step in understanding how these types of services can influence health and wellbeing outcomes such as weight loss. Participant's perceptions of e-service quality with a digital weight management program has the potential to influence weight loss outcomes. This study has provided evidence for using an e-service quality approach to understand health and wellbeing outcomes for digital weight management program participants. An important managerial implication from this research to enable ease of participation in the program is the need to consider e-service quality. This will

ensure programs are easy to use and convenient for consumers, providing them with accessible, easy to follow instructions and allowing for customisation to suit their individual needs and preferences. Consistent with previous research (Webb et al., 2010; Neve et al., 2010), service satisfaction has additional benefits such as increased loyalty leading to repeat participation in the program and positive word-of-mouth. This study has several limitations which need to be acknowledged, firstly there was no matched control group to compare other programs which limits the generalisability of the study, participants self-selected into the study which may have biased the results and finally the majority of participants were female and future research should aim to include more males to reduce gender bias in the sample.

## References

- Neve, M. J., Morgan, P. J., & Collins, C. E. (2011). Behavioural factors related with successful weight loss 15 months post-enrolment in a commercial web-based weight-loss programme. *Public Health Nutrition*, 15(7), 1-11. doi:10.1017/S1368980011003090.
- Neve, M., Morgan, P. J., Jones, P. R., & Collins, C. E. (2010). Effectiveness of web-based interventions in achieving weight loss and weight loss maintenance in overweight and obese adults: A systematic review with meta-analysis. *Obesity Reviews: An Official Journal of the International Association for the Study of Obesity*, 11(4), 306-321. doi:10.1111/j.1467-789X.2009.00646.x.
- Santos, J. (2003). E-service quality: a model of virtual service quality dimensions. *Managing Service Quality: An International Journal*, 13(3), 233-246.
- Sivadas, E., & Baker-Prewitt, J. L. (2000). An examination of the relationship between service quality, customer satisfaction, and store loyalty. *International Journal of Retail & Distribution Management*, 28(2), 73-82.
- Tsai, A. G., & Wadden, T. A. (2005). Systematic review: An evaluation of major commercial weight loss programs in the United States. *Annals of Internal Medicine*, 142(1), 56.
- Udo, G. J., Bagchi, K. K., & Kirs, P. J. (2008). Assessing web service quality dimensions: the E-SERVPERF approach. *Issues in Information Systems*, 9(2), 313-322.
- Webb, T. L., Joseph, J., Yardley, L., & Michie, S. (2010). Using the internet to promote health behavior change: A systematic review and meta-analysis of the impact of theoretical basis, use of behavior change techniques, and mode of delivery on efficacy. *Journal of Medical Internet Research*, 12(1), e4. doi:10.2196/jmir.1376.
- WHO (World Health Organisation). (2015). Obesity and Overweight. Retrieved January 7, 2016, from <http://www.who.int/mediacentre/factsheets/fs311/en/>.
- WHO (World Health Organisation). (2016). BMI Classification. Retrieved January 7, 2016, from [http://apps.who.int/bmi/index.jsp?introPage=intro\\_3.html](http://apps.who.int/bmi/index.jsp?introPage=intro_3.html).

# Using Serious Educational Games to Influence Adolescent Binge Drinking Intentions: An Empirical Examination

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## Abstract

Adolescence is a critical time for the onset of alcohol and illicit drug use, with experimentation often occurring during this developmental period (Swendsen et al., 2012; Botvin & Griffin, 2007). The consumption of alcohol during adolescence is particularly concerning, owing to the irreversible effects intoxication can have on both physical and psychosocial development (Tapert, Caldwell & Burke, 2005). Early initiation of alcohol use has been linked to later binge drinking, and a greater likelihood of future alcohol dependence and other alcohol-related problems. Therefore, early intervention programs targeting adolescents' intentions towards alcohol use play a critical role in reducing alcohol-related harm among adolescents (Foxcroft & Tsertvadze, 2012). The long-term ineffectiveness of current and past alcohol prevention programs highlights the need for further improvement, with calls for more innovative and effective approaches (Szmigin et al., 2011; Degenhardt et al., 2013; Jones, 2014). An innovative alternative to traditional approaches is serious educational games (SEGs). However, there is little empirical research validating the efficacy of using SEGs to influence health-related behaviours (Rodriguez, Teesson & Newton, 2014), and little is known as to which theoretical frameworks offer the best guidance for the design and evaluation of SEGs (Thompson, 2012). The aim of the present study was to examine the objective effect of SEG play on the key determinants of adolescent binge drinking intentions using two extension models of the Theory of Planned Behaviour. The study employed a quantitative pretest-posttest research design, with game analytics collected in real-time from two SEGs. Results demonstrate partial support for the use of SEGs as an innovative alternative to traditional approaches to alcohol prevention program delivery and provide preliminary evidence for using the TPB as a guiding theoretical framework for evaluating the objective effect of SEG game play on the key determinants of adolescent binge drinking intentions. Further research is needed on the optimal design of SEG mechanisms to elicit the desired behaviour change.

## References

Botvin, G. J., & Griffin, K. W. (2007). School-based programmes to prevent alcohol, tobacco and other drug use. *International Review of Psychiatry*, 19(6), 607-615.  
doi:10.1080/0954026070179775.



Degenhardt, L., O'Loughlin, C., Swift, W., Romaniuk, H., Carlin, J., Coffey, C., Patton, G. (2013). The persistence of adolescent binge drinking into adulthood: Findings from a 15-year prospective cohort study. *BMJ Open*, 3(8), e003015.

Foxcroft, D. R., & Tsertsvadze, A. (2012). Universal alcohol misuse prevention programmes for children and adolescents: Cochrane systematic reviews. *Perspectives in Public Health*, 132(3), 128-34. doi: 10.1177/1757913912443487.

Jones, S. C. (2014). Using social marketing to create communities for our children and adolescents that do not model and encourage drinking. *Health & Place*, 30, 260-269. doi:10.1016/j.healthplace.2014.10.004.

Rodriguez, D. M., Teesson, M., & Newton, N. C. (2014). A systematic review of computerized serious educational games about alcohol and other drugs for adolescents. *Drug and Alcohol Review*, 33(2), 129-135. doi:10.1111/dar.12102.

Swendsen, J., He, J., Case, B., Merikangas, K. R., Burstein, M., Conway, K. P., & Dierker, L. (2012). Use and abuse of alcohol and illicit drugs in US adolescents: Results of the national comorbidity Survey–Adolescent supplement. *Archives of General Psychiatry*, 69(4), 390-398. doi:10.1001/archgenpsychiatry.2011.1503.

Szmigin, I., Bengry-Howell, A., Griffin, C., Hackley, C., & Mistral, W. (2011). Social marketing, individual responsibility and the "culture of intoxication". *European Journal of Marketing*, 45(5), 759-779. doi:10.1108/03090561111120028.

Tapert, S. F., Caldwell, L., & Burke, M. A. Alcohol and the Adolescent Brain—Human Studies. *National Institute on Alcohol Abuse and Alcoholism*. Retrieved from <http://pubs.niaaa.nih.gov/publications/arh284/205-212.htm>.

Thompson, D. (2012). Designing Serious Video Games for Health Behavior Change: Current Status and Future Directions. *Journal of Diabetes Science and Technology*, 6(4), 807–811. doi: 10.1177/193229681200600411. Thompson, D., Baranowski, T., Buday, R., Baranowski, J., Thompson, V., Jago, R., & Griffith, M. J. (2010). Serious video games for health: How behavioral science guided the development of a serious video game. *Simulation & Gaming*, 41(4), 587-606. doi:10.1177/1046878108328087.

## **Cognitive neuroscience and social marketing research: Pre-testing narrative videos about energy efficiency.**

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## **Introduction**

This paper examines the potential of cognitive neuroscience (mapping brain-wave activity and associated physiological and cognitive responses), as a research approach in social marketing. Although cognitive neuroscience techniques such as Electroencephalography (EEG), functional magnetic resonance imaging (fMRI), and eye tracking have been used in commercial marketing research to test consumer responses to products, branding, and advertisements among other applications (McLure et al. 2004; Plassmann et al. 2012), its use in social marketing remains largely unexplored (French and Gordon, 2015). To help advance knowledge in this area, this paper presents a study in which EEG was used to test consumers' responses to a series of narrative videos about energy efficiency that were produced as part of a social marketing programme. The research was used as a form of pre-testing of the videos, following which adaptations were made prior to roll out in the programme. The paper discusses the utility of cognitive neuroscience for pre-testing social marketing materials, and discusses relevant conceptual, practical and research implications.

## **Pre-testing Research in Social Marketing**

Research acts as the eyes and ears of social marketing and helps guide what social marketers do. It helps develop insight, understand social issues, establish objectives and goals for behaviour and social change, pre-test programme elements, monitor progress and make refinements, and evaluate programme outcomes and effectiveness (French and Gordon, 2015). The present study focuses on the use of research for pre-testing of social marketing programme materials. Traditionally, pre-testing research in social marketing has used well-established, if somewhat formulaic methods. Pretesting research perhaps too often reverts to the use of interviews, and focus group testing (Siegel and Doner, 2004). However, other techniques such as open-ended interviews, product/package/service testing (McDaniel and Gates, 1999), advertising/promotion statement, concept and readability testing (Siegel and Doner, 2004), and expert and field review (French et al. 2009) can be used.

Whilst this range of pre-testing methods may seem quite broad, some social marketers have criticised the formulaic nature of pre-testing research, and identify some limitations of these methods (French and Gordon, 2015; Spotswood, 2016). There is often a tendency for focus group testing and pre-testing interviews to be used, and these methods rely on people's self-reporting of their knowledge, attitudes, and behaviours in response to materials. Self-report methods are often associated with response bias, and research has shown that people do not always tell us exactly what they are really thinking or doing (Neeley and Cronley, 2004). Furthermore, traditional research methods in social marketing tend to focus on overt expressions of speech and language through a cognitive psychology perspective (Spotswood and Tapp, 2013). This ignores the roles of the brain and the body in providing insights about people's responses to social marketing stimulus. Recently, social marketers have suggested that cognitive neuroscience may provide alternative and complementary techniques for pre-testing in social marketing (French and Gordon, 2015). However, empirical research in this area is lacking. This paper responds to these discourses, by using cognitive neuroscience to pre-test social marketing videos about energy efficiency.

## **Cognitive Neuroscience**

Cognitive neuroscience is concerned with the study of biological processes that underpin cognition, with a particular focus on neural activities in the brain that influence psychological/cognitive functions and mental processing. It relies on theories from cognitive science along with research approaches from neuropsychology, and data analysis from computational modelling. In cognitive neuroscience a variety of neuroimaging and brain monitoring technologies are used to map brain activity and processes that are associated with complex decision-making (Purves et al. 2013). The present study uses EEG, which involves recording of the electrical activity associated with the neural structures in the neocortex of the brain (Ciorciari, 2012). This electrical energy changes according to different states of consciousness, attention and cognition. The frequency range of EEG recordings can be calculated and presented in terms of frequency band, which are designated as delta, theta alpha, and beta. Each frequency band is associated with changes in attention and state. For instance, if a person is sleepy then the EEG will reflect a higher delta and theta alpha activity, and if they were processing a complex task then there would be more beta activity. Due to technological advancements in computing power, amplifier technology, and high-density electrodes, sophisticated algorithms can be used to map the spread of the relevant band activities across the scalp. These techniques are also used to localise the source of the activity in brain 3D space. Low Resolution Electromagnetic Tomography (LORETA) is a popular method for identifying brain regions activated during tasks (Pascual-Marqui, 1994).

## **Study Methods**

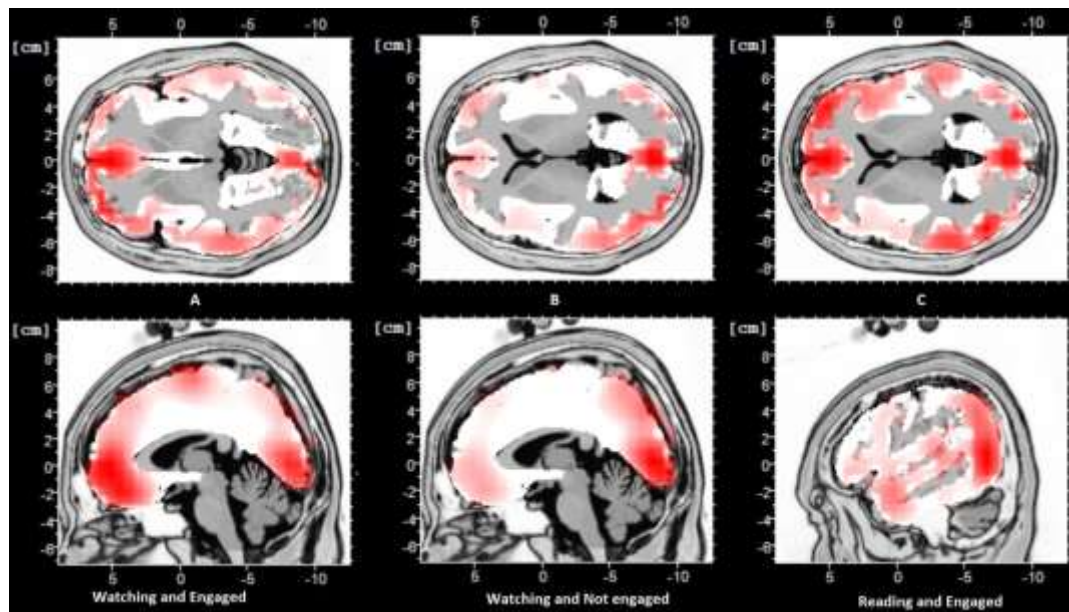
EEGs were recorded from 20 participants seated comfortably in a laboratory. Participants were sampled from a research participant database, and were aged 60+ to align with the target group that was the focus of the social marketing intervention. The participants were seated in front of a large computer monitor used to display a series of four narrative videos about energy efficiency in a quiet room. Quantitative EEG data was recorded using SynAmps2 RT EEG amplifier system (NeuroScan Inc). The software Scan 4.5<sup>TM</sup> (NeuroScan, Inc) was employed to acquire the ongoing EEG data. EEG was recorded during rest and task activation (watching the videos) conditions. While participants viewed the videos, it was hypothesised that engagement would activate regions associated with the cognitive processes associated with attention, emotions, and memory.

## **Study Findings**

Figure 1 illustrates different periods during the viewing of the videos. Three conditions are represented in this illustration. These include; (A) - when the group were attending and engaged in the visual material, (B) - not engaged in the video material and (C) - emotionally engaged in reading the messages. The red areas highlighted in the images, are associated with increased activity when compared to a rest condition. Engagement is associated with frontal activity. Interestingly, the participants tested tended to lose interest when they were watching the actors in the videos perform various energy saving acts (B), and focussed on the narrator's speech.

Figure 1: EEG Images during exposure to the videos

A B C



Explaining the LORITA EEG images: These LORITA maps illustrate three events during the watching of all videos, the visual images and the text. A) = When the group were attending and engaged in the visual material, (B) = not engaged in the video material and (C) = emotionally engaged in reading the messages. Each panel illustrates 2 orientations, superior and sagittal views of brain regions with significant activity shown in red.

### Discussion and Implications

The findings of the present study suggested that the narrative videos about energy efficiency were effective in gaining attention, and invoking some level of emotional response and memory processing among participants. However, the pre-testing found that people lost interest in watching actors perform energy saving acts and focused more on sound and the narrator's speech. In response, the social marketing project team adapted the videos by adding narrations of energy saving tips that did not feature in the original videos. This study identifies some important conceptual implications, as it suggests that cognitive neuroscience can offer insights regarding attention, emotional, and memory processing response to social marketing media. Given the dominance of cognitive psychology theoretical approaches to social marketing, cognitive neuroscience can offer an alternative approach that offers insight on the role of the brain and body in explaining attitudes and behaviour. Practically, the use of cognitive neuroscience in the present study demonstrates its utility as a research approach for pre-testing social marketing materials. However, empirical research using cognitive neuroscience in social marketing is in its infancy, and studies that test different social marketing materials, in different contexts, with different consumer groups, and using different methods such as fMRI, MEG, and eye tracking are needed to add to the knowledge base.

## References

- French, J., Gordon, R. (2015). *Strategic social marketing*. London: Sage.
- French, J., Blair-Stevens, C., McVey, D., Merritt, R. (2009). *Social marketing and public health: Theory and practice*. Oxford: Oxford University Press.
- McClure, S.M., Li, J., Tomlin, D., Cypert, K.S., Montague, L.M., Montague, P.R. (2004). Neural correlates of behavioral preference for culturally familiar drinks. *Neuron*, 44(2): 379-387.
- McDaniel, C., Gates, R. (1999). *Contemporary marketing research*. St Paul: South-Western College Publishing.
- Neeley, S.M., Cronley, M.L. (2004). When research participants don't tell it like it is: Pinpointing the effects of social desirability bias using self vs. indirect questioning. *Advances in Consumer Research*, 31: 432-433.
- Pascual-Marqui, R. D. (2002). Standardised low-resolution brain electromagnetic tomography (sLORETA): Technical details. *Methods & Findings in Experimental and Clinical Psychology*, 24(4): 5-12.
- Plassmann, H., Ramsøy, T.Z., Milosavljevic, M. (2012). Branding the brain: A critical review and outlook. *Journal of Consumer Psychology*, 22(1): 18-36.
- Purves, D., Cabeza, R., Huettel, S.A., LaBar, K.S., Platt, M.L., Woldorf, M. (2013) *Principles of Cognitive Neuroscience*. USA. Sunderland, MA: Sinauer Associates Inc.
- Siegel, M., Doner, L. (2004). *Marketing public health: Strategies to promote social change*. Boston: Jones and Bartlett.
- Spotswood, F. (Ed.) (2016). *Beyond behaviour change: Key issues, interdisciplinary approaches and future directions*. Bristol: Policy Press.
- Spotswood, F., Tapp, A. (2013). Beyond persuasion: A cultural perspective of behaviour. *Journal of Social Marketing*, 3(3): 275-294.

## **To wash or not to wash? Towards the development of the UNICEF Malawi handwashing with soap program**

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## **Introduction**

Diarrhoea is one of the major causes of morbidity and mortality among children and immune-compromised individuals in Malawi (Malawi Demographic Health Survey 2010). The main causes of diarrhoea are the use of contaminated water and unhygienic practices in food preparation and excreta disposal. The 2010 Demographic and Health Survey (DHS) found that 18 percent of Malawian children under the age of five had diarrhoea in the two weeks preceding the survey (Malawi Demographic Health Survey 2010). A diarrhoeal episode was more common among households that shared a toilet facility or were without any toilet facility. Handwashing with Soap (HWWS) is the single-most cost-effective health intervention with regard to diarrhoea prevention (Bhutta et al., 2013). It only takes \$3.35 to yield one unit (equivalent to one year) improvement on the Disability-Adjusted Life Years scale (UNICEF, 2011). Despite evidence for HWWS, efforts to reinforce this behaviour have met with limited success in Malawi (UNICEF, 2011) due to most interventions relying on uncoordinated promotional activities both at a national and local level. Therefore, efforts to promote HWWS have not been sufficient to bring about mass behavior change on the scale that is needed to reduce the incidence of diarrhoea in Malawi. The proportion of the population practicing HWWS at critical times (e.g. after toileting or before eating) remains very low, with studies indicating only three percent of the population practice the behavior (UNICEF, 2011).

To combat this problem and achieve large scale behavioral change, UNICEF Malawi has adopted a different approach – social marketing. The goal of this formative research study was to gain insights into current hand washing behaviors of primary school children as well as to understand the attitudes and opinions of key stakeholders. Results from the formative research aim to inform the design of a social marketing program which will be informed by the Motivation, Opportunity and Ability (MOA) framework (Rothschild, 1999). Thus the following research questions were proposed: RQ1: What hand washing facilities are currently available in primary schools and how often do the students use them? RQ2: What are the opportunities, abilities, and motivations of primary school management to provide regular access to hand washing facilities and soap to their students?

## **Method**

The study, commissioned by UNICEF Malawi, was developed by PSI Malawi and Griffith University and conducted by PSI Malawi. Ethical clearance to conduct the study was obtained through Griffith University. The baseline study had two components. First, observations of primary school children after toileting and during breaks were conducted. Second, Key Informant Interviews (KIIs) were conducted with one school administrator and one member of staff from each school to understand Motivation, Opportunities and Ability (MOA) factors (Rothschild, 1999) around provision of soap and access to hand washing facilities in primary schools. The baseline study was undertaken in three Malawian school districts: Nkhatabay, Salima and Mangochi. Thirty primary schools (ten from each district) participated in the baseline study. At baseline, all students (ages 6-12 years), who were using the toilet during tea and lunch breaks were observed for hand washing



behaviour during a one day visit to all schools participating in the UNICEF hand washing program. Data collection for the baseline school assessment and KIIs occurred in the months of January and February, 2015. In total, the hand washing behavior of 3,675 primary school children (1,900 girls; 1,775 boys) was observed.

## **Results**

The study found that only two (3.33%) out of 60 toilets (boys and girls) observed had soap for hand washing at the time of the visit. Less than half (41.7%) of the assessed schools had hand washing facilities. In Nkhatabay district, 13 hand washing facilities were observed at the 10 schools and 12 were observed in Salima district, but no hand washing facilities were observed in Mangochi district. The most common hand washing facility observed was the bucket (48%) and 64% of the hand washing facilities observed were outside the toilet, 28% near the classroom and 8% were found outside toilet stalls. The study also found that 56% of the hand washing facilities had water and 76% of these had clean water. The study also observed that 33% of the toilets were clean, 38% were somewhat dirty, and 28% were very dirty. Interestingly, 85% of primary school children failed to wash their hands before eating and after visiting the toilet; while 14% of the observed students washed their hands with water but did not use soap. In Mangochi district, all students observed failed to wash their hands as there were no hand washing facilities found in any of the ten primary schools.

The MOA framework was used to analyse the responses from school managers who reported several environmental strategies used to encourage HWWS in primary schools. For example, schools provide equipment (buckets, soap) to be used for hand washing. Several barriers which may prevent students from engaging in HWWS were also identified for example, many schools lack the financial resources to buy soap and construct permanent hand washing facilities. Water is also scarce in the schools thus preventing student's from using water for hand washing. To improve the student's ability to engage in HWWS, some teachers educate them on the importance of hand washing. School prefects are used by some schools to reinforce hand washing behavior. To motivate students to wash their hands, external health personnel also visit the schools to educate them on the importance of hand washing. Many schools also experience a lack of support from the community and students themselves, as many are not aware of the benefits of HWWS. Other factors preventing students from washing their hands with soap include children not being accustomed to HWWS in their homes, and their lack of knowledge about disease prevention and inadequate hand washing facilities.

## **Discussion and Conclusion**

The results of the baseline study have provided key insights into primary school children's hand washing behaviors and an understanding of the motivations, opportunities and abilities that facilitate and inhibit hand washing with soap behaviors in Malawian primary schools. To achieve the desired behavior change, a whole of community approach is required to generate a change in HWWS culture. Changes to school and community

infrastructure are firstly required to facilitate the performance of the behavior. Once the infrastructure is in place, segmented social marketing programs which offer something of value the students will readily exchange for can be developed. Using the results of this study, schools can be clustered into segments based on their current levels of infrastructure and their student's current hand washing knowledge of, attitudes towards and actual hand washing behavior and specific programs developed for each segment. For example, those schools where there is currently no infrastructure and no hand washing behavior; hand washing facilities which are easily accessed, need to be installed and supplies of soap purchased. This should be followed by an education program for staff, parents and students on the importance of HWWS and the correct process of HWWS. Supporting activities to encourage students to engage in HWWS and reinforcement strategies to sustain the behaviour over time should also be implemented.

### References

- Bhutta, Z. A., Das, J.K., Walker, N., Rizvi, A., Campbell, H., Rudan, I., & Black, R.E. (2013). Interventions to address deaths from childhood pneumonia and diarrhoea equitably: what works and at what cost? *The Lancet*, 381(9875), 1417-1429. doi: [http://dx.doi.org/10.1016/S0140-6736\(13\)60648-0](http://dx.doi.org/10.1016/S0140-6736(13)60648-0)
- National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro. Accessed from: <https://dhsprogram.com/pubs/pdf/FR247/FR247.pdf>
- Rothschild, M. L. (1999). Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *The Journal of Marketing*, 24-37.
- UNICEF Water, Sanitation and Hygiene Annual Report 2011. Accessed from: [http://www.unicef.org/wash/files/UNICEF\\_WASH\\_2011\\_Annual\\_Report\\_Final.pdf](http://www.unicef.org/wash/files/UNICEF_WASH_2011_Annual_Report_Final.pdf)

## **The difficulties of being positive – lessons learnt from the *Triggers* anti-smoking campaign**

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Rebecca Cook has over 15 years of experience in communications, marketing and public relations. Rebecca leads the media, marketing and digital communications for the Prevention Division at Cancer Council Victoria that includes iconic programs such as Quit Victoria, SunSmart, PapScreen and LiveLighter as well as Rethink Sugary Drink and programs around alcohol and breast and bowel screening. Rebecca holds a Masters in Media Arts (Deakin University) as well as a Bachelor of Arts at the University of Melbourne.

## **Project Overview**

This presentation aims to discuss the difficulties of using positively framed messages to tackle ingrained unhealthy behaviours such as smoking. The presentation uses the *Triggers* mass media campaign developed by Quit Victoria in 2014, which was a significant departure from previous graphic or high emotion anti-tobacco campaigns, to illustrate the unique aspects of creating positive mass media health campaigns.

## **Background and policy context**

Over the past 30 years, Quit Victoria together with its partners has striven to reduce the toll of tobacco in Victoria. Over those these years there have been many wins in terms of public health policy for example, almost all indoor spaces and many outdoor public spaces are now smokefree, tobacco advertising is banned and plain packaging packets have reduced appeal and maximised the powerful graphic health warnings. Victorians have also been exposed to decades of high profile anti-tobacco social marketing and cigarette prices have continued to rise. Smoking rates have dropped from 36 percent in 1985 to just below 13 percent today (AIHW, 2014). Despite this progress, smoking still kills two out of every three smokers and around 460,000 Victorians will likely die if they are not motivated and supported to become tobacco-free.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

The primary aim of the campaign was to:

- Change smokers' idea of quitting from something they 'just do' to something they consider ahead of time and prepare for.

The campaign objectives:

- To encourage smokers to identify their triggers and come up with their own ways of dealing with them.
- To make smokers feel more confident they can quit by thinking ahead and being prepared.

### **Customer orientation**

Research has shown that most smokers don't want to smoke but lack the confidence, self-awareness and skills to quit successfully. A significant majority (84%) of Victorian smokers have tried to quit at least once, while over half (52.7%) have tried to quit multiple times (*Zacher & Durkin, 2012*). A smoker will try to quit eight times on average before finally succeeding which indicates that for some smokers 'staying quit' was the bigger issue rather than needing to be motivated to quit. Historically Quit has created campaigns that used graphic or highly emotional (negative) imagery such as clogged arteries, collapsing lungs or people dying from cancer to motivate smokers to quit, as *Triggers* was aimed at smokers who were already motivated to quit, but instead needed support and encouragement to stay quit, it

required a different approach. Exploratory focus testing was undertaken with eight groups of six-to-eight smokers in metro Melbourne and regional Victoria. Two rounds of face-to-face concept testing were undertaken followed by online testing using a real time sentiment tool – The Reactor.

## **Insight**

Preparation - in terms of expecting and predicting smoking triggers and having already worked out ways to deal with them - is fundamental to a successful quit attempt. Exploratory testing indicated that the idea of preparing for triggers in advance was new news for the majority of smokers. Research undertaken by the Behavioural Science Division of Cancer Council Victoria with funding from VicHealth unveiled the top smoking triggers for current Victorian smokers and recent quitters were: Being around friends who smoke (80%), stress (78%), parties/nights out (76%), after eating a meal (69%), work breaks (60%), coffee (45%), and driving (41%) (Cancer Council Victoria, 2014).

## **Segmentation**

The *Triggers* campaign targets smokers in the contemplation, preparation and action phases of the quitting process and aimed to increase their confidence, motivation and ability to quit by leveraging their intention and desire to quit and their willingness to try again. Quit Victoria segmented the Victorian smoker audience 30-49 years (male and female) using the Roy Morgan Value Segments. The target audience is over-represented in four key segments:

- *Conventional Family Life* - represents 20% of the smoker target (11% of population)
- *Fairer Deal* - 18% of the smoker target (4% of population)
- *Look At Me* - 18% of the smoker target (6% of population)
- *Something Better* - 19% of the smoker target (6% of population)

The media consumption habits of these segments were used to guide the media channel selection. Free to air TV and radio provided the greatest reach potential (80-90%) for our target audience.

## **Exchange**

The Triggers campaign provided smokers with new information about ‘how to stay quit’ rather than traditional ‘why’ you need to quit messaging. The change in approach aimed to help smokers think: ‘That’s why I’ve failed before. I need to think about how I will deal with the hurdles and temptations in order to succeed’. At the same time it aimed to build self-confidence in a realistic way.

## **Competition**

Quitting smoking is a difficult process. Smokers have a physical addiction to nicotine as well as complex habitual and emotional connections to the act of smoking. Quitting smoking as opposed to continuing to smoke requires immense strength and dedication. Many smokers have tried to quit and failed, so the campaign needed to convince them they were not alone

and the benefits of quitting were worth trying again.

## **Theory**

Quit Victoria uses the Stages of Change behavioral theory to develop social marketing campaign. The *Triggers* campaign targets smokers in the contemplation, preparation and action phases of the quitting process and aimed to increase their confidence, motivation and ability to quit by leveraging their intention and desire to quit and their willingness to try again.

## **Marketing Mix**

The campaign consisted of: a 30 second TVC; three 15 second videos (each addressed a separate trigger) that were used for digital video advertising (i.e Catch Up TV, Youtube); three tactical radio executions that were based on the time of triggers such as coffee breaks, Friday nights and traffic stress; large format outdoor, taxi backs; social media and tactical coasters and posters in pubs and nightclubs. The campaign also included a radio partnership with ARN that includes in-show content, activations and competitions encouraging smokers and quitters to enter their own tips for dealing with triggers on the Quit campaign website. The campaign website included specific tips as well as user-generated content around each of the key triggers. The campaign was launched by the Minister for Health at a press conference that was covered by every free to air channel's nightly news bulletin.

## **Partnerships**

Quit Victoria receives funding from VicHealth, the Victorian Department of Health and Human Services and Cancer Council Victoria.

## **Evaluation and results**

The campaign was evaluated using a representative sample of smokers and recent quitters recruited as part of an ongoing Victorian tracking survey. Despite the TV campaign reaching only an average of 27% recall when all campaign elements were combined (TV, radio, billboards, tactical executions) the average total recall for the campaign was 49%. The positive-framed radio and online components resonated strongly with the target audience. The radio campaign was recalled by 20% of smokers and recent quitters. While TV recall was low, the campaign hit its other key objectives with 45% of respondents stating the ad made them 'think about how they could prepare to quit/ stay quit' this figure was well above the next highest score (35%) received on this measure out of the four other campaigns broadcast that year. There was evidence that the Triggers TVC increased smokers and recent quitters' awareness of their own triggers. Those recalling the ad more likely to identify work breaks, eating meals, phone calls & being out with friends who smoke as their personal triggers. They also identified more triggers on average compared to those who had not seen the ad. In terms of confidence to quit/ stay quit, the ad was most effective with those contemplating quitting (55%), and 62.8% of recent quitters agreed the ad made them more confident to stay quit.

## **Lessons Learned**

Positive ‘how to’ messages work better in tactical execution than on TV, they could be even more effective when teamed as supporting media or hard-hitting TV-led ‘why’ campaigns. Positive campaigns also require reward in proportion to the lost enjoyment of smoking. Cut-through is more difficult to achieve with a positively-framed campaign so creative execution and style is critical for recall. Certain styles may limit self-relevance to audiences.

## **References**

AIHW 2014. National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

Cancer Council Victoria, Centre for Behavioural Research in Cancer, Quit Social Marketing Tracking Survey, 2014 with funding from VicHealth

Zacher, Megan; Durkin, Sarah, *Quitting intentions and behaviours 1999 – 2012*, Centre for Behavioural Research in Cancer, Cancer Council Victoria, p.6.

## Aboriginal Rethink Sugary Drink campaign

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## **Project Overview**

The leading health organisations behind Rethink Sugary Drink and the Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO) partnered to develop a multi-faceted media campaign highlighting the significant health problems associated with sugary drink consumption and to encourage Victorian Aboriginal community members to reduce their intake of sugary drinks. The initial campaign was launched in January 2015. The campaign was also licensed for use in 2016 in Western Australia by the state-government funded LiveLighter campaign.

## **Background and policy context**

Aboriginal and Torres Strait Islander children aged 2-3 years are three times more likely to drink soft drinks than non-Aboriginal children. Leading international health organisations, including the World Health Organization (WHO) and World Cancer Research Fund (WCRF) consider sugar-sweetened beverages' consumption to be a probable risk factor for weight gain and obesity, which in turn can lead to type 2 diabetes, cardiovascular disease, stroke, chronic kidney disease and some cancers. Frequent consumption of sugar is the main dietary cause of dental caries and there is considerable evidence in both Australia and internationally that the consumption of sugar-sweetened beverages increases the risk of dental caries.<sup>i</sup>

This project was based on the success of the NYC Department of Health's '[Man Eating Sugar](#)' video that was modified slightly for Australian audiences and launched here in 2013. The video has been viewed more than 25,000 times on YouTube. The companion ad '[Man Drinking Fat](#)' was launched locally in 2014 and has more than 253,000 views on YouTube. The campaign was developed as a way of delivering the messages in the Man Eating Sugar video in a way that is culturally appropriate for Aboriginal communities.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

The primary aims of the campaign were:

- To deliver a simple message about the amount of sugar in sugary drinks (soft drink, sports drinks, energy drinks etc) and the health impacts of consuming them to encourage the audience to switch to water.
- Make audience rethink buying and consuming sugary drinks as well providing it for their families, which would lead to a decrease in consumption.
- Encourage mothers and fathers to not put sugary drinks in babies'/ children's drink bottles.

### **Customer orientation**

For some time Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO) and the health groups behind Rethink Sugary Drink have recognised that consumption of sugary drinks is higher among the Aboriginal Victorian community. The two

groups collaborated to create and deliver a tailored campaign which culturally appropriate health messages in order to reach the target audience and ensure the message is understood. The advertisement was developed in Victoria, and featured members of the Victorian Aboriginal community

## **Insight**

In 2014, responding to concerns about sugary drink consumption within the Aboriginal community, VACCHO together with the Rethink Sugary Drink alliance made the decision to create an Aboriginal video that could work in the same way as the NYC videos 'Man Drinking Fat' and 'Man Eating Sugar' to improve awareness of the amount of sugar in certain drinks and the link to health effects.

The ads were shown to two rounds of focus groups at VACCHO with the results showing the 'Man Eating Sugar' concept had the greatest impact with the target audience. The focus testing also showed that in order to cut through with the target Aboriginal audience, the video would need to:

- Show a family setting and the impact of sugary drinks on the family
- Include a variety of sugary drink types
- Include graphic imagery around teeth instead of the 'gross out' effect used in Drinking Fat.
- Use language that was more culturally appropriate
- Include actors who were known to the community.

A script was developed in consultation with VACCHO and then further workshopped with members of the community prior to completion to ensure all these elements were captured. The result is a video that is well regarded by the Victorian Aboriginal community as being credible and providing vital health information.

## **Segmentation**

The target audience of the campaign is Aboriginal and/or Torres Strait Islander people in Victoria aged 13 -24 years and Aboriginal and/or Torres Strait Islander parents of babies and young children. These target groups were the focus of the campaign as anecdotal and research-based evidence indicated that sugary drink consumption is highest among these groups.

## **Exchange**

The campaign aimed to highlight that giving up sugary drinks, would not reduce the target audience's enjoyment of their usual leisure activities such as watching a footy match with their family. In fact, the campaign illustrates the benefits of switching to water as we see the happy family at the end as opposed to one plagued by health conditions such as cancer and diabetes. In order to increase the urgency of the risks tooth decay was used as a prominent image as it shows the very real short-term health risk of drinking sugary drinks. Competition Australians are bombarded with advertising and marketing from sugary drink brands in all

areas of their lives, from sports clubs and public transport hubs to shopping centres and supermarkets. Soft drink industry giants spend millions on advertising each year, creating appetite among consumers. Sugary drinks are also widely available and often very affordable, increasing their appeal. It is well-established that this marketing influences the types of food and beverages children prefer, demand and consume, and is likely to contribute to poor diets, negative health outcomes, weight gain and obesity in children<sup>ii</sup>. Factors influencing the consumption of sugar-sweetened beverages across the population include advertising and marketing, price, taste, availability and role modelling by significant Others. Providing water as an alternative healthy option to sugary drinks was a fundamental element of the campaign.

## **Theory**

The Health Belief Model was used to develop this campaign. The video used local Aboriginal actors in a family scenario to improve relevance and drive home perceived susceptibility to the target audience, the relatively short-term effects of tooth decay were particularly highlighted as it was possible to illustrate the severity of the problem as opposed to longer term chronic illnesses such as cancer and type 2 diabetes. The video ended with a positive cue to action – drinking water.

## **Marketing Mix**

In 2015 the VACCHO/Rethink Sugary Drink campaign used a range of mediums to reach the target audience within the Victorian Aboriginal community. This included a 30 second <https://youtu.be/2wdtjt7A2LkCSAs> and 60 second video <https://youtu.be/D8SWHwTA1fo> tailored for Aboriginal Victorians as well as a 30 second radio ad. The 30-second video and radio ad aired as community service announcements. This was combined with extensive PR activity, promotion on social media and websites, a poster for use in Aboriginal community services, articles in community newsletters and engagement with VACCHO and National Aboriginal Community Controlled Health Organisation (NACCHO) member organisations so that the campaign reached Aboriginal health staff. Aboriginal media, health press and mainstream media both covered the campaign with case studies from the local community used in the PR and communications activities. The Aboriginal RSD TV advertisement was launched online in April 2015 and aired on NITV in October/November 2015.

## **Partnerships**

The partnership between VACCHO and the health groups in the Rethink Sugary Drink alliance was fundamental to the development and success of the campaign. VACCHO provided unparalleled knowledge of the Victorian community while the health organisations behind Rethink Sugary Drink provided vast health knowledge to ensure the most up to date health information was conveyed.

## **Evaluation and Results**

The video was made with a modest budget of \$13,000 – which can be considered extremely high value for money taking into account the quality of the end product. Despite having no

paid media component, the campaign not only reached but strongly resonated with its target audience, which illustrates the saliency of the message and the creative execution. The outcomes and results far outweighed the budget that was expended. Outcomes included:

- The 60 second and 30 second versions have combined had around 7,500 views on Cancer Council's YouTube channel.
- The video has received significant engagement on social media. A post on Cancer Council Victoria's Facebook page saw over 25,000 people reached, 5,777 video views and 319 shares. The video was also shared by organisations such as VACCHO, Aboriginal Quitline, Peninsula Health, Kidney Health Australia, and Diabetes WA.
- The video generated media stories in the Koori Mail, PHAA Intouch newsletter, BayMob newsletter and Victoria Health newsletter as well as being played on 3KND during the Yarnin Health program.
- 200 copies of the video on DVD were sent to Aboriginal Community Controlled Health Organisations and Community Health services across Victoria to align with NAIDOC week 2015

To evaluate the campaign, online surveys were completed by 104 Victorian Aboriginal adults (T1: May/Jun 2015) and an additional 156 nationally (T2: Nov/Dec 2015; Vic=90, other states=66). Across both surveys, the campaign was seen to have an important message for the Aboriginal community (80% or more), and around 70% agreed it was relevant to them. Those who viewed RSD were somewhat more likely to identify the sugar content of regular soft drink, compared with those who hadn't (T1: 55% cf. 28%,  $p < 0.05$ ; T2: 62% cf. 49%,  $p > 0.05$ ). Around 60% of respondents agreed RSD motivated them to improve their health and a similar proportion self-reported that they drank less SDs as a result (T1=65%, T2=56%). Somewhat more Victorians compared with other states indicated they drank less SDs (T2: Vic=58% cf. other=52%,  $p > 0.05$ ). Results provide evidence RSD impacted knowledge about the content of SDs and may have positively influenced SD consumption among the Aboriginal community, particularly in Victoria where the campaign originated. These results are comparable and even exceed other social marketing campaigns with comprehensive media budgets.

### **Lessons Learned**

The Aboriginal Rethink Sugary Drink campaign resonated with Victorian Aboriginal adults and highlights the importance of Aboriginal-led health promotion campaigns and tailoring health messages to the local Aboriginal community.

### **References**

Australian Bureau of Statistics, (2015). Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients 2012-13. Available from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4727.0.55.005Main+Features12012-13?OpenDocument> Accessed 29 March 2016.

Bere E, Glomnes ES, te Velde SJ, Klepp KI. (2008) Determinants of adolescents' soft drink

consumption. Public Health Nutrition; 11(1): 49-56.

Boyland EJ and Halford JCG (2013) 'Television advertising and branding; Effects of eating behaviour and food preferences in children' 62 Appetite 236; Cairns et al The extent, nature and effects of food promotion to children: a review of the evidence to December 2008 Prepared for the World Health Organization, December 2009

Denney-Wilson E, Crawford D, Dobbins T, Hardy L, Okely AD, (2009). Influences on consumption of soft drinks and fast foods in adolescents. Asia Pac J Clin Nutr; 18(3): 447-52.

Grimm GC, Harnack L, Story M. (2004). Factors associated with soft drink consumption in school-aged children. Journal of the American Dietetic Association; 104(8): 1244-9.

Hector D, Rangan A, Louie J, Flood V, Gill T. (2009). Soft drinks, weight status and health: a review. Available from: <http://www.health.nsw.gov.au/heal/Publications/soft-drinks-report.pdf> on 30 March 2016.

Rangan A, Kwan J, Flood V, Louie YCU, Gill T, 2011. Changes in 'extra' food intake among Australian children between 1995 and 2007. Obesity Research & Clinical Practice: e55-363.

The World Cancer Research Fund and American Institute for Cancer Research, (2007). Food Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. Washington DC, AICR. Available from [www.dietandcancerreport.org/](http://www.dietandcancerreport.org/) Accessed on 29 March 2016.

World Health Organization (WHO), (2003). Diet, Nutrition and the Prevention of Chronic Diseases. WHO Technical Report Series 916. Geneva.

World Health Organization (WHO) (2015). Guideline: Sugars Intake for Adults and Children, Geneva.

## Using Social Marketing to increase recruitment of female fire fighters

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<sup>1</sup> Kaylee has worked with the ACT Emergency Services Agency for the past eight years in a range of communication roles. She has assisted in the planning, development and implementation of many community education initiatives, community consultation programs and currently manages the ACT ESA's Internal Communications for the Strategic Reform Agenda. Before commencing her current role Kaylee was appointed as the coordinator of the ACT Fire & Rescue recruitment project to help increase the number of women applying to be fire fighters with ACT Fire & Rescue. Kaylee is the recipient of two National Disaster Resilience awards, has studied Dip. Business Marketing, Cert. Community Engagement and is currently completing a Bach. Communications majoring in Business Communication and Public Relations.

<sup>2</sup>Joan is the CEO of Colmar Brunton and has spent the last 27 years working with organisations to apply strategic marketing thinking to deliver more effective programmes, policy, communications and services. Joan first joined Colmar Brunton to establish the Wellington Qualitative Unit and The Social Research Agency. She was made Joint Managing Director of the Wellington office in 1996. In 1998, Joan moved to Australia to establish our government research business which is now a leading supplier of social research for Australian government and not-for-profit agencies. She is recognised as a leading strategic social marketing and evaluation practitioner internationally and regularly attends and speaks at national and international conferences.

<sup>3</sup> Amy has been working in the market research industry for over 5 years and joined Colmar Brunton in early 2013. Amy is a highly competent qualitative and quantitative researcher, with knowledge and experience in both research techniques. She is also passionate about building strong relationships with clients and has worked with clients nationally to deliver meaning, insight and value to their businesses. In her time at Colmar Brunton, Amy has worked on a wide range of projects across the public, private and not-for-profit sectors and is currently responsible for a variety of client accounts. Amy has extensive experience conducting qualitative in-depth interviews and focus groups and a Bachelor Degree from the University of Newcastle in Business majoring in Marketing, Human Resource Management and Industrial Relations.

## **Project Overview**

ACT Fire & Rescue had a target of achieving an increase in the proportion of females applying to be a fire fighter from 26 at the last recruitment round to 52. A best practice social marketing approach was taken involving formative research to guide the strategy. As a result of implementing the research recommendations a much larger than targeted increase was achieved with 144 women applying for the positions.

## **Background and policy context**

ACT Fire & Rescue faced the key challenge of increasing the number of female fire fighter applicants. Eight of the sixteen places available had been reserved for women in an attempt to increase the number of female fire fighters in the service. It was estimated that in order to recruit 8 successful applicants a 100% increase in the proportion of women applying was required. With only a limited budget available it was critical that every \$ spent contributed towards behavior change.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

The recruitment marketing campaign aimed to increase the number of females applying to ACT Fire & Rescue by 100% by March 2016. 26 females applied during the last recruitment round in 2014. A target was set to encourage 52 females to apply.

### **Customer orientation**

The ACT Fire & Rescue used research to develop an in-depth understanding of the needs and issues of eligible<sup>4</sup> women. Face-to-face qualitative research was used including 20 depths with women who have registered their interest but not yet applied and a mini group with women currently employed by the ACT Fire & Rescue service. This research guided the development of the recruitment marketing strategy by identifying how to:

- Raise awareness and position working for ACT Fire & Rescue as relevant, desirable and appropriate for women;
- Overcome the perceived and experienced barriers to working for ACT Fire & Rescue;
- Increase the benefits, reduce the costs, develop strategies to increase the positive influence of others and increase self-efficacy;
- Create the optimum registration, application, training and work experience ACT Fire & Rescue need to deliver to encourage women to register interest, apply, train and remain with ACT Fire & Rescue.

### **Insight**

ACT Fire & Rescue fully utilized the research recommendations to develop and guide the strategy outlined in this document. Key insights which were used to shape the strategy included:

- There are four key motivations for women to become a fire fighter and these should be addressed in all communications, reinforced at all touchpoints and delivered throughout the application and training process: The motivations are:
  - Helping others;
  - Variety & challenge of the work;
  - Stability of location, shift work and job for life; and Eligible women are defined as being 25-34, fit, independent thinkers who work well in a team.
  - Opportunity for progression.
  - The typical journey for women interested in applying to be a firefighter involves four key steps:
    1. The idea is sparked
    2. Information gathering
    3. Applying
    4. Waiting

The research identified the customer experience at each step and how the experience could be improved to meet the needs of potential female firefighters to retain candidates through the process.

- Benefits, costs, others and self-efficacy strategies were identified from the research and built into the development of the strategy.

## **Segmentation**

The target audience was women aged 25-34 who are physically fit, independent thinkers and work well in a team. The research identified four key attitudinal segments with different needs and ACT Fire & Rescue targeted specific messages to each segment:

**Ambitious:** Believe they have what it takes to be a fire fighter and are optimistic about their chances of gaining employment with ACT Fire & Rescue. Some of them have had experience (for example, working with the Rural Fire Service), which boosts their confidence. They like the idea of being in a job where they are constantly learning.

**Challengers:** want to be a part of a team, they want their work to have variety and they look forward to both the physical and mental challenges that would come with being a fire fighter. They are driven by a sense of accomplishment and want to be proud of their career with ACT Fire & Rescue.

**Helpers:** motivated by the desire to serve their community and want to feel a sense of belonging. They are not as confident about their physical abilities but feel that this is something they could work on.

**Life stylers:** This segment want a good work-life balance and they like the idea of the shift work structure that is currently in place at ACT Fire & Rescue as it fits with their family life. They are looking for a happy workplace and they like the idea that this could be a job for life.



Consistent campaign brand highlighted the benefits and rewards a career as a firefighter with ACT Fire & Rescue can offer women, with call to action to “Be a FireFighter”. To ensure images used in campaign advertising would attract the attention of the four market segments ACT Fire & Rescue coordinated a photoshoot to capture four different images that we believed would speak to each market segment:

- Helping others;
- Variety & challenge of the work;
- Stability of location, shift work and job for life; and
- Opportunity for progression.

## **Exchange**

The research identified the core benefits women sought and identified the following exchange “If I (put in an application with ACT Fire & Rescue) instead of (not applying) I will (experience new challenges & variety in my job, have opportunities to progress, be part of a team that helps the community and have a good lifestyle). I know this will happen because (others have had this experience).”

In order to tilt the scales in favour of the benefits it is important to promote the above benefits whilst at the same time addressing the barriers and costs of applying to be a fire fighter. The research provided specific recommendations (which were followed) about how to increase the benefits for each of the target segments e.g. Strivers need messages about ‘A career, not just a job’ and ‘New Challenges every day’ in contrast to Helpers who respond to messages about ‘Being part of a team’ and ‘Helping others’.

The research also outlined suggestions to address the barriers at each stage of the journey including providing additional information to reduce the unknown, give added confidence to women by helping them train and meet physical requirements, and allow women to make an informed decision on the potential impact on their family. The perceived costs of applying to be a fire fighter were the emotional consequences of being unsuccessful and if they were successful not being able to do the job and so letting themselves and others down, the impact of shift work on their families and not being able to balance fire fighting with child rearing. The recruitment marketing strategy sought to address these costs by providing information, support and encouragement at every step in the process and promoting the success of current female fire fighters in both being outstanding at their job as well as being able to balance work and family life. ACT Fire & Rescue implemented each of these recommendations.

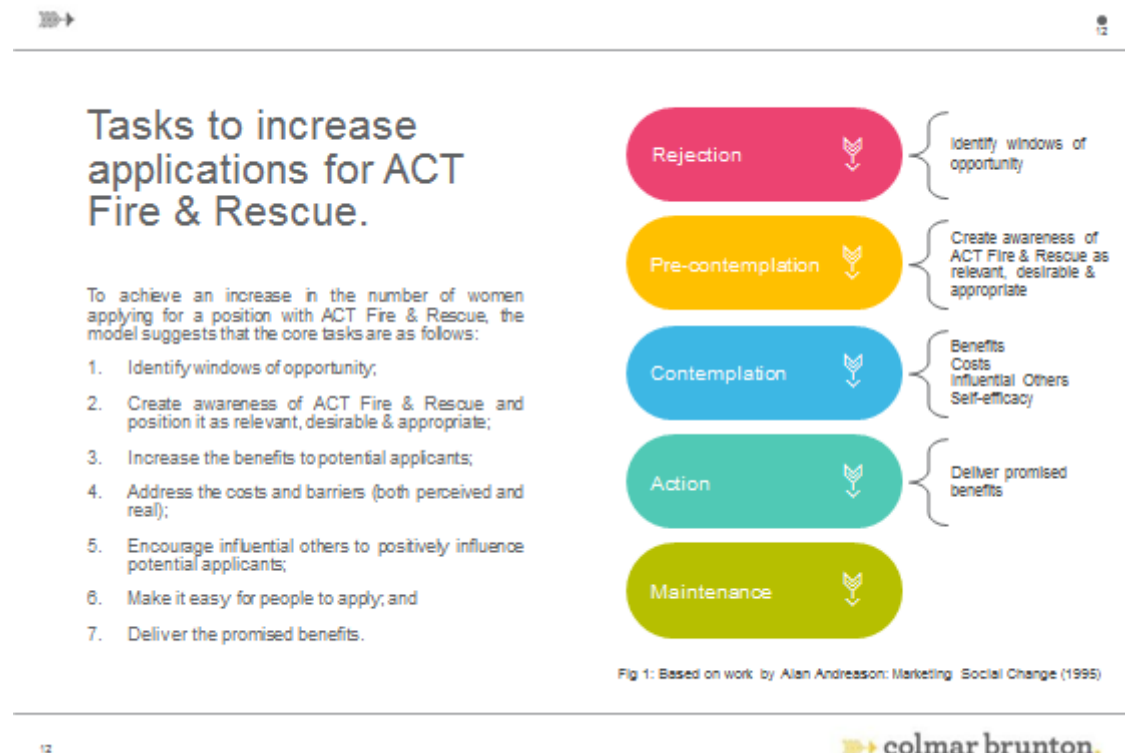
## **Competition**

Applicants in this research were asked about the competition i.e. other opportunities they had considered, and what appealed about ACT Fire & Rescue over the others. Opportunities considered by the women we spoke to include the police force and the defence force. While some were not able to describe what it was about firefighting that appealed to them over these other options, some did mention shift and locale stability, the ability to directly help others, the positive public perception of firefighters, and the hands-on nature of firefighting as

benefits.

## Theory

The underpinning theory used was the trans theoretical model of behaviour change and Alan Andreasen's stages of change model which identifies the marketing tasks required at each stage of behaviour to move people through the stages of change. This model was customised to the behaviour change task for ACT Fire & Rescue.



The women we spoke to during the depth interviews were in the Contemplation stage i.e. aware of ACT Fire & Rescue, have considered applying and are interested in applying when the time comes. This research focussed on how to assist ACT Fire & Rescue to encourage women to the Action (actually applying) by increasing the benefits, addressing the costs, increasing self-efficacy and the positive influence of others.

## Marketing Mix

The ACT Fire & Rescue recruitment strategy involved all elements of the marketing mix.

**Product:** In order to attract more females to apply to be fire fighters the research identified that improvements to the customer experience of the 'product' were required at each step of the process including:

- Sparking the idea
- Gathering information
- Registration

- Waiting.

ACT Fire & Rescue acted on each of the research recommendations for ‘product’ and customer experience improvement to develop:

- A complete example timeline of the application and recruitment process was listed on a customised webpage and was also published in a Candidates Information Booklet (made available in hardcopy and online).
- The complete Physical Aptitude Test (PAT) was filmed and turned into a video series, hosted on the customised webpage
- ACT Fire & Rescue developed a Fit for Duty training program to assist candidates to reach training goals, and includes a role related rationale of why that physical ability should be achieved.
- The criteria for physical ability is outlined in the Candidate Information Booklet and the PAT videos provide detail of timings that have to be met, the weight of tools and distances that have to be performed.
- Work situations including shift structures, flexibility, leave entitlements and remuneration were outlined in the Candidates Information Booklet (made available in hardcopy and online). This information was also delivered through the Recruitment Information Sessions by experienced firefighters. A female firefighter presented each session.
- A custom webpage was created that included all recommendations outlined by Colmar Brunton to improve the application process. Current fire fighters shared their experienced in the job which contributed to sharing the benefits of the job including: shift and locale stability, the ability to directly help others, the positive public perception of firefighters and the hands-on nature of firefighting.

**Price:** As outlined above the price of the behaviour related largely to the time and emotional and physical investment involved in the process of applying as well as the fear of the unknown, being unsuccessful in gaining a position or being unable to be successful as a fire-fighter both in terms of the emotional and physical demands of the job as well as the impact of shift work on family and child- rearing. ACT Fire & Rescue took steps to reduce the ‘price’ of applying to be a female fighter by addressing each of these costs as has been outlined above.

**Place:** A central point of contact was established for candidates to contact for information regarding the application process. ACT Fire & Rescue also communicated an ‘open door’ policy for all ACT fire stations. Candidates were encouraged to call a fire station to arrange visits to experience life at the station and to gain personal insights.

ACT Fire & Rescue hosted nine Information Sessions in total over a two month period across multiple locations. Two sessions were designated as ‘women only’ sessions. These sessions targeted fit, intelligent and community minded women and men looking to join ACT Fire and Rescue in 2016. A number of events occurred on the day to provide candidates with an insight into the challenges, opportunities and rewarding lifestyle enjoyed by modern firefighters.

Candidates were encouraged to ask questions, give everything a go and, most of all, have fun!

Promotion: ACT Fire & Rescue implemented a media campaign using the following tools to communicate with four market segments described by Colmar Brunton (Helpers, Life stylers, Challengers and the Ambitious):

- Facebook: ACT Fire & Rescue, HerCanberra and Jenna Douros Lift in Life;
- Custom webpage;
- Posters;
- Direct email to pre-registered candidates;
- Information & Come and Try sessions;
- Media Relations including a campaign launch event, media ‘be a firefighter for the day’ event and various media releases throughout the campaign.

ACT Fire & Rescue extensively utilised their Facebook page to communicate with their Facebook followers about the recruitment rounds opening, opportunities to attend information sessions and the focus on women applying. Communication was also maintained during events to show females attending career information sessions and getting hands on with the operational equipment.

As recommended in the research all communication materials consistently communicated:

*“Find out how you can prepare for the recruitment process at <http://ACT Fire & Rescue.act.gov.au/actfr/> and follow ACT Fire & Rescue on Facebook for upcoming Career Information Sessions. Recruit College applications open 1 February 2016”.*

## **Partnerships**

Colmar Brunton and ACT Fire & Rescue worked very closely together to develop the strategy. In addition ACT Fire & Rescue teamed up with local media source HerCanberra who reach approximately 90,000 female Canberrans every month, to promote the campaign to an all female audience. HerCanberra produce digital content, promoting and discussing issues that affect women in Canberra. They produced two editorials to support the campaign including a personal account of a ‘Come and Try’ session and an article profiling a current female firefighter. ACT Fire & Rescue also partnered with local fitness icon Jenna Douros with a mass social media following of \$50,000 to help promote the campaign to an already active audience. Jenna produced video content of herself undertaking the physical aptitude test, replicating the tests in a home environment and published the digital content on her Facebook page which the ACT Fire & Rescue also promote

## **Evaluation and results**

ACT Fire & Rescue intend to assess the effectiveness of the campaign upon the completion of the recruitment process in July 2016. The target was to increase applications from 26 to 52. As 144 women actually applied the target was exceeded.

## **Lessons Learned**

- The ratio of successful applications to overall applications needs to be understood to ensure that the target number of applications is set high enough to ensure enough successful applications.
- The budget to develop and implement a strategy to achieve the number of applications that must be received to ensure the targeted number of successful applications should be based on a realistic assessment of the cost per application received.
- The budget for evaluation should be factored into the budget requested for strategy development and implementation.
- Follow-up research with successful and unsuccessful applicants should be conducted to determine what elements of the strategy were most impactful and to feed into future strategy development and process improvement.

### **References**

Andreasen, A. Marketing Social Change. Jossey-Bass, San Francisco, 1995

Prochaska, JO; DiClemente, CC. The transtheoretical approach. Handbook of psychotherapy integration. 2nd ed. New York: Oxford University Press; 2005.

S.M. Sutton, G. Balch and R.C. Lefebvre. Strategic questions for consumer-based health communications. Public Health Report, Washington, 1995.

**Breaking Habits, an application of Cognitive Behavioral Therapy for online learning and behavior change.**

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## **Project Overview**

Quit Victoria identified an opportunity to use digital channels to spearhead a new campaign with a focus on smokers in the contemplation or preparation stages of quitting smoking. This campaign aids smokers in developing the skills and tools necessary to initiate, execute and maintain a successful quit attempt by learning and applying self-help Cognitive Behavioral Therapy (CBT) principles.

The campaign is centered on a series of educational videos about three aspects of their addictions (physical, habitual and emotional) and CBT principles to change behaviors to become smoke free. The videos are part of a dedicated landing page on the Quit Victoria website. In order to draw smokers onto the landing page, we developed a series of highly targeted digital campaign aimed at our 4 key audiences.

## **Background and policy context**

As digital prevalence has increased among our target audience, Quit has adopted digital channels to develop a 'digital only' campaign which allows us to provide our audiences with detailed information on how to retrain their brains using CBT principles.

Quit Victoria has previously used television and ATL advertising techniques as their primary medium for reducing smoking prevalence in Victoria, and it has proven an effective channel for establishing cessation motivation. Their efforts to date have been largely successful, and the smoking prevalence across Victoria currently sits at only 13%.

## **Case-study Benchmark Criteria**

### **Behavioral Goals**

This campaign aims to develop skills helpful in initiation and maintenance of successful cessation in an approachable, relatable method by:

Educating people who smoke about the three aspects of addiction: physical, habitual and emotional.

Building on motivation to quit, drive intrinsic motivation and generate self-directed behavioral change attempts by utilising techniques derived from Cognitive Behavioral Therapy (CBT), a proven method for facilitating behavioral change.

Educating people who smoke on how to retrain their brain to deal with changing a behavior.

### **Customer orientation and Insight**

When Quit Victoria develops a mass media campaign, comprehensive focus testing is undertaken with the target audience prior to and during the creative development process. Following the airing of the campaign, Quit evaluates its efficacy and analyses the resonance of individual creative executions via the Victorian Tobacco Social Marketing Tracking Surveys from the Centre for Behavioral Research in Cancer at Cancer Council Victoria. This

background of experience and understanding of the target audience and what resonates with them was utilised in the creative and strategy development of *Breaking Habits*.

Quit's key target audience is smokers aged 18-49 of lower socio economic status, given current smoking prevalence. The *Breaking Habits* media strategy relied heavily on Roy Morgan media consumption data for this audience, as well as proven media delivery and lessons learned from the implementation and evaluation of other Quit social marketing campaigns.

Historically, smokers have not been heavy consumers of new technology, however this is changing. Through the Roy Morgan research we identified that the majority now have a smart phone, play games on their phones, buy apps, access the internet, surf the net while watching TV, and spend more time online than the average Victorian population. A digital profiling of this target audience showed Search, Display, Social and Video to all have strong reach capabilities. These latter three were all selected as part of the media campaign for *Breaking Habits*.

A key strength of digital is its ability to drive visitation to support services such as Quit.org.au. One of the most highly visited sections of the Quit website is the 'success story' section that highlights personal real stories from ex-smokers. Smokers derive significant benefit of case studies, testimonials and evidence that other quitters have undertaken a successful quitting attempt. Personal narratives are effective in reducing self-exemption and emotionally engaging audiences. This insight was a factor in developing the creative materials and incorporating the testimonial videos.

## **Segmentation**

Quit employed Roy Morgan's Value Segments to identify audience segments within the broader target market. We found the majority of Quit's target audience sit within 4 Roy Morgan Value Segments – Look at Me, Fairer Deal, Conventional Family Life and Something Better. This knowledge allowed us to create advertising materials that were tailored to appeal to each of the four segments, and media was bought with different targeting criteria for each segment.

## **Exchange**

A substantial body of research has established that quitting smoking has immediate as well as long-term health benefits for men and women of all ages, reducing risks for diseases caused by smoking and improving health in general.<sup>1-4</sup> The strongest evidence for this comes from a landmark 50-year follow-up of 34 000 British male doctors first studied in 1951.<sup>5-7</sup> Many participants quit as the evidence on smoking and health accumulated from the 1950s onwards, providing a natural experiment demonstrating the impact of number of years smoking on health and eventual mortality. The study showed just how hazardous tobacco is and estimated that almost two-thirds of persistent smokers were killed by their smoking. Among those who quit, the greatest benefit was seen in those who quit earliest in life.<sup>7</sup> Quitting at age 50 halved the risk of smoking-related death, but cessation by age 30 avoided almost all of the excess



risk. Stopping at age 60, 50, 40 or 30 resulted in gains, respectively, of about 3, 6, 9 or 10 years of life expectancy.<sup>7,8</sup> The cost of these benefits is the behavior change; therefore the focus of the campaign is to develop skills helpful in initiation and maintenance of successful cessation.

## **Competition**

The target audience is bombarded with health messages everywhere they go and from a variety of sources including health organisations, food and beverage companies and pharmaceuticals. Smokers are also being marketed to by companies pushing Nicotine Replacement Products such as patches and inhalers, and quitting medication, so it's a very busy space. Our targeted media buy and creative development approach helped us to reach our audience and cut through some of the clutter.

## **Theory**

Cognitive behaviour therapy (CBT) is a form of psychotherapy that helps a person to change habits, feelings and behaviours. CBT involves the use of practical self-help strategies, which are designed to bring changes in a patient's life. CBT for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies. Evidence from numerous large scale trials and quantitative reviews supports the efficacy of CBT for alcohol and drug use disorders.<sup>9,10</sup>

## **Marketing Mix**

The *Breaking Habits* campaign employed a mix of digital advertising methods based on Roy Morgan media consumption data of the target audience, and tailored/purchased according to the target audience segments. Specific channels included native advertising (Outbrain and Taboola), Facebook, Instagram, display advertising and pre-roll videos on youtube and other various websites. The digital advertising was supported by activity on Quit's owned and shared channels, including the Quit website, Facebook, Twitter and youtube channels. The digital campaign was supported by radio activity on key stations consumed by Victorian smokers aged 18-49, with campaign-related messages in pre-recorded advertisements and through a short-messaging partnership with ARN. The paid aspect of the campaign was supported by public relations and social media activities to build awareness and direct the audience to the expert videos.

## **Evaluation and results**

Breaking Habits will be evaluated as part of Quit's Social marketing calibration study, in which smokers and recent quitters will be recruited to an online survey, then invited to view and rate the digital offerings. For comparison purposes, participants in a control arm will instead view and rate Quit's standard offering (pages from the Quit website). The tracking survey's main measures include:

1. Recall

2. Intermediate outcomes
  - a. Motivation to quit
  - b. Confidence to quit
3. Broader cognitive and social responses
  - a. Quit intentions and attempts
  - b. Quitting priority and salience
  - c. Discussion of quitting with others
  - d. Sought out help
  - e. Set a firm date to quit
  - f. Quit attempts during the campaign period

*The full evaluation results will be available early to mid-October.*

Further to the online survey, we have collected initial data from our Analytics platform which tracked the website visitation and online behavior. The initial data has revealed 67,915 page views over the campaign period (which constitutes 13.76% of total page Quit Victoria views for that period), with an average 04:04 time spent on the *Breaking Habits* webpages (that's an increase of 102% of the average time on site for that period). The suite of videos had a total of 85,670 views.

## **References**

1. US Department of Health and Human Services. The health benefits of smoking cessation: a report of the Surgeon General. Atlanta, Georgia: Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1990. Available from: [http://www.cdc.gov/tobacco/data\\_statistics/sgr/pre\\_1994/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/pre_1994/index.htm)
2. US Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, Georgia: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. Available from: [http://www.cdc.gov/tobacco/data\\_statistics/sgr/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/index.htm)
3. International Agency for Research on Cancer. Reversal of risk after quitting smoking. IARC handbooks of cancer prevention, tobacco control, Vol. 11. Lyon, France: IARC, 2007. Available from: <http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codco1=76&codcch=22>
4. US Department of Health and Human Services. How smoking causes diseases: a report of the Surgeon General. Atlanta, Georgia: US Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. Available from: [www.surgeongeneral.gov/library/tobaccosmoke/Cached](http://www.surgeongeneral.gov/library/tobaccosmoke/Cached)

5. Doll R and Hill AB. The mortality of doctors in relation to their smoking habits: a preliminary report. *British Medical Journal* 1954;1(4877):1451–5. Available from: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2085438&blobtype=pdf>
6. Doll R, Peto R, Wheatly L, Gray R and Sutherland I. Mortality in relation to smoking: 40 years' observations on male British doctors. *BMJ (Clinical Research Ed.)* 1994;309(6959):901–11. Available from: <http://www.bmj.com/cgi/content/full/309/6959/901>
7. Doll R, Peto R, Boreham J and Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ (Clinical Research Ed.)* 2004;328(7455):1519. Available from: <http://www.bmj.com/cgi/content/abstract/328/7455/1519>
8. Taylor DH, Hasselblad V, Henley SJ, Thun MJ and Sloan FA. Benefits of smoking cessation for longevity. *American Journal of Public Health* 2002;92(6):990–6. Available from: <http://www.ajph.org/cgi/content/full/92/6/990>
9. Dutra L, Stathopoulou G, Basden SL, Leyro TM, Powers MB, Otto MW. A meta-analytic review of psychosocial interventions for substance use disorders. *Am J Psychiatry*. 2008;165:179–187. [PubMed]
10. Magill M, Ray LA. Cognitive-behavioral treatment with adult alcohol and illicit drug users: A meta-analysis of randomized controlled trials. *J Stud Alcohol Drugs*. 2009;70:516–527. [PMC free article][PubMed]

## **Driving supply and demand for local food in supermarkets: a social marketing perspective**

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### **Abstract**

Increasing the prevalence and consumption of locally produced food has been shown to benefit several stakeholders including consumers, producers, retailers and government. However, local foods are lacking in the mainstream retail channel, supermarkets, which supply over 70% of our food. We propose to use a framework by Lee and Miller (2012) to explain how social marketing could be used to increase the prevalence and consumption of local food in supermarkets, through the attitudinal and behavioural change of stakeholders. Uncovering the barriers and motivators to these changes is important in order to understand how to inspire and drive change. Each stakeholder has several barriers and motivators to local food consumption, which are discussed in detail. This conceptual paper outlines how social marketing could be used to increase the supply and demand of local food in the mainstream food supply, leading to positive societal change and increasing total welfare.

### **References**

Lee, N. R. and Miller, M. (2012). Influencing positive financial behaviors: The social marketing solution. *Journal of Social Marketing*, 2 (1), 70-86.

## Sun Mum

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<sup>1</sup> Alison Bock has over ten years' experience in social marketing gained in the UK and Australia and has spent the last five years working on a range of social marketing campaigns at Queensland Health. Alison has led the development, implementation and evaluation of campaigns on health topics as diverse as immunisation, sun safety, HIV prevention, obesity reduction and tobacco cessation. Alison is passionate about bringing public health practitioners and marketers together to achieve positive and long-term behaviour change. Alison is currently completing her Masters in Public Health.

<sup>2</sup> Jess Hogan is a marketing and communication specialist with over ten years' experience in planning, writing, implementing and evaluating targeted social marketing campaigns. Jess has worked on a range of topics including driver safety (drink driving, driver distractions) and health topics such as food safety, obesity, sun safety and immunisation.

<sup>3</sup> Phillip Stork has led Queensland Health's social marketing team since 2011 and has worked in health communications, behaviour change for over ten years. Phillip has overseen award winning social marketing health campaigns for both the NHS and Queensland Health.

## **Project Overview**

Queensland has the highest rates of skin cancer in the world. In an effort to improve the sun safety habits of young Queenslanders (the group of Queenslanders least with the poorest sun safety behaviours) Queensland Health introduced Sun Mum. A motherly figure, Sun Mum, through humour and unconventional methods encourages sun safe behaviours and warns of the perils of ignoring her advice. Sun Mum was first introduced to 16-24 year olds in November 2013 and has built on her cult like social media following year on year.

## **Background and policy context**

Queensland has the highest rates of skin cancer in the world. In 2012, 3404 new cases of melanoma were diagnosed. Melanoma was the most common cancer diagnosed in those aged 15–44 years and responsible for more than a quarter (28%) of new cancers in this age group. The Health of Queenslanders 2014: Fifth report of the Chief Health Officer revealed that 72 per cent of Queenslanders aged 18–24 had been sunburnt in the previous year, with males displaying the poorest rates of sun-safe behaviour. In 2010, the skin cancer treatment rate in Queensland was 80 per cent higher than the national average. Treatment costs in Queensland account for one-third of the total national costs, placing a significant burden on the Australian healthcare system.

Skin cancer is largely preventable; however people are not routinely using the five recommended sun protection behaviours on a daily basis. Queensland's often extreme ultraviolet radiation (UVR) levels and outdoor lifestyle present an ongoing challenge for sun safety. Young adults are the least sun safe and have the highest rates of sunburn compared to other groups. Epidemiological research shows the 15–24 year old demographic has the poorest use of sun-protective behaviours across the state. Sun Mum activity has been in market over summer from 2013 – 2016. Previous sun safety campaigns in Queensland, and elsewhere in Australia, had failed to engage this hard to reach audience in a sustained way.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

A range of awareness, engagement and behavioural goals were set throughout the Sun Mum campaign. Awareness targets included, for the duration of the campaign:

- achieve 35% unprompted recall of the Sun Mum campaign
- achieve at least 50% unprompted recall of Sun mum campaign messages among the target audience

Engagement targets included: Phase 1

- Achieve social engagement levels above 50% (like, share, comment etc)
- to achieve 10,000 Facebook page likes in the first six months of the campaign and 20,000 Facebook page likes across the duration of campaign
- to reach and maintain an average page engagement rate of 1%

- to reach an average organic post engagement rate of 5%
- to achieve 85% of page likes in the target audience demographic
- to achieve 700,000 YouTube video views across all video content

#### Phase 2

- Achieve social engagement levels above 50% (like, share, comment etc)
- to increase total likes to 40,000
- to maintain an average page engagement rate of 1%
- to maintain an average organic post engagement rate of 5%
- to achieve 85% of page likes in the target audience demographic
- to increase YouTube video views to 1.4 million views across all video content

#### Phase 3

- Achieve social engagement levels above 50% (like, share, comment etc)
- to increase total likes to the 45,000
- to maintain an average page engagement rate of 1%
- to achieve 85% of page likes in the target audience demographic
- to increase YouTube video views to 2 million views across all video content

#### **Behavioural goals included:**

- Raise awareness about the five sun safe behaviours by 15%, from 66% awareness in 2012.
- Increase intention to change (consider/think about sun safe behaviours more seriously) by 15%, from a baseline of 64% in 2012.
- Achieve a 15% increase in the adoption of sun safe behaviours, from the following 2012 baselines:
  - Wear sunglasses – 52%
  - Wear a hat – 24%
  - Wear clothing to protect you from the sun – 30%
  - Wear sunscreen with a SPF 30+ or higher – 41%
  - Seek out shade – 62%

#### **Customer orientation**

Formative research with the 15–24 year old demographic showed that:

- awareness of the five sun-safe behaviours (seek shade, wear sunscreen, wear a hat, wear long sleeves, wear sunglasses) is limited, and they aren't using them
- there is a huge difference in sun-protective behaviour between planned and unplanned activities (e.g. people are more likely to apply sunscreen if they are at the beach, compared to walking 15 minutes to the bus stop in the morning)

- there are a range of barriers to behaviour change (e.g. it's too much effort, it's too uncomfortable, looking 'uncool' and going against social norms)
- they need regular reminders in order to change their behaviour
- previous sun-safety campaigns were ignored as they were not seen as engaging.

## **Insight**

Research shows there are a range of barriers to sun safety in the youth audience, including:

- the belief a tan looks better than pale skin
- it's uncomfortable (sunscreen on skin, wearing a hat, wearing sleeves during summer)
- not wanting to differ from social norm (it's daggy/uncool to wear a hat/sleeves/sunscreen)
- it takes too much effort to use the behaviours
- simply forgetting (not part of the regular routine when getting ready).
- there is a big difference between sun-safe behaviours for planned vs unplanned activities (e.g. going to the beach vs walking 15 minutes to the bus in the morning).

Young people are tuning out to traditional channels and an unconventional (and 'un-Government-style') approach was needed to reach them. An integrated digital campaign underpinned by an extensive branded content strategy was developed to engage with the target audience the same way they engage with their peers.

## **Segmentation**

The primary target audience for the Sun Mum, sun safety campaign was young people aged 16-24 years. While epidemiological statistics and initial formative research identified males as a target group, due to their lack of awareness and sun protective behaviours, the resulting campaign was effective at reaching and engaging males and females alike.

## **Exchange**

The exchange proposition is significant. For the target audience to take up the preferred sun protective behaviour, the perceived costs include exchanging social acceptance, comfort and appearance for sun safety. The campaign needed to address social norms of sun protective behaviour while raising awareness about the necessity of sun protective behaviour in Queensland as well as the consequences of not adopting sun safe behaviours. To tilt the scales in favour of the benefits the campaign used a humorous approach and shared content in bite-size chunks that were easily digestible and relevant to the target audience.

## **Competition**

The biggest competition for the uptake of sun protective behaviour is the underlying social norms in Queensland around sun exposure... tanned skin is depicted as beautiful and desirable and having fun is depicted as visiting the beach and outdoor sunny locations (without sun protective clothing).



## **Theory**

The overarching social marketing strategy is based on the Transtheoretical model of behaviour change (Prochaska & DiClemente, 1983), and takes a stage-matched approach, targeting interventions to particular stages of change. The priority audiences for the campaign are pre-contemplators and contemplators.

## **Marketing Mix**

### **Product**

The product is Sun Mum, an unlikely character who can effectively communicate sun safety messages in a caring, informative way that is hard to ignore. Sun Mum is a gruff, burly man dressed as a housewife and it is this juxtaposition that creates a balance between humour and a serious message. Sun Mum was seen as having the potential to become a cult figure by engaging with young Queenslanders through their own channels and tone. Sun Mum is a product that belongs to you Queenslanders – an ‘in’ joke that suits their humour.

### **Price**

The primary price factor identified by market research is around image and the idea that a tan looks better than pale skin and that it’s daggy to wear a hat and long sleeves in summer. The campaign had to position the price of being ‘un-sun-safe’ as higher than the cost of meeting social norms. This was achieved by providing targeted information in a realistic way that would support moving the target audience through the stages of behaviour change. This saw the campaign move from a primary awareness raising focus in year one, through to a stronger focus on promoting sun protective behaviour to the most recent phase which saw a strong focus on the consequences of not adopting sun protective behaviour.

### **Place**

It was essential that Sun Mum engage with the target audience the same way they engage with their peers. For this reason the Sun Mum Facebook page was developed and used as the primary vehicle to communicate sun safety messages to the target audience. One of the key ideas behind this strategy was the need to give the target audience ownership over the campaign. There was a need to connect with them in the way they connected with their peers, and that was predominantly through social media channels. It was also very important to ensure the campaign didn’t look like it was a message from the government. The creative concept was developed in a way that didn’t look or feel ‘governmenty’ while still communicating the key health messages.

### **Promotion**

The Sun Mum campaign is promoted through social media channels, primarily Facebook and YouTube. Earlier phases of the campaign utilised television and digital channels, however, research and strategic review deemed the social media channels the most effective in reaching and engaging with the target audience.

## Evaluation and results

Campaign objectives	2013/14	2014/15	2015/16
<b>Campaign awareness objectives</b>			
to achieve 35% unprompted recall of the Sun Mum campaign	57%	45%	59%
Ensure Sun Mum is delivering messages in a manner preferred by the target audience.	68% of respondents prefer a humorous approach and believe the campaign is interesting, completely true, relevant and believable	People believe the campaign to be funny and interesting and one that is completely true, believable and relevant	Respondents believe the campaign to be important, funny, interesting, completely true, believable and relevant.
To achieve at least 50% spontaneous recall of campaign messages among the target audience for each phase of the	52%	47%	50%
<b>Engagement objectives</b>			
Achieve social engagement levels above 50% (like, share, comment etc) when social media is used as part of the campaign	60%	55%	56%
<b>Social media objectives</b>			
<b>Facebook likes</b>			
Phase 1- To reach 10,000 likes in six months and 20,000 likes for	10,000 / 38,000		
Phase 2 - To increase total likes		42,000	
Phase 3 – to increase total			50,549 likes
To reach and maintain an average page engagement rate of	1.44%	1.24%	1.39%
To reach an average organic	7.66%	7.02%	No organic posts
To achieve 85% of page likes in the target audience demographic	90%	89%	87% (51% female and 48% male)

Campaign objectives	2013/14	2014/15	2015/16
YouTube views:			
Phase 1- Achieve 700,000 YouTube video views across all	1.2 million views		
Phase 2 – increase total YouTube views to 1.4 million		1.5 million views	
Phase 3 - Increase total			2.05 million
Behavioural objectives (self-reported)			
Raise awareness about the five sun safe behaviours by 15%. From a baseline of 66% in 2012 to 81% by the end of Sun Mum campaign	69%	68%	78%
Increase intention to change (consider/think about sun safe behaviours more seriously) by 15%. From a baseline of 64% in 2012 to 79% by the end of campaign	55%	55%	67%
Achieve a 15% increase in the self-reported adoption of each of the five sun safe behaviours by the end of Sun Mum campaign activity. From the following 2012 baselines:			
<ul style="list-style-type: none"> <li>•Sunglasses – 52% in 2012 / 67% by end of campaign</li> <li>•Hat – 24% in 2012 / 39% by the end of campaign</li> <li>•protective clothing – 30% in 2012 / 45% by the end of campaign</li> </ul>	<ul style="list-style-type: none"> <li>•Sunglasses – 56%</li> <li>•Hat – 24%</li> <li>•protective clothing – 32%</li> <li>•30+ sunscreen – 40%</li> </ul>	<ul style="list-style-type: none"> <li>•Sunglasses – 53%</li> <li>•Hat – 28%</li> <li>•protective clothing – 31%</li> <li>•30+ sunscreen – 44%</li> </ul>	<ul style="list-style-type: none"> <li>•Sunglasses – 49%</li> <li>•Hat – 34%</li> <li>•protective clothing – 34%</li> <li>•30+ sunscreen – 52%</li> </ul>
Raise awareness about the consequences of unsafe sun exposure by 15% by the end of Sun Mum campaign activity.	67%	68%	69%

## **Lessons Learned**

Lessons learned from the Sun Mum campaign can be classified as relating to media channel selection or behavioural messaging. Over the three year implementation period we learned that maximising reach and effectiveness through Facebook required dedicated budget to boosting all posts. Further, video content achieved high levels of reach and engagement. Some limitations of the channel were also learned, for example, we were unable to use graphic images of skin cancer to reinforce consequence messaging. Regarding behavioural messaging, as we moved through the stages of behaviour change, we moved to a focus on the consequences. Despite focusing on something that the target audience may not want to hear, engagement did not suffer, it in fact increased, despite not being a goal of year three activity.

## **References**

- Queensland Health. The health of Queenslanders 2014: Fifth report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2014.
- Prochaska, J.O. (1983) 'Transtheoretical model of behavior change' in Encyclopedia of behavioral medicine 2013 (pp. 1997-2000). Springer New York.

# Assessing a social marketing children's active school transport campaign

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## Abstract

Using a longitudinal research design, this paper investigated the effectiveness of VicHealth's 2014 Walk to School campaign (WtS). WtS is an annual state wide campaign involving more than 620 schools across the state of Victoria (VicHealth, 2016). A total of 783 parents' responses obtained through an online campaign evaluation survey involving an intervention and control group were used to examine changes in the self-reported frequency that children walked to and from school. The result of paired sample t-tests showed that WtS2014 significantly increased both groups' rate of walk to and from school frequency; however, the increase amongst the intervention group was higher when compared to the control group. Some skewness was observed between the two groups in the level of activeness at baseline suggesting carers with more active children were likely to opt into the study and continue in the study over time. Some recommendations including the need of further research to identify determinants of behaviour change to better inform the design of future WtS campaigns are outlined.

## References

VicHealth. (2016). *Campaign Walk to School*. [online] Retrieved April 5, 2016, from <https://www.vichealth.vic.gov.au/walktoschool>

VicHealth. (2016). *Grants for councils Walk to School Campaign 2016*. Retrieved April 15, 2016, from <https://www.vichealth.vic.gov.au/funding/walk-to-school-grants>

## **Rethink Sugary Drink –building a powerful, sustainable campaign on a shoestring**

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Rebecca Cook has over 15 years of experience in communications, marketing and public relations. Rebecca leads the media, marketing and digital communications for the Prevention Division at Cancer Council Victoria that includes iconic programs such as Quit Victoria, SunSmart, PapScreen and LiveLighter as well as Rethink Sugary Drink and programs around alcohol and breast and bowel screening. Rebecca holds a Masters in Media Arts (Deakin University) as well as a Bachelor of Arts at the University of Melbourne.

## **Project Overview**

The Rethink Sugary Drink campaign has grown from three organisations (Cancer Council, Diabetes Australia and National Heart Foundation) in 2013 to a 12-member alliance of the largest health organisations in the country running high profile media and social marketing campaigns by 2016 – on a shoestring budget. The persistent pressure of the alliance via policy, media and marketing channels has raised the awareness of the amount of sugar in these drinks, helped to change Australian's attitudes towards sugary drinks, and assisted in softening the ground for policy discussions around tax and availability.

## **Background and policy context**

Nearly two-thirds of the Australian population is overweight or obese. Being overweight or obese puts you at greater risk of chronic illnesses such as type 2 diabetes, heart disease and some cancers. Although many factors influence these high rates of obesity, research suggests that sugar-sweetened beverages ('sugary drinks') play a significant role in driving obesity trends. Sugary drinks including soft drinks, sports drinks, sweetened mineral waters and cordials contribute almost no valuable nutrients to Australian diets (except water), but deliver large quantities of sugar. Australians are large consumers of sugary drinks - Sugar-sweetened beverages (sugary drinks) are the largest contributor of additional sugar for young people in Australia – around a third of all teenagers' added sugar intake comes from sugary drinks. A single can of Coke contains 40g of sugar (approximately 10 teaspoons). Robust evidence has associated the consumption of these products with increased energy intake, weight gain, diabetes and dental erosion. In light of the evidence linking sugary drinks consumption to a range of negative health impacts the World Health Organization and Australia's own dietary guidelines recommend they be restricted or avoided altogether. In 2013, three leading health organisations – Cancer Council Australia, Diabetes Australia and Heart Foundation released a consensus statement containing five recommendations for action to government, schools and non-government organisations to reduce sugar-sweetened beverage consumption.

By 2016, this Rethink Sugary Drink alliance had grown to 12 organisations - Australian Dental Association, Kidney Health Australia, National Stroke Foundation, Dental Health Services Victoria, Dental Hygienists Association of Australia, Nutrition Australia, Obesity Policy Coalition, YMCA, and Victorian Aboriginal Community Controlled Health Organisation (VACCHO). The Alliance does not have any operating budget; however, it leverages the professional resources and expertise of its partners as well as international networks. Over the past three years, Rethink Sugary Drink has run several small, community service announcement based campaigns:

- 2013 - 'Man Eating Sugar' – utilising the Department of Health, New York City's TVC, a tailored version was created for the Australian market.
- 2014- 'Man Drinking Fat' - utilising the Department of Health, New York City's TVC, a tailored version was created for the Australian market.
- 2015 – 'You wouldn't eat 16 teaspoons of sugar, would ya?' – Aboriginal campaign created by Rethink together with key partner VACCHO.

- 2016 – ‘How far do you have to run...to run off your drink’ collaboration with
- VicHealth.

### **Case-study Benchmark Criteria**

#### **Behavioural Goals**

1. To establish an understanding of the amount of sugar in sugary drinks across the Australian population.
2. To decrease the consumption of sugary drinks by young men and reduce the purchase of sugary drinks by household shoppers.
3. To socialise the alliance’s five policy recommendations with government and key influencers.

#### **Customer orientation**

This campaign has three target audiences:

- Australian consumers of sugary drinks – particularly young men and grocery buyers
- Aboriginal and Torres Strait Islander people
- Australian policymakers at a federal, state and local level

Initially the Alliance had no budget to create its own media assets, so it looked to other jurisdictions that had run successful and well evaluated campaigns. The Department of Health in New York City was approached and permission to use the Department’s visionary ‘Pouring on the Pounds’ campaign materials was sought. Leveraging off the back of existing focus groups from within the Alliance, two sets of materials were tested with local audience – ‘Man Eating Sugar’ and ‘Man Drinking Fat’. Small cultural differences were identified – such as the word ‘pounds’ – and an Australian version was created with minimal editing.

#### **Insight**

In the 12 months to October 2012, Australians bought 1.28 billion litres of sugar-sweetened drinks, with regular cola drinks being the most popular — 447 million litres that year (Retail World). Australia is in the top 10 countries for per capita sugary drink consumption. Sugary drinks are the biggest contributor to added sugar in Australians’ diets followed by sugar and sweet spreads, cakes, biscuits, and pastries (Linggang Lei et al, 2016). Young men 19-30 years are the greatest consumers of sugary drinks – with some drinking up to 1.5 litres a day. American estimates show that consuming one can of soft drink per day could lead to a 6.75kg weight gain in one year (if these calories are added to a typical US diet and not offset by reduction in other energy sources) (Apovian, 2004). The link between sugary drinks and weight gain as well as the health effects of being overweight were not widely known when the campaign started in 2013.

#### **Segmentation**



Over the past three and a half years, the campaign has evolved to include new target audiences as well as provide fresh information to our existing target audiences. The original campaign videos were targeted towards young men – thus the talent was a young man eating sugar or drinking fat, the gross out element strongly appealing to this target audience. When the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) became a partner in 2014, specific campaigns and resources were designed for the [Aboriginal community](#). This included a highly successful video which has now been licensed to run as part of the LiveLighter campaign in Victoria and Western Australia. Later iterations of the campaign continued to focus on a young male character and extended the message from the amount of sugar in the drink to how far you would have to run to burn off those kilojoules. Demand for resources for schools, community groups, health centres and workplaces saw the Rethink website grow to accommodate a ‘Resource’ section that contains tailored fact sheets and posters for each of these settings. In the second half of 2016, a resource for secondary schools based on Quit Victoria’s successful Critics’ Choice program will be launched to encourage high school students to evaluate the impact of various anti-sugary drink campaigns.

## **Exchange**

The long-term health effects of obesity such as heart disease and certain types of cancers are seen as too far in the future for many of the younger target audience, however, the impact of sugary drinks on teeth is much more immediate and believable. The inclusion of messaging around tooth decay helps to bring forward the urgency and the risk for younger audiences. All campaign materials include a call to action to drink water – thereby providing a cheap and readily available replacement option. In the ‘How far do you have to run’ video, the narrative is framed around the positive benefits of water (i.e ‘it’s the natural hydrator’), rather than the negative health effects of sugary drinks.

## **Competition**

Coca Cola reported spending \$3.3 billion on advertising globally in 2013 (Marketing Magazine). In addition to mainstream advertising (TV, radio, outdoor, online), soft drink companies have taken advantage of social platforms. Coca Cola’s Share a Coke campaign resulted in the sale of more than 250 million named bottles and cans in Australia (Moye 2014) and a 7% increase in young adult consumption in the same year (Marketing Magazine, 2012). Advertising aside, sugary drinks are unavoidable – they are in vending machines at train stations, schools, sporting facilities and often cheaper than bottled water.

## **Theory**

Rethink campaigns are designed based on the Health Belief model of behaviour change.

## **Marketing Mix**

Budget has restricted us in terms of advertising spend, but we have been able to run small digital campaigns using tailored materials from other countries such the NYC ads as well as create our own videos which have been submitted as Community Service Announcements

(CSA). Public relations is a strong element of the campaign – each Rethink campaign launch or media release has achieved high unpaid media profile. For example, the Rethink Man Drinking Fat ad has been viewed more than 250,000 on youtube – largely because it featured on the Yahoo 7 homepage at the time of launch under the heading ‘Is this the grossest ad ever?’ Social media has been a key component of the campaign and the infographic used on social media to the launch the first ever campaign continues to be used by news networks and other organisations online. It has also been downloaded from the website 3,127 times to date. The Rethink website also contains a sugary drinks calculator that helps consumers to work out how far they would have to walk to burn off their sugary habit, resources for schools, workplaces and individuals, and guidelines for vending machines.

## **Partnerships**

The partnership between 12 health and community organisations is vital to the operation of a sustained campaign – particular when budget is minimal. Small amounts of funds from partners are able to be put towards projects which align with that organisation’s values. Each partner also brings their own areas of expertise and unique perspective. The inclusion of the dental associations enables us to speak about the much more short-term health effects of tooth decay and therefore increasing the urgency of the message. The addition of VACCHO to the partnership helps us to create and test resources and campaigns for the Aboriginal communities. Each organisation has access to data and new research that is leveraged for public relations. The breadth of the partners means the risk for individual organisations is minimised, particularly given we are up against large corporations. It also creates a wide range of media spokespeople on various aspects of the issue.

## **Evaluation and results**

With no significant budget, traditional campaign evaluation is hard to achieve. However, there are several indicators that can provide an insight into the impact of the campaign. Website visits have continued to grow exponentially over time from 20,708 (2013) to 35,328 (2014), 70,379 (2015), and 32,495 (Jan- April 2016). As have resource downloads from the website, total to date is 15,480 items including posters, fact sheets and infographics. Unpaid media coverage for the first campaign launch generated wide-spread major media coverage that was estimated to reach 9.5 million Australians. Rethink has continued to generate significant media coverage over the past three years. Views of the campaign videos on YouTube to date are: Man Eating Sugar 25,982 views (since Jan 2013), Man Drinking Fat 253,456 views (since October 2013), Aboriginal Rethink Sugary Drink 6,814 views (since April 2015) and How Far Do You Have to Run 2,962 views (since December 2015). The industry has responded strongly to the alliance by running campaigns that highlight Coke as part of the obesity solution rather than the problem and requesting meetings with the partners. Around two-thirds of Australians are in favour of a tax on sugary drinks if the revenue is used to make healthy food cheaper (Morley et al, 2012), this figure is expected to increase in the next survey, due to the increasing profile of the issue. One of the partners of the Alliance has proactively altered the types of sugary drinks it sells at its many facilities.

## **Lessons Learned**

One of the greatest successes of the campaign has been using effective advertising from other countries and tailoring it for local audiences. Building partnerships with likeminded organisation enables you to leverage the expertise and networks within these organisations. Social marketing can be a useful tool to soften the ground for policy/ advocacy such as sugary drinks tax. Evaluation is difficult when you don't have the money for traditional tracking surveys; however it is possible to find other ways to evaluate your impact.

## **References**

Apovian CM. Sugar-sweetened soft drinks, obesity, and type 2 diabetes. *Journal of the American Medical Association* 2004; 292(8): 978–9.

Linggang Lei, Anna Rangan, Victoria M. Flood and Jimmy Chun Yu Louie (2016). Dietary intake and food sources of added sugar in the Australian population. *British Journal of Nutrition*, 115, pp 868-877. doi:10.1017/S0007114515005255.

Marketing Magazine, <https://www.marketingmag.com.au/hubs-c/share-a-coke-campaign-post-analysis/#.U1dND5Szs-M>

Morley B et al., 'Public Opinion on Food-related Obesity Prevention Policy Initiatives' (2012) 23(2) *Health Promotion Journal of Australia*

Moye, Jay, 'Share a Coke: How the Groundbreaking Campaign Got its Start 'Down Under'', September 25, 2014, Coca Cola website - <http://www.coca-colacompany.com/stories/share-a-coke-how-the-groundbreaking-campaign-got-its-start-down-under/>

## Vaccination Matters

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## **Project Overview**

The overarching objective of the childhood immunisation social marketing campaign is to encourage Queensland parents of young children (five years and below) to immunise their children in accordance with the National Immunisation Program Schedule Queensland. The campaign commenced in July 2014 with its first phase of activity and has been ongoing with several bursts of advertising and activity including a smartphone reminder app and a state-wide mass media campaign from December 2015 to July 2016.

## **Background and policy context**

Immunisation is the most significant public health intervention that provides a safe way to prevent the spread of life-threatening communicable diseases (DoH, 2016). When the rate of immunisation is high within a population, communities benefit from herd immunity. Herd immunity helps protect people who cannot be vaccinated because they are too young, for medical reasons, because they are immuno-suppressed or because their immune system doesn't respond to vaccination. Vaccines for children are funded through the National Immunisation Program (NIP). It is important that childhood vaccinations are delivered on-time in order to provide the best protection against disease. Current rates of childhood immunisation in Queensland are below the 95% required to achieve herd immunity.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

Behaviour goals of Vaccination matters include:

- Increase awareness and understanding of the importance of on time vaccination
- Reduce concern around 'risks' and side effects of immunisation
- Increase awareness and understanding of the National Immunisation Program Schedule and free vaccines for targeted groups
- Increase timely childhood immunisation rates

### **Customer orientation**

A mixture of qualitative and quantitative research was used throughout the 2014/15 and 2015/16 campaign periods to determine how best to reduce the parent's reluctance to participate in the childhood immunisation program and to remind them of the importance of vaccinating their child on time, when vaccinations were due. From this research, phased approaches were developed in 2014/15: Phase 1, which launched in July 2014 focused on the message "Vaccination dates matter" and included the launch of the VacciDate phone app and a supporting microsite. The app provides a way for parents to store immunisation history and receive reminders about due dates for each child in the family. The microsite enables the app to be a single point of contact for all of the information parents need to make decisions about immunising children. This phase intentionally only focused on the importance of on-time immunisation. Phase two of the campaign, 'Vaccination facts matter', addressed a specific barrier to immunisation; concerns parents have about safety, potential side effects and

composition of vaccines. This part of the campaign aimed to deliver clear, factual, relevant information to parents, establishing Queensland Health's position as a trusted source and to counter misinformation presented by anti-vaccination groups. After evaluation of the first two phases, a third reinforcement phase of advertising encompassed both the 'Vaccination dates matter' and the 'Vaccination facts matter', running in February, March 2015 using the same targeted channels as previous bursts.

Qualitative and quantitative evaluative research informed the 2015/16 campaign "Vaccination matters" which includes messages around on-time vaccination, new vaccination legislation for childcare and promotes the VacciDate app. This informs parents of changes to laws that may affect them and again reminds them of the importance of on-time vaccination. Evaluation research is currently underway with a final evaluation scheduled for July/August 2016, will measure current activity and will inform future campaign activity.

## **Insight**

Formative market research was conducted with parents of children aged 0-6 in April 2014 to further expand on previous research regarding attitudes to immunisation, and better understand the strength of those concerns. The research measured awareness and understanding about immunisation and investigated barriers and motivators to vaccination. The following insights underpinned the development of the Vaccination matters campaign:

- Parents of young children are concerned over the safety of vaccines. Misinformation regarding the safety of vaccinations abounds. Parents need to identify trusted sources of information about vaccinations. While parents accept government as a credible resource regarding vaccinations, they didn't know where to source credible information.
- Parents are losing track of when immunisations are due and do not understand the importance of immunising on-time. Personalised reminders at these key points in time may assist parents adhere to the childhood immunisation program schedule.
- Some parents remain cautious regarding vaccination, mostly due to lack of information or incorrect information. Varied messages regarding the facts of immunisation and consequences of not immunising could be persuasive for this audience. Any messaging using fear tactics must be used with particular care as it may alienate the audience.

## **Segmentation**

The target market of the campaign was mothers of young children aged between 0-5 years. This broad segment was broken down into two clear groups:

- 1) Mothers who supported immunisation but were late in meeting vaccination timelines
- 2) Mothers who were unsure about vaccination – barriers included uncertainty around the safety of vaccines and confusion about what constituted timeliness. This group did not include those with cemented anti-vaccination views.

These two groups comprised approximately 6% Queensland mothers of young children aged between 0-5 years. Market research identified that approximately 3% of Queensland mothers held strong anti-vaccination beliefs. These beliefs were grounded in safety concerns about vaccines. This audience segment was not directly targeted in the campaign, however, research will measure the proportion of the groups to see whether campaign activity was successful in moving any people towards positive views about vaccination.

### **Exchange**

Market research identified the key barriers to timely vaccination as being linked to knowledge gaps (what does on-time mean?), lifestyle (too busy, forget) and concerns (are vaccines safe). The exchange was different for each key barrier, and key messages and tools were developed to address each one and make the benefit desirable and easy to achieve.

### **Competition**

Similar to the consideration of exchange, competition was noted in a number of ways. Anti-vaccination groups and beliefs add to the confusion around vaccination. The campaign was built on a strategic approach to establish Queensland Health as the leading credible source of vaccination information. The target audience have busy lifestyles, which was particularly identified with mothers who had more than one child. Despite good intentions, vaccinations could be forgotten. The VacciDate App was specifically developed to address this barrier.

### **Theory**

The theory underlying the strategic approach for the Vaccination matters campaign is the Health Belief Model (Hochbaum, 1958). The model assumes that people will choose positive health behaviour when considering a number of variables including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy. The Vaccination matters campaign was designed to educate and support consumers' belief that vaccination is safe and provide an effective that directly addresses the key barrier to timely vaccination.

### **Marketing Mix**

The Vaccination matters campaign used a broad method mix to achieve its goals ranging from leveraging state and national legislation, digital technology and mass-media.

#### **Product**

Two key products were developed as part of the Vaccination Matters campaign. Firstly, the Vaccination matters website was developed to provide a recognized, credible resource on all things immunisation. The website was developed specifically to address the insight that due to the abundance of information available about immunisation, mothers were seeking a credible source of information. The website is an engaging and informative platform which acts as a one-stop hub for all information and tools around childhood immunisation. All supporting advertising and communication drives traffic to the Vaccination matters website.

Secondly, the VacciDate smartphone app was developed to specifically address the identified barrier to timely vaccination - mothers missing and/or forgetting when their child's vaccinations were due. VacciDate allows parents to create a profile for each child, input vaccination dates and receive timely reminders for upcoming vaccinations. The website addressed parent's need for a credible source of information.

## Price

A number of complex costs exist in the childhood immunisation space, including:

- Social ostracism – a key cornerstone of the strategy underpinning the campaign was to strengthen existing social support for timely immunisation. This strategy uses the fear of social ostracisation (also supported through federal and state legislation around childhood immunisation) to encourage behaviour change.
- Health risks – some mothers are concerned that vaccines aren't safe for their young children. The Vaccination matters website provides information on side effects and reactions to immunisation, supporting studies on the safety of vaccines and the option to talk to a qualified child health nurse via the 13 HEALTH phone line.

## Place

The campaign delivers access to information and advice on childhood immunisation through:

- A dedicated website: Vaccination matters
- VacciDate - a smart phone app that includes information about immunisation
- 13 HEALTH provides qualified health advice on childhood immunization

## Promotion

The Vaccination matters campaign is promoted through a range of targeted media including television, radio, press, digital and social channels. Supporting resources were distributed via key stakeholder groups such as GPs and Early Childhood Education and Care (ECEC) services. Specific Indigenous resources were also developed and distributed to Aboriginal Medical Services via hospital and health services across the state. Media relations was also used to promote key messages in underperforming areas.

## Partnerships

Partnerships were formed with key immunisation stakeholder groups who are part of the Queensland Immunisation Partnership Group. Representatives were updated on the campaign and provided with information to disseminate through their respective body. ECEC services were a key stakeholder group engaged to support immunisation legislation and as a key distribution channel for campaign messages and resources.

## Evaluation and results

Following Phase 1 and 2, Queensland Health evaluated the activity in May 2015, which was used to inform the current campaign's development. Key insights include:



- Overall, propensity to immunise is very high.
- Most mothers of young children have immunised their children on time (91%)
- Almost all expectant mothers are planning on immunising their children (97%).
- Community attitudes towards immunisation are also very positive.
- The majority agree:
  - They are supportive of immunising children (90% strongly agree)
  - Immunisation is important for the greater community good (87% strongly agree)
  - Trust the opinion of experts about the safety of immunisation (80% strongly agree)
- Attitudes have improved significantly compared to the original benchmark in 2014.
- Fewer women are agreeing that they 'respect parent's right not to immunise their children' and that 'immunisation presents risks'.
- When asked for specific concerns about immunisation, women expressed confusion in regards to the 'potential risks and side effects'.

Evaluation of the current campaign is currently in market. However, results for goals relating to the VacciDate app and the microsite (all as at 14 April, 2016) include:

- 35,941 downloads of the VacciDate app since it was launched in July 2014
- Since December 2015 there have been 36,131 downloads of the VacciDate app
- Since December 2015 there have been 326,401 unique page views of the microsite

### **Lessons Learned**

The Vaccination matters campaign has built on insights from the first and second phases that showed, while behavioural measures were showing positive change, awareness and recall of the campaign was low. Channels with higher reach were used for the current phase and metrics are showing a significantly higher awareness of the campaign. Market research is currently in-field to evaluate changes against behavioural goals.

### **References**

DoH, Immunise Australia (2016), <http://www.immunise.health.gov.au/> Hochbaum, GM., 1958. Public Participation in Medical Screening Programs: A Sociopsychological Study. Public Health Service Publication No. 575.

## **It's time to change: Exploring the determinants of behaviour change\***

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### **Abstract**

Behaviour change is the end goal of social marketing. For effective change to be achieved, it is necessary to go beyond looking at explanatory or predictive factors of behaviour, and start understanding what the determinants of behaviour change are. The current study aims to introduce the importance of a focus on behaviour change. It also aims to identify the causal determinants of behaviour change in the context of increasing children's active travel to and from school. Data used for this study was collected from a one month social marketing campaign that encouraged children to walk to and from school. Data analysis consisted of creating a change score variable, then, utilising multiple linear regression to identify the causal determinants of behaviour change. Results of this study show that social norms are the determinants of walking to and from school behaviour. Future research is recommended to extend our understanding to additional variables that lead to behaviour change and different social marketing program contexts.

## **Young peoples' perceptions of Australian alcohol advertising codes for social media: Who posts the message matters**

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<sup>1</sup> Aziemah Othman is a PhD student with the School of Marketing at Curtin University. This paper forms a part of a larger study for her doctoral thesis. Her thesis topic is in the area of alcohol advertising regulations and digital marketing. She had papers accepted at the World Social Marketing Conference 2015, 2012 Asia Pacific Association for Consumer Research, ANZMAC Mid-Year Doctoral Colloquium 2014, where she won Best Poster Award.

## **Introduction**

In Australia, a large proportion of young adults drink in a way that put them at risk of alcohol-related harm (Jernigan, 2010; Australian Institute of Health and Welfare, 2005) and advertising has been identified as a contributing factor to young persons' drinking decisions (Federal Trade Commission, 1999; Anderson, De Bruijn, Angus, Gordon & Hastings, 2009; Smith & Foxcroft, 2009). Emerging evidence shows alcohol portrayals on social media in particular, the types of alcohol marketing activity that alcohol brands engage in, and the level of engagement with users and user-generated content all have an impact on drinking (McCreanor et al., 2013; Winpenny et al., 2012; Nicholls, 2012; Ridout et al., 2012; Moreno, Christakis, Egan, Brockman & Becker, 2012). This is despite the existence of alcohol advertising regulations to protect society from the harmful effects of alcohol advertising including messages posted on digital/social media (e.g., The Alcohol Beverages Advertising (and Packaging) Code (ABAC) in Australia). Whilst past studies demonstrate the prevalence and harm of irresponsible/risky alcohol portrayals on social media, they offer little strategic insight into how regulation can be made more effective to control this problem. Evidence is emerging that shows alcohol companies are resistant to take responsibility for user postings on their Facebook pages (Donato, 2013). This suggests targeting regulation towards social media users themselves may be more conducive. This study uses focus groups to explore how young adults interpret the ABAC User Generated Content House Rules. They are designed to address compliance of messages posted by users with the ABAC Responsible Alcohol Marketing Code. It is inherent that users' understanding of the rules is critical to discourage users from posting and sharing irresponsible messages and to encourage users to actively complain about irresponsible messages/images they come across on the social media sites of alcohol companies to their peers or more formal channels (e.g., ABAC).

### **Refocusing Alcohol Advertising Codes on Social Media Users**

The ABAC Code has been criticized by The Cancer Council and Foundation for Alcohol Research and Education (FARE) for being inadequate and narrow in their scope, especially regarding advertising on social media (The Alcohol Policy Coalition, 2011; Dobson, 2012; FARE's Submission on Issues Paper, 2013). This is a concern, as young people are routinely exposed to novel forms of alcohol marketing online and simultaneously tell and re-tell drinking stories, and share images depicting drinking online (McCreanor et al., 2013). Social media is seen to add to the reach, speed and efficiency in spreading pro-alcohol messages to peer groups, thus normalising drinking and creating an intoxicogenic environment (Griffiths & Casswell, 2010). Furthermore, there appears to be strong resistance by alcohol companies to take responsibility for user postings on their Facebook pages (Donato, 2013).

It is apparent alcohol companies are unlikely to be proactive about monitoring and removing irresponsible messages posted by their users from their website. With the prevalence of user based communication on alcohol websites and the potential impact of peer group influence, there is a strong case to redirect alcohol advertising regulation towards user

compliance. Whilst past studies have applied Australian advertising regulation codes to explore target audience perceptions of alcohol advertising in magazines (Donovan, Donovan, Howat & Weller, 2007) and motor vehicle advertising on Television (Donovan, Fielder, Ewing & Ouschan, 2011), research to date has not been extended to advertising on social media. This qualitative study explores how young adults interpret the ABAC Code and User Generated House Rules and, how they influence their perceptions of advertising breaches, and how in turn these perceptions influence their intentions to post and/or forward irresponsible alcohol message on the social media website of the alcohol company.

### **Research Method**

Four focus groups were conducted with five male and eight female students from a large university in Western Australia. University students are a highly suitable sample as they have been shown to be heavy social media users and engage in heavy drinking (Ridout et al., 2012; Tonks, 2012). Participants were screened to ensure that they are active social media users and consisted of heavy and light drinkers (Snyder, Milici, Slater, Sun & Strizhakova, 2006). Two of the groups examined postings presented as advertisements (i.e., marketing generated content or MGC) on the Facebook page of an Australian alcohol retailer and applied the ABAC Code. The other two groups examined the same posting presented as user generated content (UGC) on the alcohol retailers Facebook page and applied the ABAC User Generated Content House Rules. Each group discussed a range of ads/posts which *breach* the Code/Rules. The focus groups were audio recorded and the data was fully transcribed and analysed using NVivo. All transcripts were coded by the primary investigator for themes present in the data. Data from each focus group was first analysed separately, after which a merged document of themes was created. Patterns in themes among gender and age were also examined.

### **Results and Implications**

#### 1. Source of the alcohol message influence perception of the acceptability of the message

The majority of participants exposed to MGC (57.1%) found the ads/posts to be unacceptable whereas none of participants exposed to UGC found the posts to be unacceptable. The following example illustrates young people are more critical over marketer-generated content on social media and are more accepting of user-generated content. This is a great concern, as evidence is emerging which found UGC on a social media brand community exhibit a more influential role than MGC with regards to driving behavior (Goh, Heng & Lin, 2013). *MGC\_Speaker 3: "To post it from your own account on social media, but not a company. Like a company shouldn't really be posting this, especially one that sells alcohol."*

#### 2. General concern about messages reaching the under-aged.

Currently, ABAC addresses messages that appeal to minors or those that physically show minors in the content. As evidenced from the example below, whilst the post may not breach the codes in terms of appealing to or depicting minors, participants have a general concern about alcohol messages reaching young people. *MGC\_Speaker 3: "No I don't think the ad*

*itself has breach it but, I'm just thinking about the fact that it is on social media and where everyone can see it. Maybe in a way it might affect the under age."*

Although rules have been made to ensure that all digital marketing communications should be placed in media where 75% of audiences are expected to be above the legal drinking age and age affirmation mechanisms are to be in place etc., evidence in several studies shows underage social media users can fully access, view and interact with alcohol industry content posted on popular social networking sites (Barry et al., 2015a; Barry et al., 2015b). If it is not possible to prevent underage from accessing alcohol websites very stringent criteria must be applied to ensure posts do not appeal to young people.

### 3. Intentions to forward is primarily influenced by social acceptance, relevance and humour

The act of forwarding content is any branded digital content placed on a site in a manner that is designed or enabled to be shared, such as with a share, download or email "button click (DISCUS, 2011). In this study's context, the act of forwarding on Facebook is classified as liking, sharing, and commenting. Participants were asked about their intentions to forward after they were exposed to the Codes/Rules. Their responses revealed that young people were more concerned about how the message fits within their social circle, and whether it would be considered to be funny, than breaching codes/rules. For example: *UGC\_Speaker 1: "I would send it to a friend just for a joke but I wouldn't post it on my wall for people to see because it advertises drinking every night sort of thing. I don't want people to think that I drink every night cause I don't and I wouldn't want people to think that of me sort of thing."*

*MGC\_Speaker 5: "... I don't shop at Thirsty Camel. Like maybe if it was like tequila advertisement, I don't know."*

This finding can partly be attributed to the participants' need to control their online self-presentations. Self-presentation is a performance (Goffman, 1959): an "effort to express a specific image and identity to others" (Zywica and Danowski, 2008, p. 6). Consumers commonly use possessions, brands, and other symbols to construct their images in both offline and online contexts (Schau and Gilly, 2003). If the content of a viral message does not meet an individual's quality threshold (Phelps, Lewis, Mobilio, Perry & Raman, 2004), that individual may choose not to forward it to a close friend in order to avoid being deemed an online 'pest'. The examples also show the decision to forward depend on personal relevance. This is inline with Chung & Darke's (2006) study, which found consumers are more likely to engage with a message/product that is personally significant.

### 5. Terms used in ABAC Code/House rules are seen to be vague and subjective

Participants' experienced and raised several problems with interpreting the Code/ Rules. They found the articles to be unclear, highly technical and subjective. This is expressed in the following example: *MGC\_Speaker 1: "I can understand why it might be difficult to see if advertisements breach the code because it's really subjective. You know like you have to define... abuse of alcohol and excessive consumption..."*

Considerable evidence has emerged that shows the ineffectiveness of current Australian

alcohol advertising regulations (The Alcohol Policy Coalition, 2011; Dobson, 2012; FARE's Submission on Issues Paper, 2013) and studies have applied the ABAC codes on traditional media (Donovan et al., 2007; Fielder, Donovan & Ouschan, 2009). Little attention has been paid to how the public interpret the Code to assess the breach, especially on digital media such as SNS. This study addresses the key shortcomings of current alcohol advertising regulations on social networking in the perspective of young adults and is the first to assess the effectiveness of the newly formed User Generated Content House Rules by ABAC. Several shortcomings and challenges are highlighted in this study. It is clear that the current forms of Code/Rules are not adequate for regulating social media messages on alcohol websites. The criteria used by users to assess the acceptability of the alcohol messages are not understood and are considered to be subjective. The criteria also appear to be more relevant to assessing messages posted by the alcohol company. It is a concern, that the same level of scrutiny in terms of these criteria is not applied to alcohol message posted by users. Different criteria, more to do with social acceptability than how responsible the message is, are used to assess whether a message is acceptable and likely to be forwarded. The findings from this study show that alcohol advertising regulation directed at users must be specifically tailored to social media users. It is ineffective to restate the articles that were developed to regulate alcohol advertisers in user terms. In the current form, the House Rules for users are not likely to discourage posting of irresponsible messages by users.

## References

- Anderson, P., De Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and Alcoholism*, 44 (3), 229-243.
- Australian Institute of Health and Welfare. (2005). 2004 National Drug Strategy Household Survey: detailed findings. AIHW cat. no. PHE 66. Canberra: AIHW (Drug Statistics Series No.16). Barry, A. E., Johnson, E., Rabre, A., Darville, G., Donovan, K. M., & Efunbumi, O. (2015a).
- Underage access to online alcohol marketing content: a YouTube case study. *Alcohol and alcoholism*, 50(1), 89-94.
- Barry, A. E., Bates, A. M., Olusanya, O., Vinal, C. E., Martin, E., Peoples, J. E., Jackson, Z. A., Billinger, S. A., Yusuf, A., Cauley, D. A., & Montano, J. R. (2015b). Alcohol Marketing on Twitter and Instagram: Evidence of Directly Advertising to Youth/Adolescents. *Alcohol and Alcoholism*, agv128.
- Chung, C. M., & Darke, P. R. (2006). The consumer as advocate: Self-relevance, culture, and word- of-mouth. *Marketing Letters*, 17(4), 269-279.
- Distilled Spirits Council's Guidance Note on Responsible Digital Marketing Communications. (2011, September 30). Retrieved from [http://www.discus.org/assets/1/7/DISCUS\\_Digital\\_Communications\\_Guidelines.pdf](http://www.discus.org/assets/1/7/DISCUS_Digital_Communications_Guidelines.pdf)
- Dobson, C. (2012). Alcohol Marketing and Young People: Time for a new policy agenda.

Australian Medical Association.

Donato, M. (2013). 'Status Update': Liability for third party comments beyond Advertising Codes. *Journal for the Australian and New Zealand Societies for Computers and the Law*, 84, 7-12.

Donovan, K., Donovan, R., Howat, P., & Weller, N. (2007). Magazine alcohol advertising compliance with the Australian Alcoholic Beverages Advertising Code. *Drug and alcohol review*, 26(1), 73-81. Donovan, R. J., Fielder, L. J., Ewing, M., & Ouschan, R. (2011). Regulation of motor vehicle advertising: Toward a framework for compliance research.

FARE's Submission on Issues Paper, (2013). Alcohol advertising: The effectiveness of current regulatory codes in addressing community concerns. Deakin West, ACT.

Federal Trade Commission. (1999). Self-regulation in the alcohol industry: A review of industry efforts to avoid promoting alcohol to underage consumers. *Washington, DC: Federal Trade Commission*, 4.

Fielder, L., Donovan, R. J., & Ouschan, R. (2009). Exposure of children and adolescents to alcohol advertising on Australian metropolitan free-to-air television. *Addiction*, 104(7), 1157-1165.

Goffman, E. (1959). The presentation of everyday life. *New York et al.: Anchor Books*.

Goh, K. Y., Heng, C. S., & Lin, Z. (2013). Social media brand community and consumer behavior: Quantifying the relative impact of user-and marketer-generated content. *Information Systems Research*, 24(1), 88-107.

Griffiths, R., & Casswell, S. (2010). Intoxigenic digital spaces? Youth, social networking sites and alcohol marketing. *Drug and alcohol review*, 29(5), 525-530.

Jernigan, D. H. (2010). The extent of global alcohol marketing and its impact on youth. *Contemporary Drug Problems*, 37(1), 57-89.

McCreanor, T., Lyons, A., Griffin, C., Goodwin, I., Moewaka Barnes, H., & Hutton, F. (2013). Youth drinking cultures, social networking and alcohol marketing: implications for public health. *Critical public health*, 23(1), 110-120.

Moreno, M. A., Christakis, D. A., Egan, K. G., Brockman, L. N., & Becker, T. (2012). Associations between displayed alcohol references on Facebook and problem drinking among college students. *Archives of pediatrics & adolescent medicine*, 166(2), 157-163.

Nicholls, J. (2012). Everyday, everywhere: alcohol marketing and social media—current trends. *Alcohol and Alcoholism*, 47(4), 486-493.

Phelps, J. E., Lewis, R., Mobilio, L., Perry, D., & Raman, N. (2004). Viral marketing or electronic word-of-mouth advertising: Examining consumer responses and motivations to pass along email. *Journal of advertising research*, 44(04), 333-348.



Ridout, B., Campbell, A., & Ellis, L. (2012). 'Off your Face (book)': alcohol in online social identity construction and its relation to problem drinking in university students. *Drug and alcohol review*, 31(1), 20-26.

Schau, H. J., & Gilly, M. C. (2003). We are what we post? Self-presentation in personal web space. *Journal of consumer research*, 30(3), 385-404.

Smith, L. A., & Foxcroft, D. R. (2009). The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC public health*, 9(1), 51.

Snyder, L. B., Milici, F. F., Slater, M., Sun, H., & Strizhakova, Y. (2006). Effects of alcohol advertising exposure on drinking among youth. *Archives of pediatrics & adolescent medicine*, 160(1), 18-24.

The Alcohol Policy Coalition. 2011. Submission to the whole of government Victorian alcohol and drug strategy. The Beverage Information Group. 2009. A special report on spirits, wine and beer sales and consumption in 2008. Norwalk, CT.

Tonks, A. P. (2012). Photos on Facebook: an exploratory study of their role in the social lives and drinking experiences of New Zealand university students: a thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Psychology at Massey University, Wellington, New Zealand (Doctoral dissertation).

Winpenny, E., Patil, S., Elliott, M., Villalba van Dijk, L., Hinrichs, S., Marteau, T., & Nolte, E. (2012). Assessment of young people's exposure to alcohol marketing in audiovisual and online media. *Cambridge: RAND Europe*.

Zywica, J., and Danowski, J. (2008), "The Faces of Facebookers: Investigating Social Enhancement and Social Compensation Hypotheses; Predicting Facebook and Offline Popularity from Sociability and Self-Esteem, and Mapping the Meanings of Popularity with Semantic Networks," *Journal of Computer-Mediated Communication*, 14, 1, 1-34.

# **Cultural Relativism, Emergent Technology and Aboriginal Health discourse**

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## **Introduction**

The incorporation of mobile phones and social media by Indigenous youth (Senior and Chenhall, 2016; Carlson, Farelli, Frazer & Brothwick, 2015; Kral, 2014) has prompted a migration of online engagement and social marketing interventions in health promotion programs according to Brusse, Gardner, MacAulley & Dowden (2014). According to Kral (2014 p. 4) “the rapid development of new information and communication technologies, an increase in affordable, small mobile technologies” including research by Taylor (2012) on the increase in Telstra’s Internet enabled ‘Next G’ connections over the vast remote regions in the Northern Territory of Australia, has created “an explosion of new modes of channels for communication and multimedia production” in remote Aboriginal communities (Kral 2014).

The accessibility of the Internet in the Northern Territory remote regions (Taylor, 2012) has made Aboriginal people “avid social media users” where their use of the Internet includes a range of activities associated with mental health and wellbeing (Carlson et al. 2015) including the use of Internet banking (Taylor, 2012) and establishing and maintaining social relationships (Kral, 2010; Taylor, 2012; Senior and Chenhall, 2016). The high penetration of the mobile phones and access to social media has surpassed adolescent use of TV and video games “spawning a mobile phone culture in some remote areas” where media material such as pictures and video clips flow freely within a community and between communities” (Brusse et al. 2014).

## **The theoretical gap**

The use of mobile phones and social media for health promotion and social marketing in Indigenous populations has not been well documented (Senior and Chenhall, 2016) and perceived not only as a useful tool (Brusse et al., 2014), with few studies addressing changing social practice in relation to communication technologies (Kral, 2014) and the long term effect on change across the generations by considering the implications for digital modes of communication. In this paper, it is argued that online social marketing strategies may be at odds with Indigenous communities without a sound understanding of the “social practices surrounding” (Kral, 2011) social media and mobile phones and based on the assumption that globalization equals ‘sameness’ to mainstream Australian use of technology and acceptance of social marketing strategies.

The use of social media as carriers for the content of social marketing campaigns is perceived, apriori, to be according to Lea (2005) ‘culturally blank’. The design of online digital social marketing content is based on the assumption that the post-colonial health understanding and interpretations of Indigenous people become appropriate when cloaked in emergent technology, Indigenous vocals and tone. Lea (2005 p. 1317) described this process as “... an aesthetic of exaggerated signs morphed with the racialized effects of visualizing the optics of Others”. The spectator’s view and knowledge of traditional Indigenous medicine and interpretations of health and wellbeing (Reid, 1983; Chenhall and Senior, 2009; Senior and Chenhall, 2012) is not included in the unmistakable strategy of rationalizing cause and effect discourse in the Indigenous context, where sorcery (Reid, 1983; Senior, 2003) is still

practiced.

### **The research question**

The ethnography (Jafari and Goulding, 2013; DeWalt and DeWalt, 2010) of social media and mobile phones in a remote Aboriginal community found implicit meaning and function of social media and mobile phone, which now, has been incorporated into the Aboriginal cosmology. This makes individual level behavior change social marketing discourse, although accessible by individuals via mobile phones, still redundant (Gordon, 2011) in an Aboriginal context where traditional healing and sorcery have also taken to social media and mobile phones. This goes to show that Indigenous cultural continuity and modernism is not a reason to believe that traditional beliefs are also redundant. What theory of social change can the social marketer use without discarding or ignoring (relativism) Aboriginal culture and beliefs?

### **Proposal**

Based on the finding of the study, it is understood that the reductionist approach of health promotion in social marketing effort (Lea, 2005; Downing et al. 2011) has failed to illuminate Aboriginal online identity projects, Aboriginal marketplace cultures, their sociohistorical patterning of consumption and 'mass-mediated marketplace ideologies of consumers interpretive strategies' (Arnould and Thompson, 2005). Cultural continuity in Aboriginal communities (Senior and Chenhall, 2012) forces the social marketer to consider 'other ways of being' (Senior and Chenhall, 2012). The application of Cultural Relativism (Ottenheimer, 2001) to create and disseminate media based Aboriginal discourse challenges current social marketing strategies (Lea 2005 p. 1316). The use of a more appropriate theory in Aboriginal social marketing discourse, under their own terms and beliefs is possibly a step forward in the incorporation of Indigenous views in the social marketing efforts to reconcile Aboriginal beliefs with the health promotion model of good health and wellbeing.

### **Implications for Theory**

A social theory that accepts Indigenous health beliefs as trans-rational (Hatcher, 2002) instead of irrational is needed in order to include Indigenous interpretations of communications technology and traditional beliefs i.e. sorcery (Reid, 1983; Senior, 2003; Senior and Chenhall, 2012) into Indigenous social marketing as a dialectical discourse instead of a tutelary process (Lea 2005).

### **References**

- Brusse, C., Gardner, K., McAullay, D. and Dowden, M. (2014). Social media and mobile apps for health promotion in Australian indigenous populations: scoping review. *Journal of medical Internet research*, 16(12).
- Carlson, B.L., Farrelly, T., Frazer, R. and Borthwick, F. (2015). Mediating tragedy: facebook, aboriginal peoples and suicide. *Australasian Journal of Information Systems*, 19.

- DeWalt, K.M. and DeWalt, B.R. (2010). Participant observation: A guide for fieldworkers.
- Downing, R., Kowal, E. and Paradies, Y. (2011). Indigenous cultural training for health workers in Australia. *International Journal for Quality in Health Care*, 23(3), pp.247-257.
- Gordon, R. (2011). Critical social marketing: definition, application and domain. *Journal of Social Marketing*, 1(2), pp.82-99.
- Hatcher, W. S. (2002). *Minimalism: A Bridge between Classical Philosophy and the Bahá'í Revelation*. Juxta Pub..
- Jafari, A. and Goulding, C. (2013). Globalization, reflexivity, and the project of the self: a virtual intercultural learning process. *Consumption Markets & Culture*, 16(1), pp.65-90.
- Kral, I. (2010). Plugged in: Remote Australian Indigenous youth and digital culture.
- Kral, I. (2014). Shifting perceptions, shifting identities: Communication technologies and the altered social, cultural and linguistic ecology in a remote indigenous context. *The Australian Journal of Anthropology*, 25(2), pp.171-189.
- Lea, T. (2005). The work of forgetting: Germs, aborigines and postcolonial expertise in the Northern Territory of Australia. *Social Science & Medicine*, 61(6), pp.1310-1319.
- Senior, K. and Chenhall, R. (2016). 'As long as he's coming home to me': vulnerability, jealousy and violence in young people's relationships in remote, rural and regional Australia. *Health Sociology Review*, pp.1-15.
- Senior, K. A., & Chenhall, R. D. (2012). Boyfriends, babies and basketball: present lives and future aspirations of young women in a remote Australian Aboriginal community. *Journal of Youth Studies*, 15(3), 369-388.
- Taylor, A. (2012). Information communication technologies and new Indigenous mobilities? Insights from remote Northern Territory Communities. *Journal of rural and Community Development*, 7(1), pp.59-73.

# When Support Services become Unsupportive: Investigating Value Destruction in Social Marketing Services

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## Abstract

Services play an important role in social change, however, research in this area remains scarce in social marketing. This study draws on the co-destruction literature in mainstream services to understand the process that reduce value in social marketing support services and determines behavioral maintenance. Based on a preliminary qualitative study, the findings suggest three broad value destruction process dimensions (1) misfit of resources, (2) misaligned conduct, and (3) misaligned motives. The findings offer insights to maintain consumers' continued wellbeing.

# **Millennials and Obesity – The influence of Socialisation Agents on self-efficacy towards Healthy Eating**

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## **Abstract**

The rates of mortality are increasing largely owing to obesity; hence implementing preventive programs is becoming crucial. Results from the Australian Bureau of Statistics (2012) Health Survey demonstrated that almost two-thirds (63%) of the Australian population aged 18 and above are overweight or obese. Therefore, in order to have more effective health promotion programs and policies, understanding the factors that influence young adults' diet is vital. Applying survey method, the researcher has attempted to investigate the relative effect of interpersonal factors namely parents and peers on intrapersonal factor namely health value and self-efficacy towards healthy eating of the Australian young adults, aged 18-34 years (generation Y). Structural Equation Modelling (SEM) has been executed to test the hypotheses. Investigating the relationships, peer support has a stronger significant influence on health value than parental support. However, peer psychological control has a stronger negative influence on health value than parental psychological control. Additionally, Health value has direct significant positive influence on self-efficacy towards healthy eating. Utilizing bootstrapping method, it has been observed that health value is a mediator between parental support, peer support, peer psychological control and self-efficacy.

**Building brand communities for social and behaviour change: lessons in control and participation from the Unala sexual and reproductive health program in Indonesia**

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## **Introduction**

Traditional approaches to marketing are being broken down across commercial and public policy domains. One-way and top-down campaigns are considered less effective than in the past. The individual consumer has dominated marketing and only relatively recently have practitioners and policymakers begun the task of understanding how groups form around brands and the most effective ways to engage them. A brand community is a group of people who come together in the offline or online worlds to interact with a brand – including a product, service, experience or behaviour – and each other (Goodwin, 2013). This paper shows understanding a brand community is essential to the success of social marketing.

This paper examines the global evidence and experience of brand communities from research and practice. These conceptualizations of community and what it means to be social had been largely agreed and lay undisturbed until the rapid emergence and dominance of new Internet-based technologies and services. Since Muniz and O’Guinn (2001) and others introduced the idea of the brand community, practitioners and researchers have worked to understand people’s need to feel connected to their communities and the effects on their choices, decisions and behaviors. This paper identifies two issues facing practitioners and policymakers – control and participation – and seeks to answer the question of how these can be addressed when encountered in social and behaviour change programs.

The paper examines these issues through analysis of the data from ‘Unala’, an Indonesian reproductive health project funded by the United Nations Population Fund (UNFPA). UNFPA set up the pilot Unala project in the city of Yogyakarta in 2014 to test a model that works with the private sector, partnering general practitioner doctors with youth networks to provide sexual and reproductive health (SRH) services for young people. Every year in Indonesia, 1.7 million women under the age of 24 give birth; nearly half a million are teenagers. Early childbirth raises fertility rates and the burdens on young people, whereas delaying pregnancy broadens education and employment opportunities. Informed decisions are constrained by restrictions on access to information and contraceptives (UNFPA, 2015).

## **Method**

This report adopted a mixed method approach consisting of quantitative and qualitative research activities. It used quantitative data and analysis to assess the inputs, outputs and impact of Unala. This data was gathered by the Unala team during the 16-month period reviewed as part of the evaluation commissioned by UNFPA. This included data from clinic visits, use of social media assets, online activity and use of the Unala hotline. The assessment also used qualitative techniques (interviews and focus groups) to provide the context and detail for inputs, outputs and impact. Combined with additional analysis obtained through the literature review enabled the author to conduct triangulation, that is: to verify and crosscheck the validity of the different data sets, analysis and other findings from the research. A thematic analysis of the programmatic aspects of Unala itself was conducted using four criteria: relevance (including responsiveness), efficiency, effectiveness and sustainability.

## **Results**

According to Unala (2016), during the 16-month period between September 2014 and December 2015, 278 clients visited Unala doctors (144 visits in 2015). Unala clinics each received an average of 1.9 visits per month, or a total of 30.9 per clinic. Of the total clients in 2015, 53% (n = 76) were young people aged 13-24 years; 24% (n = 35) were aged 35 years and above; 10% (n = 15) were aged 25-34 years; and 13% (n = 19) clients of unknown age. This means that at least 34% of clients were outside of the target age group of 15-24 years. The top three reasons for visiting a clinic were: sexual and reproductive health (56 visits, 39%); respiratory infection (23 visits, 16%); and mental health (11 visits, 8%). This means that only 39% of visits were for Unala's stated purpose of providing sexual and reproductive health services, not including 21% for unknown reasons. The most successful doctor received 118 client visits over a 9-month period in 2015 (average 13 per month). Two others received 45 visits each over the full 16-month period (average less than 3 visits per month), with another achieving 30 visits. The other 5 achieved 16 visits or less, some as low as 3 for the entire 16 months. These are poor results overall. With doctors working full time with health centres and other programs, the available time for Unala clients was restricted.

Marketing and community building supported the clinics, with Unala's website and social media assets playing key roles. Total website visitors was 30,974, with 1,041 Twitter followers, 608 Facebook fans and 265 Instagram followers. 910 contacts were included in the Unala database, gathered through outreach events, such as Youthgether and YouthCare activities. Youthgether events typically featured a Unala doctor presenting to young people, often in an institutional or social setting, e.g. a school or pesantren. Vouchers offering 50% discount were distributed by online download, in print during outreach activities, as well as directly by Unala doctors. 9,556 vouchers were obtained, of which 85% (n = 8,076) were accessed online. 94 vouchers were used (90 printed and 4 downloaded), which means only 1% of the total vouchers distributed were utilised by Unala clients.

### **Discussion and conclusion**

The results from the pilot demonstrate that there is a need for SRH services, which Unala is only beginning to meet. Whilst total client visits are low, use of vouchers is climbing steadily. The investment in brand marketing was not only low in dollar terms, but also as a share (21%) of the overall startup costs. This meant the brand identity was not converted into strong brand equity for potential Unala community members. Advertising, events and social media content are not enough on their own. With further investment in strong marketing and brand community mobilisation, it is anticipated that the numbers of people using Unala will continue to rise. Consistent with building brand communities, research shows the need to reach young people where they already can be found (Gavrilescu, 2015a; Denno et al, 2015; Boxshall/PSI, 2013; Lefebvre, 2011; Kesterton & de Mello, 2010).

The Unala evidence raises questions about the nature of brand communities in practice. Traditional forms of influence have been challenged, including the rise of so-called "strangers with experience" and word-of-mouth marketing. A vital part of success will be to remove the individual-brand relationship from its altar and introduce a community-based approach (Heere et al., 2011). Practitioners and academics need to better understand how a

community influences people's choices, decisions and behaviours in order to make their programs successful. Directing change is possible and desirable – especially with the help of change agents – participation of its members must be genuine, not forced. There is an assumption that building a brand community will have a positive and controlled effect – the reality is often much more complex. However, effective brand communities offer a fresh and effective approach to building brands in the saturated, highly competitive information environment. Practitioners and policymakers may do well to take advantage of the opportunities that brand communities present.

## References

- Boxshall, Matt/Population Services International (2013), *Project Design Review, and Recommendations for Implementation*, UNFPA Adolescent Sexual and Reproductive Health Social Franchising in Indonesia, 27 March 2013.
- Denno, D. M., Hoopes, A. J., & Chandra-Mouli, V. (2015). Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. *Journal of Adolescent Health*, 56(1), S22-S41.
- Gavrilescu, Dragos (2015a). (Draft) *Report on Technical Assistance for Resource Mobilization and Fundraising*, Adolescent Sexual and Reproductive Health Social Franchising in Indonesia, UNFPA Jakarta, 12 December 2015.
- Goodwin, N. (2013), 'Branding as a strategy to build community engagement in health programs', in W. D. Evans (Ed.), *Psychology of Branding*, New York, USA: Nova Science Publishers.
- Heere, B., Walker, M., Yoshida, M., Ko, Y. J., Jordan, J. S. & James, J. D. (2011). Brand Community Development Through Associated Communities: grounding community measurement within social identity theory, *The Journal of Marketing Theory and Practice*, 19(4), 407-422.
- Kesterton, A. J., & Cabral de Mello, M. (2010). Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programs. *Reprod Health*, 7, 25.
- Lefebvre, R. Craig (2011), 'An integrative model for social marketing', *Journal of Social Marketing*, Vol. 1 Iss: 1, pp. 54-72.
- Unala (2016), *DataTerkini\_UnalaV2 (LatestData\_UnalaV2)*, Internal Report, UNFPA Jakarta.
- UNFPA (2015), <http://indonesia.unfpa.org/adolescents-and-youth->, UNFPA Jakarta, accessed 15 April 2016.

## APPENDIX: ADDITIONAL UNALA DATA

### The Unala pilot

Yogyakarta was selected as a multi-cultural urban setting in which the influence of religion is strong and private sector penetration of the health services market is high. The average age of first marriage is 28.3 years for men, and 24.3 for women (BPS, 2010). Knowledge of various contraceptive methods among unmarried young people is generally strong: 99% of females and 100% of males (BPS, 2007). It appears that young people are not using condoms often enough, nor other forms of contraception and the high rate of pregnancies, rise in STIs and reported abortions supports this (BPPKKK, 2013).

In 2014, UNFPA launched Unala by networking existing doctors to provide comprehensive youth friendly SRH services, including counselling, physical examination, contraceptives as well as specialist and laboratory referrals. The initial Magnani project design called for two organizations – one to serve as managing franchisor, and a second experienced in social franchising to provide technical assistance. The proposed approach was a fractional social franchising model - i.e. Unala activities would represent only a part of the services - supported by two networks of implementing partners: 1) a formalized network of health service providers; and 2) a network of youth organisations and NGOs.

A 2013 review by Boxshall/PSI notes that the clinics may not be the best vehicle for services and recommends the use of peer counsellors to reduce the time burden on doctors and provide a bridge for young people reluctant to come to clinics. Boxshall/PSI agrees with the use of vouchers rather than offering free services as a way to reduce cost barriers. UNFPA commissioned PSI's Julie McBride, Senior Social Franchise Advisor, to develop standard operating procedures for the franchise in Indonesia and provide guidance for selecting an organization to operate the franchise. The baseline study conducted by Universitas Gadjah Mada's Center for Health Policy Management (CHPM) provided data and analysis on current preferences and sexual and reproductive attitudes. In mid-2013, UNFPA commissioned PSI consultant, Dragos Gavrilescu, to produce a branding and marketing strategy. The marketing plan has a heavy emphasis on promotional activities (demand creation) and service/product development. The health service areas proposed by the project fill in a gap in the current private practice of providers – sexual and reproductive health – but also complement some of the existing services like maternal health. A central tenet of the Unala strategy is that the new project will fill a gap and not displace current providers.

### Contraceptives and other products

The total of all types of products (condoms, lubricant, contraceptive pills, pregnancy tests and injectable contraceptives) allocated to doctors was 14,976, with 1,604 (11%) used by clients. Of those, 2,376 condoms were allocated, or 264 per clinic. At the end of 2015, a total of 462 condoms (19%) had been distributed to Unala clients. 180 tubes of lubricant were allocated, or 20 per clinic, with 30 tubes of lubricant (17%) distributed to clients. 1,350 packets of

contraceptive pills were allocated, or 50 per clinic, with 110 packets of contraceptive pills (8%) distributed to clients. 6,750 pregnancy tests were allocated, or 750 per clinic, with 443 pregnancy tests (7%) distributed to clients. 4,320 packs of injectable contraceptives were allocated (480 per clinic) with 559 packs of injectable contraceptives (13%) distributed to clients. Of the total products allocated to all clinics, one doctor alone accounted for 14% of condoms, 83% of lubricant, 70% of contraceptive pills, 93% of pregnancy tests, and 83% of injectable contraceptives. Three of the nine doctors did not distribute any products.

## **Social marketing and video ethnography: thinking outside the box**

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## **Introduction**

Gaining momentum over recent years, social marketing has established itself as a multidisciplinary research area that challenges commercial marketing values to promote societal benefit. Indeed, in the definition itself social marketing integrates ‘marketing concepts with other approaches to influence behaviour’ (iSMA, ESMA and AASM 2013). Social marketers are constantly told to develop collaborative processes that integrate research, theory and insights to develop targeted social change programs (iSMA, ESMA and AASM 2013). This paper attempts to answer the call to find innovative methods that add to the social marketer’s toolbox. It will focus on the ‘other approaches’ and borrow from cultural geography to explore the use of video ethnography in social marketing and its appropriateness.

The authors agree with Tapp and Spotswood (2013a) and Gordon’s (2012) call for a re-think of the 4Ps of social marketing and to look to other disciplines to help with this. Tapp and Spotswood (2013b) suggest collecting diverse layers of insight to understand problem behaviours through a cultural lens rather than the traditional psychological perspective and cognitive models. Historically, social marketing has relied on insights gained from focus groups, surveys, interviews and cognitive based theories (Health Belief Model, Theory of Planned Behaviour, Transtheoretical model of change) that place emphasis on the individual and rational decision making (Nigg, 2002). Exploring ethnographic methods enables social marketers to consider wider cultural determinates of behaviour change and provide insight into social systems in which behaviours are often embedded. These behaviours are also often lived as embodied experiences that are taken for granted and not easily expressed through traditional interviews. Video ethnography is an innovative mobile method that potentially could enable social marketers to observe the environment in which decisions are made and potentially identify insights that may not be usually recalled by participants.

## **Ethnography**

Ethnography is a qualitative research method that originated from anthropology and sociology to describe societies, groups or cultures (Carson and Gilmore 2006). Ethnography traditionally refers to researchers spending time living with a group to study their culture. Recent improvements in technologies have broadened the scope of ethnography as a research method. According to Poynter (2010) ethnography can incorporate both online (online observational techniques, online observational methods and online WE-Research) and offline methods (such as video ethnography and observations). Although ethnography techniques typically require more time and unique skills they also enable researchers to listen more, observe what people do and ‘be there’ in the moment. Technologies such as smartphones, video recorders (GoPro) and compact digital cameras has enabled researchers to record actions as they happen and highlight experiences, the senses and movement or mobility.

## **Theoretical Framework- the mobilities paradigm**

Increased attention to new mobile methodologies within cultural geography has not gone unnoticed by scholars. The ‘new mobilities paradigm’ or mobilities turn has led researchers to

look for innovative ways to “capture, track, simulate, mimic, parallel and “go along with” the kinds of moving systems and experiences that seem to characterise the contemporary world” (Büscher, Urry, and Witchger, 2011). The turn was brought on by social science research being ‘a-mobile’, with the movements (systematic or otherwise) of people for work and family life, for leisure and pleasure, and for politics and protest being overlooked in scholarly research. The mobilities turn challenged these ideas as Adey et al., (2014) eloquently explains:

Within the mobility turn, by contrast, mobilities were explored in such a way that they did not appear as exceptional circumstances, functional tasks to simply overcome spatial detachment, or superfluous activities outside of scholarly pursuit. Rather, mobility became acknowledged as part of the energetic buzz of the everyday (even while banal or humdrum, or even stilled) and seen as a set of highly meaningful social practices that make up social, cultural and political life (3).

A mobilities approach “considers all forms of movement from small motions such as dancing or walking, to larger infrastructural and transport aided movements to international flows of finance or labour” (Cresswell, 2011: 552). This is highlighted through research exploring embodied experiences of driving (Sheller, 2004; Thrift, 2004), walking (Middleton, 2011), dancing (McCormack, 2008) and urban cycling (Jones, 2005; Spinney, 2009).

### **Video Ethnography**

Being ‘on the move’ and exploring various forms of mobility can be captured via video ethnography. Spinney (2011) highlights three distinct advantages for video ethnography as a useful tool within the mobilities turn and helps to understand everyday practices. He uses video ethnography as a way of ‘seeing there’ (Laurier, 2010) - participants and researchers capture moments using video or incidents that are often forgotten or recalled differently after the event. Second, video can enable a sense of ‘feeling there’ when you cannot physically be there. Video assists both the researcher and participant to ‘feel’ the moment or a particular effort where the senses are heightened and the practice is embodied and felt. Thirdly, video can help participants verbalise their experiences in a way that better captures the fleeting moments along the journey. Freeze frame and slow motion options allow participants to stop, think and explain events while they unfold in front of them.

Video has the ability to give researchers deeper insights in to the often fleeting and taken for granted sensations, experiences and everyday practices. Consequently, the meanings behind particular practices can be better articulated and activities that were previously thought of as non-representational can now be analysed by focusing on the sensual and embodied aspects of mobility (Spinney, 2011).

### **Implications for Practice**

Video ethnography is an innovative mobile method that can be used to gain valuable consumer insights. In particular video ethnography is a useful tool in gathering user-generated, in the moment data about everyday practices that involve movement such as



physical activity (i.e. cycling, jogging), sun protection habits and food choices. Video ethnography provides a different perspective to how people behave, make decisions and perform activities. Video ethnography allows researchers to explore practices through a mobilities lens that provides insight into the cultural contexts in which experiences are lived. Mobilities scholars ask important questions regarding how changing mobilities are creating and recreating the way we live which makes them relevant for social marketers. Taking a cultural approach allows researcher to ask different questions about systematic cultural influences, practices, our relations, our senses and desires and also allows participants to share real experiences as they happen, which creates rich insights for behaviour change interventions.

## References

- Adey, P., Bissell, D., Hannam, K., Merriman, P. & Sheller, M. (eds). (2014). *The Routledge Handbook of Mobilities*. London: Routledge.
- Büscher, M., Urry, J., Witchger, K. (2011). *Mobile Methods*. London: Routledge
- Carson, D. and Gilmore, A. (2006). *Qualitative Marketing Research*. London, GBR: SAGE Publications, ProQuest ebrary
- Cresswell, T. 2011. 'Mobilities I: Catching up', *Progress in Human Geography*, 35(4), 550–558.
- Gordon, R. (2012). Re-thinking and re-tooling the social marketing mix, *Australasian Marketing Journal*, 20(2), 122-126.
- International Social Marketing Association (iSMA), European Social Marketing Association (ESMA), Australian Association of Social Marketing (AASM) 2013, 'Consensus Definition of Social Marketing', [http://www.i-socialmarketing.org/assets/social\\_marketing\\_definition.pdf](http://www.i-socialmarketing.org/assets/social_marketing_definition.pdf), accessed 10/04/2016
- Jones, P. (2005). Performing the city: a body and a bicycle take on Birmingham, UK, *Social & Cultural Geography*, 6(6), 813–830.
- Laurier, E. (2010). Being there/seeing there: recording and analysing life in the car in Fincham, B., McGuiness, M. & Murray, L. (Eds.) *Mobile Methodologies*, 103-117. Ashgate: Aldershot.
- McCormack, D. P. (2008). Geographies for Moving Bodies: Thinking, Dancing, Spaces, *Geography Compass*, 2(6), 1822–1836.
- Middleton, J. (2011). Walking in the City: The Geographies of Everyday Pedestrian Practices, *Geography Compass*, 5, 90–105.
- Nigg, C.R., Allegrante, J.P. and Ory, M. (2002). Theory comparison and multiple-behavior research: common themes advancing health behavior research, *Health Education Research*, 17 (5), 670-679.

- Poynter, R. (2010). *The Handbook of Online and Social Media Research: Tools and Techniques for Market Researchers*. Wiley Publishers
- Sheller, M. (2004). Automotive Emotions: Feeling the Car. *Theory, Culture & Society*, 21(4/5), 221–242.
- Spinney, J. (2009). Cycling the city: Movement, meaning and method, *Geography Compass*, 3, 817–835.
- Spinney, J. (2011). A Chance to Catch a Breath: Using Mobile Video Ethnography in Cycling, *Mobilities*, 6(2), 161–182.
- Stead, M., Gordon, R., Angus, K. and McDermott, L. (2007). A systematic review of social marketing effectiveness, *Health Education*, 107(2), 26-140.
- Tapp, A. and Spotswood, F. (2013a). From the 4Ps to the COM-SM: reconfiguring the social marketing mix, *Journal of Social Marketing*, 3(3), 206-222.
- Tapp, A. and Spotswood, F. (2013b). Beyond persusian: a cultural perspective of behaviour, *Journal of Social Marketing*, 3(3), 275-294.
- Thrift, N. (2004). Driving in the City. *Theory Culture & Society*, 21(4/5), 41–59.

## **Down & Dirty: A Tobacco Prevention Social Marketing Campaign to Reach High-Risk Country Teens in the United States**

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## **Project Overview**

To address the high rate of tobacco use among young people that identify with the Country subculture, a behaviour change campaign was developed called Down & Dirty (D&D). Since 2011, this campaign has been implemented in the U.S. states of Virginia, Vermont, and Mississippi. The D&D campaign uses a social marketing strategy that associates healthy behaviours with desirable lifestyles through interactive and highly-stylized marketing tactics. In addition to using trained brand ambassadors to model and promote the campaign's tobacco-free values at events in their (mostly rural) communities, the campaign relies heavily on digital communication with the target audience.

## **Background and Policy Context**

Tobacco use has declined in the U.S. overall, however approximately 3.5 million middle and high school students still use tobacco products, and 88% of all smokers start before the age of 18 (USDHHS, 2012). According to the most recent U.S. Surgeon General's Report on smoking, stark differences in smoking prevalence exist between different educational levels, socioeconomic status and geographic regions (USDHHS, 2014). Tobacco use among rural teens in the United States is significantly higher than other areas (American Lung Association, 2012). Our research shows, however, that not all rural teens are at increased risk. Teens who identify with the "Country" lifestyle and hold Country values are at increased risk, largely because they don't identify with the mainstream messages presented in local, state and national tobacco prevention campaigns.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

D&D is designed to reduce tobacco use among the "Country" subculture in the United States by breaking the association between their values and tobacco use. Values are realigned to associate with being tobacco-free.

### **Customer Orientation and Insight**

Between 2011 and 2015, we conducted focus groups with over 300 high school-aged teens in Mississippi, Virginia, and Vermont to understand the cultural affiliations and the social characteristics of mainly rural tobacco users. Findings from the research indicated teens that identified with Country culture were at significantly greater risk for smokeless tobacco use. While living in rural areas, being male and being White all increased their risk, identification with Country culture further increased their risk and better defined their identity.

### **Segmentation**

By segmenting Country teens from other teen peer crowds, we discovered key factors about their personal values, beliefs, and identity that motivate their behaviours, including tobacco use. Segmentation research showed that Country teens highly value personal freedom and independence, have close family and community connections and have a strong belief they are

in control of what happens in their lives. These insights were crucial to the development of an intervention that looks, sounds, and acts like them while also positioning tobacco use as a behaviour that conflicts with the Country lifestyle and identity.

### **Exchange and Competition**

The D&D campaign relies on approximately five years of data collection performed in the field in its three intervention states. Data collection takes the form of in-depth interviews with members of the target audience and subject matter experts, focus groups, and process evaluations performed on the digital channels the campaign uses for message dissemination. Messaging is constantly optimized as performance metrics are collected and analyzed by campaign staff. Additionally, relevant research is compiled and reviewed by the state health departments of Mississippi, Virginia, and Vermont, as well as by internal research staff. All such information guides campaign development, which takes into account the exchange and competition of messaging. D&D meets the audience “where they are at” by using advanced digital targeting as well as local expertise gained through subject matter experts to reach only members of this subpopulation in a way that is viewed as authentic, genuine, and with as few barriers as possible. The D&D campaign recognizes that it is competing against decades of tobacco industry marketing that closely linked the Country identity with tobacco use. To break this association, D&D needs to better align a tobacco-free lifestyle with Country values than other social influencers within this subculture.

### **Theory**

The D&D campaign was created using Social Branding methodology. “Social Branding is a counter-marketing intervention developed by Rescue that utilizes targeted social brands to associate healthy behaviours with desirable lifestyles through interactive marketing tactics matching the style of a ‘peer crowd’ or subculture. Although each individual has a local peer group that they socialize with, both the person and their peer group belong to a larger ‘peer crowd’ that shares significant cultural similarities, including values, activities, aspirations, or style” (Fallin et al., 2015b).

Social Branding has been used in several social marketing campaigns targeting youth tobacco use and has been shown to reduce use (Fallin et al., 2015a; Fallin et al., 2015b; Fallin et al., 2014; Ling et al., 2014). Youth peer crowds are associated with social identity theory (Tajfel, H. & Turner, J. C., 1979), “where culturally specific symbolic meanings are attached to behaviours or groups and in turn influence behaviours of individuals who belong or aspire to belong in social groups” (Lee et al., 2014). Peer crowds have been associated with health risk behaviours (Pokhrel et al., 2010).

### **Marketing Mix**

D&D’s Social Branding model challenges norms by introducing a new, influential brand within the subculture. This brand is used as a catalyst for change by increasing the social value of living tobacco-free and decreasing the social value of smoking as follows:

Product: Social Branding creates a brand as a product. As a product, the brand is able to build

brand equity within the culture giving it the power to change cultural norms.

**Price:** The brand makes tobacco use more expensive from a social capital standpoint by creating a culture of tobacco rejection within the high-risk subculture of Country teens.

**Place & Promotion:** D&D delivers its message through the media channels that are specifically popular among Country teens. To effectively reach and engage the high-risk Country audience online, D&D uses a mix of paid and non-paid social media on Facebook, Snapchat, and YouTube. To increase the likelihood that this audience will be receptive to an anti-tobacco message, given that these products are culturally entrenched, all digital content aligned with the imagery, values, and lifestyles of Country youth. These values and interests were determined through multiple rounds of formative research.

Using demographic, geographic, and interest-based targeting we are able to cost-effectively target Country teens and eliminate “waste” by only reaching those whose behaviour we seek to change. In addition, local brand ambassadors and events like 4x4 competitions, ATV races, and rodeos are used to bring the message to true Country areas.

### **Partnerships**

The Virginia Foundation for Healthy Youth, Vermont Department of Health, and the Mississippi State Department of Health.

### **Evaluation and Results**

In each state, campaign budgets range between \$200,000 and \$450,000 per year. Annual evaluations of D&D in both Vermont and Virginia have documented reductions in tobacco use. In Virginia, Country teen tobacco use decreased from 40.6% in 2014 to 33.4% in 2015. In Vermont, tobacco use rates decreased from 34.5% in 2014 to 29.1% in 2015.

### **Lessons Learned**

Not all youth are at the same risk for tobacco use, and tobacco use risk varies based on subculture identification. Specific targeted campaigns should be developed to address only high-risk cultures. Substantially integrating the cultural values and interests of target audiences into both online and offline campaign strategies can be an effective strategy to target country and rural teenagers in order to deliver an anti-tobacco message. Segmentation can be used to precisely target paid social media, to create more compelling content, and to more effectively reach audience members on social media.

### **References**

1. American Lung Association. (2012). Cutting tobacco's rural roots: Tobacco use in rural communities. Retrieved from <http://www.lung.org/assets/documents/research/cutting-tobaccos-rural-roots.pdf>
2. Fallin, A., Neilands, T. B., Jordan, J. W., & Ling, P. M. (2015a). Social branding to decrease lesbian, gay, bisexual, and transgender young adult smoking. *Nicotine & Tobacco*

*Research*, 17(8), 983-989.

3. Fallin, A., Neilands, T. B., Jordan, J. W., Hong, J. S., & Ling, P. M. (2015b). Wreaking “havoc” on smoking: Social branding to reach young adult “partiers” in Oklahoma. *American journal of preventive medicine*, 48(1), S78-S85.
  4. Fallin, A., Neilands, T. B., Jordan, J. W., & Ling, P. M. (2014). Secondhand smoke exposure among young adult sexual minority bar and nightclub patrons. *American journal of public health*, 104(2), e148-e153.
  5. Lee, Y. O., Jordan, J. W., Djakaria, M., & Ling, P. M. (2014). Using peer crowds to segment Black youth for smoking intervention. *Health promotion practice*, 15(4), 530-537.
  6. Ling, P. M., Lee, Y. O., Hong, J., Neilands, T. B., Jordan, J. W., & Glantz, S. A. (2014). Social branding to decrease smoking among young adults in bars. *American journal of public health*, 104(4), 751-760.
  7. Pokhrel P., Brown B. B., Moran M. B., Sussman S. (2010). Comments on adolescent peer crowd affiliation: a response to Cross and Fletcher (2009). *Journal of Youth & Adolescence*, 39, 213-216
  8. Tajfel, H. & Turner, J. C. (1979). “An Integrative Theory of Intergroup Conflict”. In W. G. Austin & S. Worchel (Eds.), *The Social Psychology of Intergroup Relations*. Monterey, CA: Brooks-Cole
  9. USDHHS. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA)
  10. USDHHS. (2014). *2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress*. Atlanta (GA). Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/sgr/50th-anniversary/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm)
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# **The varied impact of online donor acknowledgement and recognition as donor relationship enhancing strategies**

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## **Abstract**

Not-for-profit organisations (NFPs) recognise the importance of nurturing donor relationships to encourage repeat donation behaviour and often use donor appreciation as a strategy. Despite the relative widespread practice of sending a thank-you letter or email to donors, donor attrition rates remain high across multiple categories of donation; blood, time and money. This suggests the need to investigate alternate forms of donor appreciation to improve donor retention. Recent efforts by NFPs online increase the level of connectivity between donors and charities, and provide opportunities to affordably leverage this technology and build donor relationships. This research investigates how online donor appreciation (private acknowledgement via email and public recognition via Facebook) stimulate repeat donation behaviour. A two-stage, mixed methods research design was used to qualitatively (using interviews) and quantitatively (using surveys) investigate the research question. Together, the research findings demonstrate that online acknowledgement and recognition differentially affect donor commitment to NFPs.



# **The Role of Vacations in Subjective Quality of Life of People with Disabilities**

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## **Abstract**

Vacations have been shown to be an important contributor to subjective quality of life for the general population, however the extent to which this is the case for people with disabilities is presently unknown. This paper presents results of an online survey of Australian adults who do and do not have disabilities. Key findings include that (1) greater subjective quality of life is associated with (a) vacations being perceived as relatively important by the individual and (b) actually taking vacations; (2) most people with disabilities would like to take more vacations, indicating there is a market for these types of services, and (3) when compared to people without disabilities, people with disabilities are more likely to take vacations to connect with nature/wildlife or for tranquility/solitude. Implications for social marketing strategies aiming to encourage people with disabilities to take vacations in order to enhance quality of life are discussed.

# **Incentives and Diffusion of Social Marketing Messages on Social Media: An Experimental Study**

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## **Abstract**

Today companies take advantage of social media to engage consumers and excite electronic word-of-mouth. Benefits of social media campaigns are not limited to commercial marketing, and social marketers are also investing in such campaigns to tackle sensitive issues and difficult lifestyle changes. Offering incentives and using different message appeals are common promotional tactics, yet little is known about how these come together to influence consumer engagement and message diffusion. This paper is based on data from two rounds of experiments on Facebook with 293 student subjects, manipulating four incentive (monetary, non-monetary, social recognition and none) and 2 message appeal (fear versus informative) conditions. Findings suggest that the monetary incentive condition encourages the greatest level of total engagement. Our study also indicates that the fear appeal condition generates a higher level of engagement regardless of incentive condition. Repeated measures ANOVA, comparing incentives as a between subjects factor, shows an insignificant main effect for incentives but a significant main effect for message appeal. This study provides some evidence for the importance of social media in engaging consumers in discussing and disseminating social marketing messages. Additional research is needed to overcome study limitations of sample size and engagement length.

# **Challenges and pitfalls of schools based health research and the need to think about alternative participant recruitment strategies.**

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## **Abstract**

This paper highlights some of the common ethical, methodological and resourcing barriers to conducting school based research, and suggests a move away from schools for social marketing research targeting children's health. In alcohol marketing research in particular, access to child participants is imperative to obtain information, collect data and establish evidence from an Australian perspective, yet access and active consent are lengthy processes in Australian Schools and issues such as poor participation rates, time, cost, sample bias and implications for research outcomes are widely acknowledged. Partnerships with other organisations such as sporting clubs and established advocacy bodies provide a potentially better avenue for upstream and downstream social marketing approaches and strategic outcomes.

## Social Enterprise 'Impact' Measurement

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## Social Enterprise 'Impact' Measurement

Typically, Social Enterprises aim to improve the wellbeing of individuals and communities through the provision of market-based programs, products and services. There are a number of different definitions of Social Enterprise in the existing literature, however, what they all have in common is that Social Enterprises consist of organisations that: (a) are largely financially viable; (b) have a social mission as a central objective; and, (c) take an entrepreneurial and innovative approach (Alvord, Brown, & Letts, 2004; Austin, Howard, & Wei-Skillern, 2006; Bagnoli & Megali, 2009; Dees, 2007; Emerson 2003; Mair & Marti, 2006). While the commonalities in the definitions of what a Social Enterprise is can be articulated, the range of Social Enterprise missions is diverse and includes health, economic development and environmental sustainability. For example, Piramal Sarvajal, aims to prevent water borne diseases by providing safe water for low-income developing communities at an affordable cost; the Grameen Bank's microfinance program is targeted at economic development and women's empowerment in developing countries such as Bangladesh; and, Eat Me Chutneys combats food wastage and creates employment for disadvantaged females in Australia.

One acknowledged weakness of social enterprise theory and practice is their systems and processes for evaluating to what extent they have achieved their social mission (Bull, 2007; Ormiston & Seymour, 2011; Paton, 2003). Current literature suggests that social entrepreneurs either omit this element of business practice, or attempt to apply frameworks without sufficient training, knowledge or resources (Alvord *et al*, 2004; Ormiston & Seymour, 2011). There is a lack of consensus in current literature about which measures best apply to Social Enterprises, and theory has not yet agreed on a definitive framework by which to capture, evaluate and report social impact. Social entrepreneurs' attempts to shoehorn unsuitable impact measures to fit the Social Enterprise context are theoretically unsatisfactory. Managerially, the confusion around impact measurement presents a problem as Social Entrepreneurs need to be able to demonstrate their effectiveness to external stakeholders such as governments, private donors, and grant funding bodies.

This paper draws together and summaries existing literature on business and social enterprise impact measurement. The paper's first objective is to use the literature to present general principles (supported by theory) for social enterprise impact measures such that the measures are aligned with the individual Social Enterprise's aims. Its second objective is to identify the outstanding research questions that need to be addressed in order to develop a robust social enterprise impact measurement framework. It does this by first outlining the key tools/

techniques that are currently available to measure impact. It then briefly outlines the key strengths and weaknesses of these metrics in the social enterprise context and identifies the key principles for social impact measurement. It closes by outlining some research questions that need to be addressed in order to develop a robust social enterprise impact measurement tool.

While 'impact' is itself a contested term as it conceptually overlaps with 'outcomes' and

‘social value’ (Ebrahim & Rangan, 2014), for this paper, impact is defined as the long-term changes in a community or individual as a result of the social enterprise program or intervention.

### **Impact Measurement Tools**

Impact Measurement tools can be categorised into two broad distinct, but often overlapping, domains. The first of these are the social accounting tools drawn from commercial business performance measurement. These tools include Social Return on Investment, Blended Value Accounting and adaptations of the Balance Scorecard (see for example, Bull, 2007; Emerson, 2003; Kaplan & Norton, 1996; Rotheroe & Richards, 2007; Somers, 2005). The second set of tools include the outcomes assessments used by Non-profits and Non-Governmental Organisations (NGOs). These include tools such as Logical Frameworks, Theories of Change and Impact Objectives (see for example Buckmaster, 1999; Clark *et al*, 2012).

Social Accounting tools are theoretically strong insofar as they capture the social, financial and environmental elements in a single, scalable framework (Kaplan & Norton, 1996). However, in practice these tools may fail to capture the processes and variables of long term change and the socio-cultural factors which may affect the success of a program or initiative (Mook *et al*, 2015). In addition, the setup requirements for these tools can be challenging for small to medium size organisations, which includes the majority of Social Enterprises (Bull 2007). On the contrary, outcomes measurement tools used in the Non-profit sector are practically strong in their ability to articulate how, and why change occurred (Clark *et al*, 2012). However, the time intensive nature of these tools may limit their scalability (Ebrahim & Rangan, 2014). Theoretically, there is a lack of consensus on data collection and frameworks for analysis in outcomes measurement.

From the Social Enterprise and related impact measurement literature a number of key components of a quality Impact Measurement tool can be identified. The ideal Impact Measurement system should:

- Be adaptable to, and useable in, the social enterprise organisational context (for example, straightforward to set-up for different Social Enterprise goals)
- Aid Social Enterprise management decision making and reporting (for example, help social entrepreneur’s make trade-offs between financial and social factors)
- Account for both short and long-term outcomes and impacts (for example, help social entrepreneur’s identify their ultimate goal and the steps towards that goal)

### **Research Agenda**

While there are elements of both Social Accounting and outcomes assessment tools that are applicable to social impact measurement, several unanswered questions remain. A fundamental question is concerned with *how Social Enterprises define ‘impact’*. The term ‘Impact Measurement’ is often used in the Social Enterprise literature, yet there is a lack of clarity surrounding what ‘impact’ is and how that concept might be operationalised and measured (Ebrahim & Rangan, 2014). This is reflected in the lack of a unifying definition of

‘impact’. For example, outcome measurement in NGO management literature generally understands impact as the enduring change that has occurred, minus speculating what would have happened without intervention (Ebrahim & Rangan 2014). In contrast, social enterprise literature tends to conflate ‘impact’ with social value creation (e.g., Ormiston & Seymour, 2011) and fails to make clear differentiation between value, outcomes and ‘impact’. This presents an opportunity for Social Marketing to offer new conceptualisations of ‘impact’ and clarify the relationship between impact, outcomes and social value, to inform impact measurement.

Once *what impact is* has been clarified, the next question considers *how can a Social Enterprise measure its impact?* Answering this question requires a clear process by which individual Social Enterprises identify how they define impact, before they consider an appropriate way to measure that impact. It is not surprising that the literature does not provide consensus on the most suitable tool for Social Entrepreneurs to measure their ‘impact’ given the wide variety of social enterprise activities and goals. As such, the process that is developed will need to be able to account for the wide variety of different social enterprise goals. Before this process can be developed, however, researchers need to have a contextualised understanding of how Social Enterprises’ define

impact in practice. Then a general framework to facilitate social enterprise impact measurement can be developed and the utility of that process tested across a range of Social Enterprises.

## References

- Alvord, S. H., Brown, L. D., & Letts, C. W. (2004). Social Entrepreneurship and Societal Transformation: An Exploratory Study. *Journal of Applied Behavioural Science*, 30(3), 260-282. doi: 10.1177/0021886304266847
- Austin, J., Howard, S., & Wei-Skillern, J. (2006). Social and Commercial Entrepreneurship: Same, Different, or Both? *Entrepreneurship Theory and Practice*, 30(1), 1-23.
- Bagnoli, L., & Cecilia, M. (2009). Measuring Performance in Social Enterprises. *Nonprofit and Voluntary Sector Quarterly*, 20(10), 1-17. doi: 10.1111/j.1540-6520.2006.00107.x
- Buckmaster, N. (1999). Associations between outcome measurement, accountability and learning for non-profit organisations. *International Journal of Public Sector Management*, 12(2), 186-197
- Bull, M. (2007). "Balance": The Development of a Social Enterprise Business Performance Analysis Tool. *Social Enterprise Journal*, 3(1), 49-66.  
<http://dx.doi.org/10.1108/17508610780000721>
- Clark, C., Gwinnet College., G & Brennan, L. (2012). Entrepreneurship with Social Value: A Conceptual Model for Performance. *Academy of Entrepreneurship Journal*, 18(2), 17-39.
- Dacin, P. A., Dacin, M., T., & Matear, M. (2010). Social Entrepreneurship: Why We Don't

Need a New Theory and How We Move Forward from Here. *Academy of Management Perspectives*, 24(3), 37-57.

Dees, J. G., (2007). Taking Social Entrepreneurship Seriously. *Society*, 44(3), 24-31.

Ebrahim, A., & Rangan, V. K., (2014). What Impact? A Framework for Measuring the Scale and Scope of Social Performance. *California Management Review*, 56(3). 118-141.

Emerson, J. (2003). The Blended Value Proposition: Integrating Social and Financial Returns. *California Management Review*, 45(4), 35-51. <http://dx.doi.org/10.2307/41166187>

Kaplan, R. S., & Norton, D. P., (1996). The Balanced Scorecard – Translating Strategy into Action. Boston, MA: Harvard Business School Press.

Mair, J., & Marti, I. (2006). Social Entrepreneurship Research: A source of explanation, prediction and delight. *Journal of World Business*, 41(1), 36-44.  
[doi:10.1016/j.jwb.2005.09.002](http://dx.doi.org/10.1016/j.jwb.2005.09.002)

Ormiston, J., & Seymour, R. (2011). Understanding Value Creation in Social Entrepreneurship: The Importance of Aligning Mission, Strategy and Impact Measurement. *Journal of Social Entrepreneurship*, 2(2), 125-150. doi:10.1080/19420676.2011.606331

Paton, R. (2003). Managing and Measuring Social Enterprises. London. SAGE Publications.  
Rotheroe, N., & Richards, A. (2007). Social Return on Investment and Social Enterprise: Transparent Accountability for Sustainable Development. *Social Enterprise Journal*, 3(1), 31-48. <http://www.tandfonline.com/doi/full/10.1080/14719037.2012.698857>

Somers, A. B., (2005). Shaping the balanced scorecard for use in UK social enterprises. *Social Enterprise Journal*, 1(1), 43-56. doi: <http://dx.doi.org/10.1108/17508610580000706>



# **The Kiama Underage Drinking Project: a case using social norms and social marketing in a whole-of-community-approach to the problem of underage drinking**

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## **Abstract**

The Kiama Underage Drinking Project, was a two-year community intervention that combined social marketing and a social norms approach to change the perceived cultural acceptance of underage drinking. The project engaged the whole community in a comprehensive social marketing campaign supported by targeted initiatives which were teen-specific, parent-specific and community-specific. The formative research and campaign strategies were informed by the Theory of Planned Behaviour, and the intervention aimed to correct widely held misperceptions and over-estimations of adolescent drinking. The project was supported by a committee of residents and key stakeholders and executed in collaboration with community based partner organisations. The intervention achieved important shifts in key areas such as perceptions of the prevalence and acceptability of adolescent drinking and parental provision of alcohol.

## **Value for Money: Perceptions of members of the AASM regarding the value of membership**

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Lynne Eagle is Professor of Marketing and Associate Dean – Research in the College of Business, Law & Governance at James Cook University. She is an experienced social marketer, and was the lead author of *Eagle, L.C., Dahl, S., Hill, S., Bird, S. Spotswood, F. & Tapp, A. Social Marketing (2012). Harlow: Pearson Publishing*. Her research centres on trans-disciplinary social marketing approaches to sustained behaviour change including ethical dimensions of this activity. She has provided consultancy services for a number of UK health organisations and is currently involved in a major environmental protection project funded under the National Environmental Science Program.

Rebekah Russell-Bennett is Professor in Marketing in the school of Advertising, Marketing and Public Relations at Queensland University of Technology, Australia and researches in the field of services marketing in both the commercial, nonprofit and government sector with a focus on preventative health and energy consumption. Rebekah is a past 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.

## **Brief Description**

A survey of AASM members conducted in 2015 indicates that the organisation and conference participation are valued and that members identify strongly with Social Marketing as a profession. There is a very diverse range of perceptions regarding the value of existing AASM resources and services. The perceived value of potential services that could be offered in the future is even more diverse. As an organisation dependent on volunteer input, we need to prioritise services and member benefits and decide the most cost effective way of providing them. We also need to identify AASM members who are able to contribute to developing and delivering the selected services. This session is important for the AASM to be able to plan for the future – your organisation really does need your input. There will be two short presentations, followed by an open discussion / workshop to gain your input.

### **Presentation 1. Why Your Association Needs You**

**Lynne Eagle**

The use of membership to network and thus gain social capital has been noted as potentially important (Dicke, 2014). This is compatible with the communities of practice literature which indicates potential success when knowledge and expertise is exchanged and developed through ongoing interaction with other members of the community (Binder and Hall, 2015). However this may be challenging for members who are geographically distant from each other and who therefore are more likely to link via technology than in face-to-face situations, other than at annual or biennial conferences, except for subsets of members who have ‘local’ events available. This may become an increasing challenges as the ASSM seeks to widen its focus across the Asia-Pacific region:

*AASM is broadening horizons and helping to increase capacity in social marketing by building towards becoming an Asia-Pacific Association of Social Marketing.*

*– AASM is doing this through events, building membership, and engagement and representation in Asia-Pacific<sup>i</sup>*

It is therefore important to determine how well the AASM is meeting current needs before focusing on what can be successfully provided in the future.

### **Presentation 2: What You Have Told Us So Far**

**Rebekah Russell-Bennet**

This presentation will summarise the findings from the 2015 survey: Highlights include that almost 2/3 of membership comes from the university sector, with an average of 8 years’ experience within social marketing and identification as a social marketer being high but ties to others in the profession being weaker. Exchange of best practice and networking are the most valued aspects of membership, with a diverse range of opinions as to the AASM’s current and potential future focus: one respondent commented that “have to participate to get value. Attendance at the 2014 conference was higher among respondents than 2012

conference attendance, with participation being highly valued, but less than half have attended both conferences, with 64% of respondents paying for their AASM membership themselves. Hub interest is relatively high, with several indicating that a lack of events in their area led to a feeling of isolation. It will be important to gain input as to what services should be prioritized in the future

### **Workshop / Open discussion**

We need your input into these areas – therefore the balance of the session will be spent on gaining your views and deciding on a potential plan for future membership services with the aim to increase membership.

- ☐ What should the AASM keep doing?
- ☐ What should the AASM start doing?
- ☐ What should the AASM do differently?

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<sup>i</sup> <http://www.aasm.org.au/what-is-the-aasm/> Accessed 19 November 2015

## **Healthy Bones Action Week – Fit, Fab and 50 Challenge**

Lelde McCoy<sup>1</sup> & Melissa Blair<sup>2</sup>

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<sup>1</sup> Lelde McCoy has over 30 years of experience in managing large scale behaviour change and communications campaigns and has been the managing director of The Reputation group since 2004. The Reputation Group is an award winning strategic communications agency with expertise in marketing communications, community information and behaviour change campaigns. The Reputation Groups work is based on behavioral science and consumer insights. They ensure an evidence base strategic approach for any communications challenge & opportunity. Academically Lelde, has obtained a Commerce Degree from the University of Melbourne; a Journalism Degree from RMIT University and has studied a Masters of Communications at Syracuse University in New York State.

<sup>2</sup> Melissa Blair has over seven years' experience developing, managing and implementing digital, social media and social marketing strategies and communications campaigns designed to create long-term sustainable behaviour change. She has a strong focus on moving people to action. Academically Melissa, has obtained an Honours Bachelors Degree in Community Health Science and Business from Brock University in St. Catharines, Canada and a Master of Arts Degree in Health and Social Marketing from Middlesex University in London, UK.

## **Project Overview**

Over 21 years, Dairy Australia's Healthy Bones Action Week (HBAW) has enjoyed success despite the increasing difficulty in publicising health promotion weeks. For 2015, a new tact was taken and new audience targeted to take positive actions for bone health. The Reputation Group in conjunction with Dairy Australia developed the Healthy Bones Action Week (HBAW) – Fit, Fab and 50 Challenge campaign. The overall aim was to encourage women over the age of 50 to increase positive actions for bone health for the prevention of osteoporosis. The campaign encouraged midlife women to sign up and participate in a 7-day Challenge, where they would receive expert advice on nutrition, weight bearing exercise, fashion, vitamin D and calcium-rich recipes through a daily email. The Challenge was held during HBAW on August 3-7, 2015. To provide credibility and health-based information, Jean Hailes for Women's Health was recruited as the Week's key partner.

## **Background and policy context**

Two in three Australian adults aged over 50 are affected by osteopenia and osteoporosis (Watts, 2012), with this being more common amongst women within this age category. Shockingly, 85% of women aged 50+ fail to meet their recommended intake of dairy foods to maintain strong bones (Doidge & Segal, 2013). Research identified that midlife women were most susceptible to osteopenia and osteoporosis, as menopause results in increased bone loss, making them more vulnerable to fractures (Lanham, 2008).

As the generation that grew up with the 'three serves of dairy a day' message, most women in the age group have no idea they need four serves after 50, according to the updated Australian Dietary Guidelines. With 20-25% of women aged 50+ reducing or limiting their dairy intake due to weight gain, cholesterol, intolerance or allergy concerns (Dairy Monitor, 2014). Often women 50 and over do not understand what makes up a serve and therefore make minimal effort to include dairy within their day.

## **Case-study Benchmark Criteria**

### **Behavioural Goals**

#### *Overarching Objectives:*

The overarching business objective for Dairy Australia was to 'increase the claimed consumption amongst women 50+ who claim to consume 4+ serves of dairy foods per day from 13% to 18% by 2016'.

#### *Campaign Goal:*

To have 2,000 women commit to positive bone health actions by participating in the Fit, Fab & 50 Challenge.

#### *Campaign Objectives: Primary:*

- ☐ Get women aged around 50 to take action for positive bone health, including

increasing dairy consumption to four serves/day during HBAW.

Secondary:

- ☐ Raise women's awareness of the importance of calcium-rich dairy foods for maintaining healthy bones;
- ☐ Involve four prominent women (minimum) as role models/influencers;
- ☐ Engage six stakeholders or partner organisations (minimum); and
- ☐ Increase 'on-message' media coverage beyond the previous year's

### **Customer orientation**

Formative research included a review of clinical studies and consumption data; focus groups; and, an attitudinal survey. Findings were:

*The facts:*

- ☐ 64% of mid-life women didn't know that up to 10% of their skeleton could be lost post- menopause.
- ☐ Only 1% of women 50+ years thought their highest chronic disease risk was osteoporosis (despite more being hospitalised for this than any other condition).
- ☐ One in 1,000 women 50+ consume four serves of dairy foods/day. Most find it difficult to incorporate that much dairy into their diet.

*The opportunity:*

- ☐ Milk, cheese and yoghurt are the top sources of calcium in the Australian diet.
- ☐ 82% of women agree that dairy foods are needed for health and wellbeing.
- ☐ Midlife women have a renewed focus on health.
- ☐ An approach tailored to the lifestyle interests of mid-life women was vital to success; as was an inspirational campaign look and feel.
- ☐ 50+ aged women prefer email communications; like sharing information with friends; and, prefer prizes such as supermarket vouchers.

### **Insight**

Based on the formative research outlined above, the core campaign insight was that our target audience knows the importance of dairy in their daily diet. They do make an effort to increase their calcium intake, but are unaware that the latest Australian Dietary Guidelines recommendation of dairy is actually four serves per day. Therefore they are not incorporating enough serves per day. Additionally, turning 50 is a life milestone and most women aspire to look and feel good. Tapping into this desire and providing a solution was key.

## Segmentation

The chosen target for the Fit, Fab and 50 were:

- ☐ Women, aged 48 – 53.
- ☐ Active members of their communities. Working either full or part time, still involved in their children's schools, travellers, focused and more in control of their financial futures than ever before
- ☐ They are currently experiencing menopause amongst other lifestyle changes such as changes in household structure, family caregiving, and impending retirement
- ☐ They have a renewed focus on their health and are adopting new health behaviours in preparation for an active life as they get older
- ☐ They are currently under-consuming dairy foods. 39% of women aged 50+ claim to consume 3+ serves of dairy per day (Dairy Monitor, 2014)
- ☐ They are social and active in networks such as book clubs, walking groups and golf or tennis clubs
- ☐ They are influenced by their friends, health professionals and women that they admire



## Exchange

- There is knowledge gap - Women aged 50+ do not know that they require 4 serves of dairy per day

- Some women are trying to reduce their dairy intake - 20-25% of women

50+ claim to reduce or limit their dairy intake due to concerns about weight gain, cholesterol, intolerance and allergy issues

*Barriers:*

- Women don't know how to incorporate that much dairy into their day - Four serves of dairy is perceived as a lot by women and women don't understand what is meant by one serve (i.e. 1 serve of milk = 250ml)

- Women experiencing menopause are our "sweet spot" - Menopause is a major period transition in women's life and they are hyper-aware of information surrounding this topic

- They have re-engaged with taking control of their health - Those aged 50+ have renewed their focus on their health due to the increased risk of or diagnosis of chronic, lifestyle-related diseases

- Women aged 50 present new engagement opportunities - Fastest growing cohort on social media networks, 50 is the new 40 and don't want to age and there is a sisterhood amongst these women

*Benefits:*

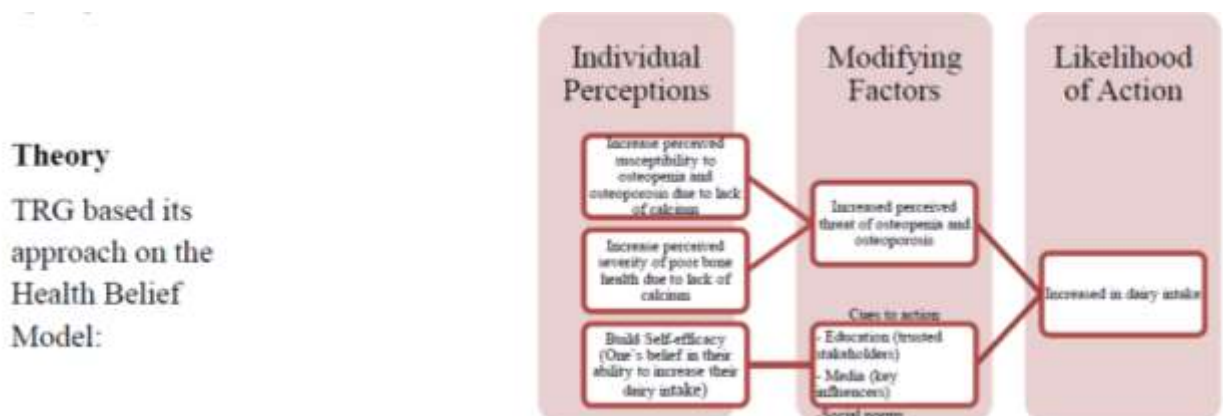
Knowing that women like setting goals, TRG created the Fit, Fab & 50 Challenge. The Fit, Fab & 50 Challenge encouraged participants to:

- ☐ Increase calcium intake through milk, cheese and yoghurt;
- ☐ Do weight-bearing exercise; and
- ☐ Get sunshine for vitamin D.

Women signed up to “take the Challenge” with daily emails during HBAW featuring advice, recipes and inspiration. Supermarket vouchers and a designer handbag were offered as incentives. High-profile women were recruited as “ambassadors” to share tips on nutrition, exercise and lifestyle. A supporting media strategy generated coverage on the connection between menopause and bone loss, including a new survey that showed women were more concerned about wrinkles and hot flushes, than thinning bones.

## Competition

There are a myriad of health promotion weeks and days vying for the 50+ audiences’ attention and the vast majority of health weeks use an educational approach, only raising awareness rather than encouraging audiences to actively participate. Instead of this traditional approach, the Fit, Fab & 50 Challenge gave women an opportunity to directly participate in osteoporosis prevention activities. . It also created a brand asset and content for Dairy Australia to use on an ongoing basis.



## Marketing Mix

### *Place*

The Fit, Fab & 50 Challenge launched on 1/7/15 with an email to previous HBAW participants; Facebook and Twitter social media advertising; digital banner advertising on 'Starts at 60'; media publicity and through recruited partners via a stakeholder toolkit. HBAW itself launched on 3/8/15 with a media call at the Jean Hailes clinic and national placement of a Radio Release featuring medical expert interviews.

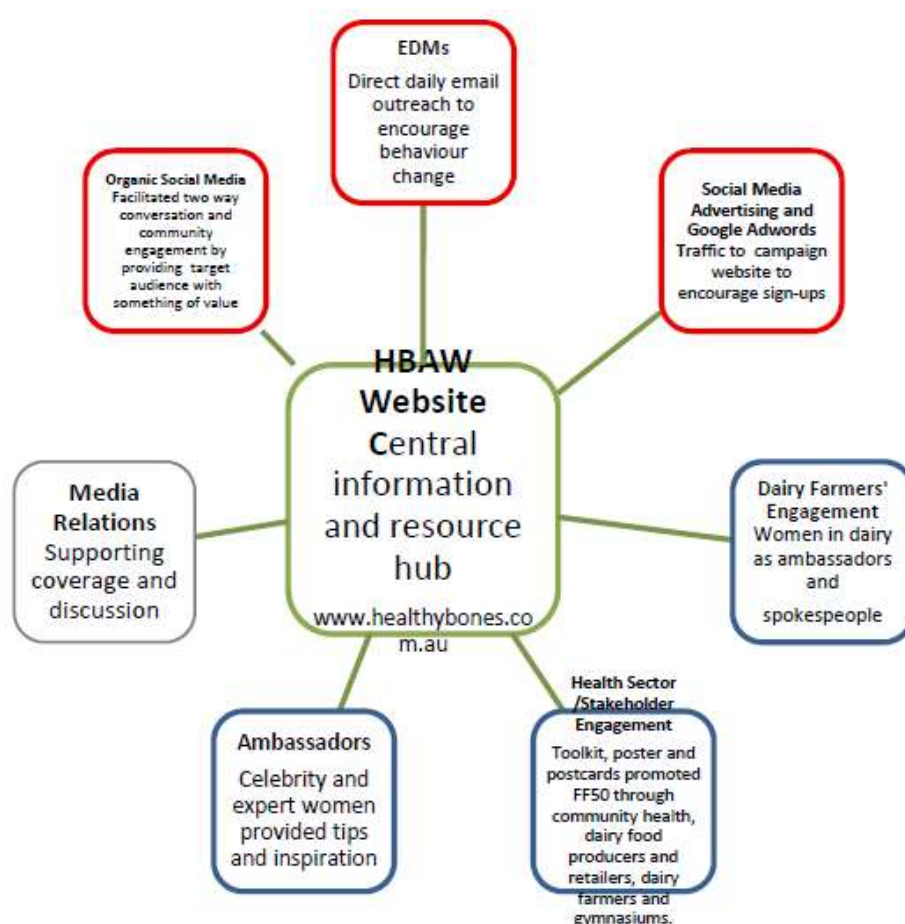
### *Product*

During the Week (August 3-10), participants received daily e-newsletters with motivating content from inspirational women reflective of the 50+ demographic, including Deborah Hutton, designer Lisa Barron, chefs Christine Manfield and Nicky Reimer and dietitian Karen Inge. Many promoted the Challenge through their own social media channels.

### *Price*

Participation in the Challenge was free with a variety of incentives and tips provided to help women overcome the barriers to taking action for positive bone health.

### *Promotion*



## Partnerships

For credibility, Jean Hailes for Women's Health, which specialises in menopause, was recruited as HBAW's key partner.

## Evaluation and results

The campaign attracted almost 3,000 participants, exceeding the target by 50%. Post-Challenge research revealed participants rated the Challenge highly informative, especially the bone health information and recipes.

Objective	Result
Raise women's awareness of importance of calcium- rich foods for healthy bones	<input type="checkbox"/> Daily email CTR was an average of 35% - above average. <input type="checkbox"/> The highest click-throughs were for a 'Bone Health
Increase dairy consumption of women aged around 50	<input type="checkbox"/> During the Challenge, 75% of women increased their consumption of dairy foods. <input type="checkbox"/> 76% of women said they continued to increase their dairy consumption ( <i>measured 4-weeks post- Challenge</i> ).
Four prominent women as campaign role models and influencers	<input type="checkbox"/> Nine notable women were recruited. <input type="checkbox"/> Other online influencers extended messaging including Joanna McMillan and Michael Klim.
Engage six stakeholders or partner organisations	<input type="checkbox"/> Dietitians Association Australia, Jean Hailes for Women's Health, Medibank, Curves, Pauls Dairy, Harvey Fresh and Murray Goulburn all extended the Week's reach. <input type="checkbox"/> 22 organisations supported via social media. <input type="checkbox"/> 79 organisations requested resources. <input type="checkbox"/> 115 organisations and individuals supported HBAW on social media using #HBAW (94 on Twitter. 21 on Facebook).
Increase media coverage from previous year's 534 positive clips	<input type="checkbox"/> 657 clips, majority with key messages.

Results confirmed the *Fit, Fab & 50 Challenge* positioning resonated with the target audience. Dairy Australia is now integrating further strategies to own this positioning throughout the year and it will again be the hero 2016 HBAW activity.

## **Lessons Learned**

What worked well:

- ☐ Defined targeted outreach to women aged 50+
- ☐ Aspirational campaign title that resonated with target audience
- ☐ Practical ‘Challenge’ approach which involved women in taking action
- ☐ Contemporary lifestyle content such as practical tips and recipes
- ☐ Powerful branding and imagery to attract participants
- ☐ Celebrity and high-profile ambassadors
- ☐ Partnership with Jean Hailes, a specialist in menopause – credible spokesperson from a reputable organisation for media publicity and online comment
- ☐ Involvement of stakeholders who extended message reach
- ☐ New attitudinal research, albeit limited, for news media value
- ☐ Paid amplification of message e.g. paid advertising on Facebook

What didn’t work so well:

- ☐ Limited print coverage due to lack of visual opportunities and case studies, especially in other capital cities
- ☐ Low engagement on social media during the Week
- ☐ More blogs needed to be written by audience influencers
- ☐ Low involvement of manufacturers, retailers and dairy sector itself

## **References**

Doidge & Segal,. (2013). New Australian guidelines for consumption of dairy products: are they really evidence-based and does anyone meet them? ANZJPH

Hochbaum, GM., (1958). Public Participation in Medical Screening Programs: A Socio - psychological Study. Public Health Service Publication No. 575

Lanham-New SA. (2008). Importance of calcium vitamin D and vitamin K for osteoporosis prevention and treatment. Proc Nutr Soc.

Watts JJ et al. (2012-2022). Osteoporosis costing all Australians: A new burden of disease analysis.

## **Special session: Advanced Segmentation & Digital Strategies from the US FDA's National Tobacco Prevention Campaigns**

Jeffrey Jordan

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### **Author Biography**

Jeffrey Jordan prioritizes social change. Observing the lack of effective social marketing services, he started Rescue when he was 17 years old. Jeffrey studied Marketing for his undergraduate degree and received a Master's in Psychology from the University of California, San Diego. Today, Jeffrey continues to lead Rescue, a behaviour change marketing agency. As President and Executive Creative Director, he oversees the management of dozens of behaviour change programs around the country as well as a staff of 150 change agents at five offices. As the developer of Social Branding®, Jeffrey focuses on the relationship between identity, culture and behaviour to cause behaviour change. Rescue focuses mainly on adolescent populations (10 – 26), tackling issues such as tobacco, obesity and violence.

## **Brief Description**

The purpose of this special session is to provide an in-depth overview of two of the United States Food & Drug Administration Center for Tobacco Products' (FDA CTP) national anti-tobacco public education campaigns. These campaigns separately target multicultural youth (12 – 17) who are influenced by the Hip Hop peer crowd, and LGBT young adults (18 – 24) through highly tailored and targeted messaging. Formative research methods and results will be shared for both campaigns, as well as techniques and strategies employed to efficiently and effectively utilize digital media, social media sites, and influencers.

### **Presentation 1: Cultu/ral Insights and Segmentation to Reach Multicultural Teens (12 - 17) At-Risk of Tobacco Use**

Cigarette smoking among youth in the US has declined dramatically over the past 40 years. However, recent data suggests that 25.3% of high school students and 7.4% of middle school students are current tobacco users (CDC, 2016). This population of at-risk youth is often hard-to-reach with traditional general marketing strategies. Hard-to-reach youth are also uniquely difficult to recruit for traditional research studies. These factors make it challenging to design evidence-based tobacco public education campaigns targeted to the highest risk youth.

Peer crowds, which are macro-level connections between peer groups that transcend geographic barriers, are known to influence clothing style and music preferences. They are also shown to influence one's behaviours, including risky, unhealthy behaviours (Sussman et al., 2007). By leveraging peer crowd values and interests, a Hip Hop tobacco prevention campaign was developed to change behaviour among hard-to-reach African American, Hispanic, and Asian-Pacific Islander youth using the Social Branding strategy.

This presentation will present formative research findings regarding the importance of relatable and authentic messaging, as well as guiding principles for the Hip Hop peer crowd. Researchers conducted formative research in approximately 25 school districts across the United States, with approximately 5,000 middle and high school students meeting inclusion criteria. This peer crowd research was used to develop FDA CTP's current public education campaign strategy to reach multicultural youth. Advanced audience segmentation is critical to change behaviour, and this talk will outline the application of peer crowd-relevant research insights to segment multicultural youth. Then, the talk will review how these insights informed the subsequent Social Branding campaign called Fresh Empire, including its creative advertisements, Hip Hop event outreach efforts, and direct social media engagement intended to positively influence Hip Hop peer crowd norms.

### **Presentation 2: Cultural Insights and Segmentation to Reach Lesbian, Gay, Bisexual and Transgender Young Adults (18 - 24) Who Use Tobacco Occasionally**

Tobacco use remains the leading preventable cause of death in the US, and Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals are disproportionately impacted. LGBT young adults are nearly twice as likely to use tobacco as their non-LGBT peers. In 2016, FDA CTP launched the first national public education campaign on tobacco among LGBT

young adults to address this disparity. Using a positive tone and leveraging insights from the community, this campaign encourages LGBT young adults to live tobacco-free.

In Spring 2015, FDA CTP conducted 34 focus groups among 140 18-24 year-old LGBT, non-daily smoker participants in 7 US cities. The sample, recruited at LGBT social venues, was diverse by age, gender and sexual identity, and race/ethnicity.

Focus group findings that informed campaign development include 1) Positive messaging was preferred over messaging perceived to promote guilt or shame. 2) Short-term consequences of tobacco use, such as the smell of cigarette smoke, were more memorable than long-term consequences, such as lung cancer. 3) The impact of tobacco use on relationships was believable and motivating. 4) Realistic and relatable settings that reflect personal experiences were crucial to authentic messaging. 5) Participants valued diverse depictions of the LGBT community.

This talk will outline key insights from qualitative research and demonstrate how they informed the development of the subsequent Social Branding campaign called This Free Life, including its innovative creative videos, LGBT event outreach efforts, influencer outreach, and digital strategy designed to educate LGBT young adults on tobacco.

### **Presentation 3: Using Cultural Insights and Segmentation to Tailor and Target Messages on Digital Platforms**

Using digital channels to implement a social marketing strategy can be a cost-effective way to reach high-risk audiences, but the messages must address the culturally motivated reasons a risk behaviour is performed. To effectively reach and engage the high-risk audiences of FDA CTP's anti-tobacco public education campaigns online, Rescue uses a mix of paid and non-paid social and digital media. Campaign content is placed on Google, YouTube, Facebook, Instagram, Twitter, Tumblr, and across multiple owned and affiliated websites. All digital content aligns with the imagery, values, and lifestyles of hard-to-reach LGBT young adults and multicultural youth. Each message, image, video, and conversation is carefully designed to show youth and young adults why living tobacco-free aligns with their cultural values.

To use each social and digital site most effectively, Rescue spent considerable time forming relationships with representatives from each company. These relationships led to increased effectiveness when employing interest-based targeting for sites such as Facebook and Google, as well as new and innovative strategies such as the creation of content that resonated with each site and target population's "culture of use."

This presentation will share not only the interest-based targeting techniques used to reach members of the hard-to-reach populations for these campaigns, but also some of the core strategies employed to authentically engage with users of each site.

Merging cultural values, interests, and audience social media habits can keep campaigns relevant and increase engagement among target audiences. Substantially integrating the cultural values and interests of target audiences into both online and offline campaign strategies can be an effective strategy to target audiences in order to deliver a tobacco



prevention effort.

#### **Presentation 4: Effectively Working With Digital Influencers to Strengthen Campaign Messaging**

An “influencer” is defined as an individual that resonates within a peer crowd and lifestyle, who has the ability to create an effect on the actions, behaviours or opinion of others. The FDA CTP’s Fresh Empire and This Free Life campaigns employ robust influencer strategies to:

- Increase support for the campaign
- Generate local credibility, not notoriety
- Increase the organic spread of campaign materials within hard-to-reach audiences
- Establish social influence and discussion among the target community generally,

and among the target audience in particular

- Drive cultural norm change

This presentation will share best practices from the campaigns’ comprehensive strategies to employ influencers. Since both Fresh Empire and This Free Life are so highly targeted, most of the influencers have been engaged at low cost to the campaign, making this strategy more accessible than people assume. These campaigns incorporate influencers through a combination of paid media approaches, and their strategy is founded in established behaviour change theory. Influencers are carefully selected and vetted for relevance and authenticity, as well as to ensure that they do not engage in relevant risk behaviours. Across digital media, television, radio, live events, and social media, influencers are relied upon to amplify campaign content. In addition, influencers share campaign content through their social networks offline and online, integrate the brand into their own content, make appearances on behalf of the campaign, and provide access to “channels” where campaigns do not have an owned presence.

#### **References**

CDC. Singh, T., Arrazola, R. A., Corey, C. G., Husten, C. G., Neff, L. J., Homa, D. M., King, B. A., & Centers for Disease Control and Prevention (CDC). (2016). Tobacco use among middle and high school students—United States, 2011-2015. *MMWR Morb Mortal Wkly Rep*, 65(14), 361-367.

Sussman, S., Pokhrel, P., Ashmore, R. D., & Brown, B. B. (2007). Adolescent peer group identification and characteristics: a review of the literature. *Addict Behav*, 32(8), 1602-1627.

# **Resilient Melbourne: Understanding Melburnians' perceptions of community cohesion to help protect and improve the lives of Melburnians, now and in the future**

Kirstin Couper<sup>1</sup> & Jenny Witham<sup>2</sup>

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## **Abstract**

Melbourne was selected from 372 applicant cities around the world to be among the first wave of 32 cities to join the 100 Resilient Cities network. Pioneered by the Rockefeller Foundation, 100 Resilient Cities helps cities around the world prepare to meet the physical, social and economic challenges that are a growing part of the 21st century. The initiative aims to direct leadership on strategy to ensure a more resilient future on a global level. Although the City of Melbourne is leading the initiative it represents the 32 metropolitan councils of Melbourne, and Colmar Brunton worked in partnership with the City of Melbourne (from November 2015 to May 2016) to provide an understanding of Melburnian citizens' experience of and attitudes towards community cohesion. The findings from this study have contributed to the Resilient Melbourne strategy.

## **Moving evaluation of campaigns beyond advertising metrics**

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## **Introduction**

In New South Wales (NSW), Australia, the NSW Government Advertising Act 2011 and Government Advertising Regulation 2012 provide the legislative framework for all NSW government advertising. In addition to the prohibition of political advertising, the Act concedes that all advertising campaigns that exceed the value of \$50,000 must be submitted for peer review. Advertising campaigns over \$1 million must also undertake a cost benefit analysis prior to campaign commencement.

The NSW Government agency that proposes a paid advertising campaign must complete an advertising submission which ensures consideration of the issue, campaign objectives, target audience, creative and media strategy, evaluation, budget and risk management. Peer review consists of a panel of reviewers (NSW Government marketing and communication practitioners) to assess the advertising submission against criteria of campaign need, campaign strategy and campaign management. The panel normally consists of two reviewers, a Chair and facilitator. NSW Department of Premier and Cabinet, who manage the peer review, provide the Chair and facilitator.

Through the management of peer review, NSW Department of Premier and Cabinet has oversight of all paid advertising campaigns (over \$50,000) implemented across the State. This provides the Department the unique opportunity to observe and assess the various evaluation methods utilised by various Government agencies.

In addition, NSW Government Agencies are requested to provide an effectiveness report to demonstrate the actual performance of a campaign. An assessment of advertising submissions and effectiveness reports was conducted in mid-2015.

It was found that there was a lack of consistency in the way NSW Government agencies approached evaluation and reporting of paid advertising campaigns. While some agencies implemented robust methods of evaluation to assess campaign performance, others focused on advertising metrics as their main method of evaluation. Most Agencies were able to demonstrate that the advertising campaign was reaching its intended target audience, yet not all were able to report on the effectiveness of the campaign in achieving its intended outcomes and impact.

There was a gap in understanding of the value of evaluation and how it can be applied throughout the campaign development and implementation process.

## **Objective**

To develop an evaluation framework for NSW Government advertising and communication to demonstrate that evaluation does not stop at outputs (advertising metrics).

## **Method**

A review of global literature and best practice methods of evaluation was conducted to inform the development of a scalable evaluation framework for advertising and communication.

## **Results**

The NSW Government evaluation framework for advertising and communication was launched in April 2016. It provides NSW Government agencies with a clear and cyclical approach to evaluation, and demonstrates the importance of evaluation beyond advertising metrics. The peer review process now integrates the new evaluation framework, requiring agencies to demonstrate evidence of effectiveness for all new and repeat campaigns, regardless of budget.

NSW Department of Premier and Cabinet have facilitated workshops as well as the provision of a template to guide agencies through this change. The framework prompts agencies to consider formative, process and outcome evaluation. Key components of the updated advertising submission are the demonstration of evidence of effectiveness and the methods by which an Agency is to measure the outputs, outcomes (short, medium or long-term) and impacts of the campaign. The reporting of effectiveness also encourages agencies to reflect on the lessons/insights that can be used to inform future campaigns, the achievement of campaign objectives and the impact of their communication activity. It is now a requirement that agencies can only submit campaigns for repeat use upon completion of an effectiveness report.

## **Conclusion**

Early consideration of evaluation is critical for campaign planning and management. A framework can provide guidance to NSW Government marketing and communication practitioners on how to evaluate campaigns, beyond advertising metrics.

# **Teen and Young Adult Segmentation in New Zealand: Hazardous Drinking by Peer Crowd Affiliation**

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## **Abstract**

Peer crowds are an evidence-based segmentation strategy that looks at the macro-level connections between peer groups with similar interest, lifestyles, influencers and habits. This session will review the findings of a recent segmentation study in New Zealand to understand what teen and young adult peer crowds exist, and which are at highest risk for hazardous drinking. The study included over 100 teens (14 - 18) and young adults (18 - 24) who were recruited from secondary schools and bars and nightclubs, with a focus on those currently engaged in hazardous drinking behaviors. The study found four teen peer crowds and five young adult peer crowds with varying values, attitudes, life circumstances and alcohol use behaviors. Recommended strategies to reach the high risk peer crowds will be discussed.